**NJIT Material Characterization Lab**

**Sample Assessment Form**

**(Updated 03/09/2021)**

|  |
| --- |
| 1. Principal Investigator/Laboratory Information
 |
| Name: | Phone: |
| University Affiliation: | E-Mail |
| Department: | Lab Location: |
| Billing Information Index # or PO #: |  |
|  |  |

|  |
| --- |
| 1. Analysis Requested (In the space below, please specify the type of analysis requested, the instrument to be used, the number and type of samples, requested turnaround time, and the frequency of analysis).
 |
|  |

|  |
| --- |
| 1. Describe the sample materials (Chemical name, formula, and form of samples - powder, liquid, mixture, etc.)
 |
|  |

|  |
| --- |
| 1. Hazard Assessment (check all that apply)
 |
|  | Hazardous |  | Non-Hazardous |  | Flammable |  | Reactive |  | Toxic |
|  | Acid |  | Base |  | Liquid |  | Solid |  | Powder |
|  | Tablet |  | Other |  | Unknown |  |  |  |  |
|  | Biohazard |  | BL-1 |  | BL-2 |  | Infectious |  | Recombinant DNA |
|  | Animal |  | Human-Derived |  | Radioactive |  |  |  |  |

|  |
| --- |
| 1. Passivation Time (time allowed to passivate energetic or reactive samples prior to transport to the MCL)
 |
|  |

|  |
| --- |
| 1. Hazard Assessment - Follow-Up (In the space below please describe all special storage, handling, transport, or disposal requirements of the sample material. Pay particular attention to personal protective equipment, worker safety, and analytical equipment/lab decontamination requirements. For all potentially infectious, human derived, BL-2, recombinant, animal, and radioactive materials please list all relevant approval numbers including, IBC, IRB, and IACUC).
 |
|  |

|  |
| --- |
| 1. Principal Investigator Certification
 |
| Print Name: | Date: |
| Signature: |  |
| By signing above, the Principal Investigator certifies that lab members have received appropriate EHS and Material Characterization Lab (MCL) training will follow all NJIT and MCL laboratory safety and equipment use requirements. |

|  |
| --- |
| 1. EHS Review
 |
| Print Name: | Date: |
| Signature: |  |