



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:
Disposal: Glass bin <input type="checkbox"/> Offensive waste <input type="checkbox"/> Return to User* <input type="checkbox"/>	
*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.	
PO/grant number <u>or</u> research group name*: *Prepaid users only	
Authorised by (supervisor or authorised signatory):	
Signed:	Date:
Print Name:	

XPS Requisition Sheet

No. of samples:	
Analysis areas per sample:	
Expected elements (C, N, O... etc):	
Special Analysis Procedures: NB Please discuss these with the XO prior to analysis being carried out.	Pre sputtering to remove oxides/contamination: Angle Resolved XPS: Magnetic Samples: UPS:
Filename (filled in by operator):	

Analysis Requirements (tick the relevant boxes):

No.	Sample Code	Survey	C 1s	O 1s	N 1s				
1									
2									
3									
4									
5									
6									
7									
8									
9									
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