**Sample Control Form**

**Section A: To be completed by provider of the sample**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | FORM Ref No (leave blank):  | **Office use only** |
| Job title |  | 1Associated risk assessment No(s):1Bio COSHH /Chemical/ Radiological risk assessment ref No(s):  |  |
| Address |  |
| Company name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NUMBER OF SAMPLES |  | LOCATION OF ANALYSIS |  |
| TYPE OF ANALYSIS  |  |  |  |

**Please list main hazards associated with each sample. If samples are not hazardous then please state this. If samples are hazardous then you must also complete a separate risk assessment for whichever hazard (chemical/biological/radiological) is present and attach to this form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SAMPLE COMPOSITION (full name not just chemical formula)INCL CONCENTRATION  | Sample form\*  | AMOUNT AND ROUTE OF EXPOSURE | SPECIFIC HAZARDS**91234****6785**  | SPECIFIC PRECAUTIONS TO BE TAKEN AND PERSONAL PROTECTIVE EQUIPMENT (PPE) TO BE WORN  |
|  |  |  |  | Is PPE required to handle sample? If yes, please list below: |

\* indicate whether sample is liquid, solid, powder, grains etc.

**Use this space to describe any additional information relating to the sample**

*For example core-level scans required, stability in air etc., preferred mounting method (spot welding, tape, screws), electrical properties (insulating, semiconducting, conducting).*

**Section B: To be completed by the receiver of the sample.**

Complete the table below and confirm (by signing) that all required risk assessments have been provided if required.

|  |  |
| --- | --- |
| Radiological hazard  | YES/NO  |
| Biological hazard  | YES/NO  |
| Substances hazardous to health | YES/NO  |
| Are carcinogens, mutagens or reproductive toxins (CMRs) used in sample?  | YES/NO if yes, please list which below: |
| Method of disposal? i.e. collection by requester or disposal by PSI. Note there will be a charge if PSI disposes of the samples so please include grant code. | Collection YES/NO Disposal YES/NO |

**Use this space to describe any additional information relating to the storage, handling, characterisation and return/disposal sample:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASSESSOR** |  | Signature: |  | Date: |  |