



MRR I Laboratory Sample Assessment Form

I. Principal Investigator/Laboratory Information	
Name:	Phone:
Company/Affiliation:	E-Mail:
Department:	Lab Location:
Billing Information Index # or PO #:	

II. Analysis Requested (In the space below, please specify the type of analysis requested, the instrument to be used, the number and type of samples, requested turnaround time, and the frequency of analysis).

III. Hazard Assessment (check all that apply)									
<input type="checkbox"/>	Hazardous	<input type="checkbox"/>	Non-Hazardous	<input type="checkbox"/>	Flammable	<input type="checkbox"/>	Reactive	<input type="checkbox"/>	Toxic
<input type="checkbox"/>	Acid	<input type="checkbox"/>	Base	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input type="checkbox"/>	Powder
<input type="checkbox"/>	Tablet	<input type="checkbox"/>	Other	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Biohazard	<input type="checkbox"/>	BL-1	<input type="checkbox"/>	BL-2	<input type="checkbox"/>	Infectious	<input type="checkbox"/>	Recombinant DNA
<input type="checkbox"/>	Animal	<input type="checkbox"/>	Human-Derived	<input type="checkbox"/>	Radioactive	<input type="checkbox"/>		<input type="checkbox"/>	

IV. Hazard Assessment - Follow-Up (In the space below please describe all special storage, handling, or disposal requirements of the sample material. Pay particular attention to personal protective equipment, worker safety, and analytical equipment requirements. For all potentially infectious, human derived, BL-2, recombinant, animal, and radioactive materials please list all relevant approval numbers including, IBC, IRB, and IACUC).

V. Principal Investigator Certification	
Print Name:	Date:
Signature:	
By signing above, the Principal Investigator certifies that lab members have received appropriate laboratory safety training will follow MRR I laboratory safety and equipment use requirements.	

VI. MRR I Safety Review	
Print Name:	Date:
Signature:	