

Material Safety Data Questionnaire

In the absence of a Material Data Safety Sheet (MSDS) for the sample(s) to be analysed, please provide the following Safety Information to enable us to perform a COSHH Assessment prior to producing the requested Quotation. Please note all information will be kept confidential.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|------------------------|--------------------------|--------------------|--------------------------|----------|--------------------------|-----------|--------------------------|-------|--------------------------|-----------|--------------------------|--------------|--------------------------|------------------------|--------------------------|------------|--------------------------|
| Description of Sample(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material Composition/List of Ingredients? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Licence required to handle sample? (UK Drug Licence or similar) | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the sample a Biological Agent? (Human/Animal/Bacterial/Fungal/Viral or GMO Origin) | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Sample Radioactive? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Characteristics? | <table> <tr> <td>Dense Solid/Crystalline</td> <td><input type="checkbox"/></td> <td>Non-Volatile Liquid</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dusty Solid/Powder</td> <td><input type="checkbox"/></td> <td>Volatile Liquid</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gaseous/Aerosol</td> <td><input type="checkbox"/></td> <td>Highly Volatile Liquid</td> <td><input type="checkbox"/></td> </tr> </table> | Dense Solid/Crystalline | <input type="checkbox"/> | Non-Volatile Liquid | <input type="checkbox"/> | Dusty Solid/Powder | <input type="checkbox"/> | Volatile Liquid | <input type="checkbox"/> | Gaseous/Aerosol | <input type="checkbox"/> | Highly Volatile Liquid | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Dense Solid/Crystalline | <input type="checkbox"/> | Non-Volatile Liquid | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dusty Solid/Powder | <input type="checkbox"/> | Volatile Liquid | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaseous/Aerosol | <input type="checkbox"/> | Highly Volatile Liquid | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazard/Transportation Labels? | <table> <tr> <td>Aspiration Hazard</td> <td><input type="checkbox"/></td> <td>Aquatic Hazard</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Carcinogenic</td> <td><input type="checkbox"/></td> <td>Corrosive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Explosive</td> <td><input type="checkbox"/></td> <td>Flammable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gas under Pressure</td> <td><input type="checkbox"/></td> <td>Irritant</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mutagenic</td> <td><input type="checkbox"/></td> <td>Toxic</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Oxidising</td> <td><input type="checkbox"/></td> <td>Ozone Hazard</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unknown - Assume Toxic</td> <td><input type="checkbox"/></td> <td>Don't know</td> <td><input type="checkbox"/></td> </tr> </table> | Aspiration Hazard | <input type="checkbox"/> | Aquatic Hazard | <input type="checkbox"/> | Carcinogenic | <input type="checkbox"/> | Corrosive | <input type="checkbox"/> | Explosive | <input type="checkbox"/> | Flammable | <input type="checkbox"/> | Gas under Pressure | <input type="checkbox"/> | Irritant | <input type="checkbox"/> | Mutagenic | <input type="checkbox"/> | Toxic | <input type="checkbox"/> | Oxidising | <input type="checkbox"/> | Ozone Hazard | <input type="checkbox"/> | Unknown - Assume Toxic | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
| Aspiration Hazard | <input type="checkbox"/> | Aquatic Hazard | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carcinogenic | <input type="checkbox"/> | Corrosive | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explosive | <input type="checkbox"/> | Flammable | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas under Pressure | <input type="checkbox"/> | Irritant | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mutagenic | <input type="checkbox"/> | Toxic | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxidising | <input type="checkbox"/> | Ozone Hazard | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown - Assume Toxic | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your company specify any specific Personal Protective Equipment (PPE) to your staff for handling sample(s)? | <table> <tr> <td>Dust Mask</td> <td><input type="checkbox"/></td> <td>Gloves</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Protective clothing</td> <td><input type="checkbox"/></td> <td>Respirator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>None</td> <td><input type="checkbox"/></td> <td>Unknown/Don't know</td> <td><input type="checkbox"/></td> </tr> </table> | Dust Mask | <input type="checkbox"/> | Gloves | <input type="checkbox"/> | Protective clothing | <input type="checkbox"/> | Respirator | <input type="checkbox"/> | None | <input type="checkbox"/> | Unknown/Don't know | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Dust Mask | <input type="checkbox"/> | Gloves | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protective clothing | <input type="checkbox"/> | Respirator | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | <input type="checkbox"/> | Unknown/Don't know | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your company specify any specific Sample Containment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any Special Measures for Spillage Containment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any Specific Disposal Requirements? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are Samples to be returned after Analysis? Samples are disposed of 1 month after issue of results unless otherwise requested | Yes <input type="checkbox"/> No <input type="checkbox"/> Note: Return of samples will incur a surcharge | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name: _____ Company: _____

Tel: _____ Job Title: _____

E-mail: _____

Please return completed form to quotes@butterworth-labs.co.uk