

UNKNOWN CHEMICAL ANALYSIS BILLING SHEET

To be completed by principal investigator or an approved signing authority.

Name: _____ Date of submission: _____

Supervisor: _____ Department: _____

Building: _____ Room: _____ Extension: _____

Account #: _____ Signature: _____

For internal Safety Office use

Chemical number: _____

Physical description

Solid ☐ Yes ☐ No

Colour: _____

Consistency: _____

Liquid ☐ Yes ☐ No

Number of layers: _____

Layer 1 Colour: _____ Clarity: _____

Layer 2 Colour: _____ Clarity: _____

Layer 3 Colour: _____ Clarity: _____

Analysis performed

	Layer 1	Layer 2	Layer 3
Air reactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water reactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flammable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Halogenated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solubility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floats	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
pH	_____	_____	_____
Oxidizer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peroxide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sulphide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Shipping Name _____