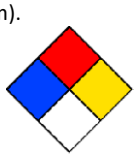
NATIONAL INSTITUTE OF TECHNOLOGY, WARANGAL
Central Research Instrumentation Facility (CRIF)
User Requisition Form for ICP-OES

Type of User: NITW / External Academic / Industrial Date:

Name of the user:	Name of the Supervisor /PI:
Department:	Email:
Institute / Industry	Contact No:
Address of the Institute:	
Email:	
Contact No.:	

S. No	Number of Samples	Sample Code	L-Liquid P-Powder	Solubility	Expected wavelength in nm	Recording Temperature			Type of Analysis Required (tick)		
						Room	Variable	Low(77K)	Sigle	Multiple	Emission
1											
2											
3											
4											
5											

Please fill in appropriate numbers in the NFPA diamond according to the S.No. above (Refer the image at the end of this form).

1  2  3  4  5 

i. **Sample Properties:** Carcinogenic(carcinogenicity level __) / Non Carcinogenic Radioactive / Explosive/ Toxic/ Corrosive / Flammable/ Non-flammable/ Others (Specify)
ii. **Whether incompatible with any material** : Yes/No (Specify the materials)
iii. **Toxicity:** Hazardous / Non Hazardous
iv. **Health Hazards:** Yes/No (irritant to skin/ irritant to eyes/ harmful to skin/ toxic if inhaled/ toxic if ingested)
v. **First aid measures:** Eyes/ Skin/Inhalation/Ingestion/Others(specify)
vi. Disposal Methods of the sample:
vii. Additional information if any:



Declaration:

I confirm that the samples submitted for analysis are for research purpose only and the above furnished details are correct and true to the best of my knowledge. I understand that I will be held responsible for any damages arising from incorrect information provided by me against the safety declaration points (**i** to **vii**).

I agree to acknowledge Central Research Instrumentation Facility (CRIF), NIT Warangal for providing (Instrument) analytical facility for my research work, in my publication. I also agree to send the publication reference to crif_head@nitw.ac.in (Journal name/ Volume number/ Names of the authors/ Date of issue of the publication).

Signature of the User Signature of the Supervisor

A total amount of Rs. _____ /- (In words _____ only) towards testing of all the above samples shall be paid from the DOC of our department to the F590 account.

Signature of the HoD with seal/stamp