

Centre for Materials Research
X-ray Powder Diffraction Facility
 Sample Submission Form

**Sample Details (fill in COSHH details overleaf)**

Number of Samples		Date	
Sample Name(s)			
Formula/composition			
Form	<input type="checkbox"/> Powder <input type="checkbox"/> Film <input type="checkbox"/> Plate <input type="checkbox"/> Other-specify below		

User Details

Name			
E-mail			
Dept.			
Ext No.		Supervisor	

Scan Details

Preferred Diffractometer	<input type="checkbox"/> Xpert-Pro	<input type="checkbox"/> D5000
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(Please tick only one of Standard-long, Standard-short OR Non-standard)

<input type="checkbox"/> Standard-short	Reflection mode, Cu-K α , divergence slit, Ni-filter, 5-70° 2 θ
<input type="checkbox"/> Standard-long	Reflection mode, Cu-K α , divergence slit, Ni-filter, 5-120° 2 θ
<input type="checkbox"/> Non-standard	Specify below

All Non-standard scans must be discussed with an instrument scientist

Optics	<input type="checkbox"/> Divergence slits	<input type="checkbox"/> Foc. Mirror	<input type="checkbox"/> Ge-Mono
Scan Range ° 2 θ		Radiation	
Sample Geometry	<input type="checkbox"/> Reflection	<input type="checkbox"/> Transmission	<input type="checkbox"/> Flat-Plate
Sample spinning	<input type="checkbox"/> Spinning	<input type="checkbox"/> Static	
Atmosphere		Temp \leq 1600°C	
Other please specify			

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 COSHH Form



Samples		Quantity (grams) (tick as appropriate)			
		<1	1-20	20-100	>100
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazards for each sample

	Hazard						
	Very Toxic	Toxic	Flammable	Corrosive	Harmful	Irritant	Highly reactive
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific precautions for each sample

	Precaution			
	Gloves	Mask	Safety shield	Other (specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that I have assessed the risk of using the samples listed above and consider that they are safe to use provided that good laboratory practice is followed together with the safety requirements as detailed above.

Name		Date	
Signature			