



DECLARATION OF SUBSTANCES AND EXPERIMENTAL APPARATUS AT HASYLAB

Please send by mail to:
HASLAB at DESY, Notkestr. 85,
D-22603 Hamburg
(or by Fax: 040 8998-4475)

Project leader(s):	Project-No.*:
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Applicant(s):
Address:

Phone:	Phone secretaries' office:
E-mail:	Fax:

Experiment* (and instrument):	Contact person at HASYLAB:
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Period:	Phone no. of the office and accomodation resp. during the measurements in Hamburg:
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List of all substances to be used at the experiment <u>and</u> their properties	Amount													CAS-No	harmless
		solid/piece(s)	solid/powder	liquid	gaseous	radioactive	explosive	flammable	toxic	corrosive	carcinogenic	infectious	harmful/irritant	pollutant	

Use of chemistry laboratory?	<input type="checkbox"/> Yes (please fill in "Application for Use of the Chemistry Laboratory ...")	<input type="checkbox"/> No
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Use of gases	<input type="checkbox"/> Yes (there are special safety rules for the use of gases at DESY!)	<input type="checkbox"/> No
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Enclosed: Information about dangerous substances and apparatus (e.g. copies of recommended safety precautions etc.)

List of hazardous equipment (e.g. lasers, oven, pressure cells) to be used at the experiment	Comments

I enclose information about possible hazards of substances or apparatus, and about emergency procedures foreseen. This is a complete list of all substances, their properties and of all hazardous equipment. The equipment complies to European directives and standards and is controlled regularly. I bind myself to follow the required safety procedures and to inform my co-workers. I hereby absolve HASYLAB at DESY for any damage or injury resulting from my failure to follow the safety procedures. **I declare the samples contain no virus, no prions, no toxins, nor any other potentially dangerous material.**

Date:	Signature Project Leader:
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HASLAB	Gases ordered at DESY-MEA3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Signature HASYLAB
	Permission of safety responsible necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Consultation of D5 necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Consultation with D5 made	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Permission granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No		