



# 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.

<b>Description of Sample(s):</b>	<i>Please state</i>			
<b>Material Composition/List of Ingredients?</b>	<i>Please state</i>			
<b>Is Licence required to handle sample?</b> (UK Drug Licence or similar)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
<b>Is the sample a Biological Agent?</b> (Human/Animal/Bacterial/Fungal/Viral or GMO Origin)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
<b>Is Sample Radioactive?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
<b>Physical Characteristics?</b>	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"/>		
<b>Hazard/Transportation Labels?</b>	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"/>		
<b>Does your company specify any specific Personal Protective Equipment (PPE) to your staff for handling sample(s)?</b>	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"/>		
<b>Does your company specify any specific Sample Containment?</b>	<i>Please state</i>			
<b>Are there any Special Measures for Spillage Containment?</b> (Glove Box, Bio Safety Cabinet, Fume Hood)	<i>Please state</i>			
<b>Are there any Specific Disposal Requirements?</b>	<i>Please state</i>			
<b>Are Samples to be returned after Analysis?</b> (Samples are disposed of 1 month after issue of results unless otherwise requested.) Note: Return of samples will incur a surcharge	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Completed by: Name: \_\_\_\_\_ Company: \_\_\_\_\_

Tel: \_\_\_\_\_ Job Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Issue No: 16

Location: \\server.local\bms\QA\CONTROLLED DOCUMENTS

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