

CENTRAL INSTRUMENTATION FACILITY
IIS (DEEMED TO BE UNIVERSITY), JAIPUR
SAFETY DATA SHEET

(NAME OF EQUIPMENT : _____)

User Type: IISU/ External (University/National Lab/R & D/Industry)

1. Sample Code/Name:

2. Number of Samples:

Kindly Tick whichever is applicable for the following:

3. **Analysis required-** Qualitative/Quantitative/Both

4. **Imaging required-** Yes (Specify details) /NO

5. **Sample Type:** Solid (Powder, Pellet, Bulk)/Liquid/ Dispersion/Emulsion/Colloidal/Gel/
Oil/Others (Specify)

6. **Sample Category:** Biological (Microorganisms/ Fungal/Bacterial/ Protein/ blood/ Plasma/
Serum/ Organs/ urine/Stool/ Cancerous Cells/Non Cancerous Cells/Plant Extracts/ Marine
extracts)/ Composite Material/ Thin Film / Metal/ Polymer/ Environmental/ Ceramic/ Others
(Specify)

7. **Sample dimension** (length/breadth/thickness /weight/volume):

8. **Sample nature:** Organic/ Inorganic/ Magnetic/ Non Magnetic /Any other characteristic nature
(Specify)

9. **Moisture:** Present/ Absent/ NA

10. **Volatile organic compound:** Present/ Absent/ NA

11. **Specify the Storage and handling conditions** (Room temp/ Refrigeration/others specify)

12. **Sample Properties:** Carcinogenic (carcinogenicity level-----) /Non Carcinogenic
Radioactive/ Explosive/ Toxic/ Corrosive/ Flammable/ Non-flammable/ Other (specify):

13. **Stability of sample:** Stable under RTP, hygroscopic, sublimes, Reactive in air/moisture/
light/heat:

14. **Whether incompatible with any material-** Yes/No (Specify the materials)

15. **Toxicity:** Hazardous/ Non Hazardous

16. **Health hazards:** Yes (irritant to skin/irritant to eyes/harmful to skin/ toxic if inhaled/toxic if ingested) /No

17. **First aid measures:** Eye/Skin/Inhalation/ Ingestion/Others (specify)

18. **Disposal Method of sample:**

19. **Additional information if any:**

20. Label the sample(s)/ sample container(s) with hazard category

21. All Samples will be discarded within 72 hours of analysis unless mentioned. If you wish to collect the samples then you are required to make arrangement for the same. CIF office will not dispatch the same to users under any circumstances.

Name of Guide/PI:

Email

Contact No

Name of the user:

Email

Contact No:

Name of the Institute/Organization:

Address of Institute / Organization: