## **HS934 Sample Hazard Declaration Form**



Parent document: HS332 Hazardous Chemicals Procedure

This form can be completed when samples are brought to UNSW facilities for testing. It is important that laboratory staff are made aware of any potential hazards associated with the handling, preparation and testing of the samples.

This form is to be completed before delivering samples to UNSW facilities:

| 0                                       | N: /5: 11/W ( /5 / 1 / 1/O)                   |  |                |                       |           |       |  |
|---|---|--|----------------|-----------------------|-----------|-------|--|
| Source of sample:                       | Mine / Field / Water / Person/animal / Other: |  |                |                       |           |       |  |
| State of sample:                        | Powder / Solid / Liquid / Gas / Other:        |  |                |                       |           |       |  |
| Volume and weight:                      |   |  |                |                       |           |       |  |
| Brief description of the sample:        |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Sample delivery method:                 |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Sample preparation required:            |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Sample test to be performed:            |   |  |                |                       |           |       |  |
| Sample test to be performed:            |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Timeline for testing or any deadlines:  |   |  |                |                       |           |       |  |
| Timeline for testing of any deadilines. |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Sample hazards or                       |   | Chemical / Due   | et / Padiation | / Riological / Weight | / Droject | ilo / |  |
| contaminants:                           |   | Chemical / Dust / Radiation / Biological / Weight / Projectile / None / Other: |                |                       |           |       |  |
| Containmants.                           |   | NOTE / OTIEL.  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Hazard controls:                        |   |  |                |                       |           |       |  |
| riazara controis.                       |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Sample disposal:                        |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Attach:                                 |   |  |                |                       |           |       |  |
|   | Safety Data Sheet (SDS)                       |  |                |                       |           |       |  |
|   | Risk Management Form                          |  |                |                       |           |       |  |
|   |   |  | Ü              |                       |           |       |  |
|   |   |  |                |                       |           |       |  |
| Sample supplier                         |   |  |                |                       |           |       |  |
| company:                                |   |  |                |                       |           |       |  |
| UNSW Staff/Student                      |   |  | Signature:     |                       | Date:     |       |  |
| Name:                                   |   |  |                |                       |           |       |  |
| Laboratory Staff                        |   |  | Signature:     |                       | Date:     |       |  |
| Name:                                   |   |  |                |                       |           |       |  |

<sup>\*\*</sup>Note: Laboratory staff will not set up the experiment until this form is fully completed.