



SHEFFIELD
SURFACE
ANALYSIS
CENTRE



Name:	Supervisor:
Email:	Handed in to:
<p>This section <u>must</u> be filled in <u>prior</u> to analysis and <u>must</u> include a departmental COSHH number.</p>	
Chemical structure(s) and treatments:	Associated hazards: Provide a full description of all hazards and recommended handling procedures.
	Departmental COSHH number:
<p>Disposal: Glass bin <input type="checkbox"/> Offensive waste <input type="checkbox"/> Return to User* <input type="checkbox"/></p> <p>*Please note it is YOUR responsibility to collect samples from the surface analysis lab. Samples that have not been collected one week after analysis will be disposed of.</p>	
PO/grant number <u>or</u> research group name*: *Prepaid users only	
Authorised by (supervisor or authorised signatory):	
Signed:	Date:
Print Name:	

SIMS Requisition Sheet

	Sample Code	Spectra		Imaging		Comments (Image size/acquisition time)
		Positive	Negative	Positive	Negative	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Filename (filled in by operator):						

Samples must be approximately 1.5cm² in order to use the standard sample holder. Sample numbers below are correct when the sample holder is mounted upside down.

