

# UNKNOWN CHEMICAL ANALYSIS BILLING SHEET

This document is to be completed by the principal investigator or an approved Departmental signing authority. Laboratories will be charged \$150 per bottle to cover analysis costs associated with the identification of unknown chemicals. Billing is completed at end of each term.

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 \_\_\_\_\_