Temple University-Environmental Health & Radiation Safety (EHRS)

Request To Test Unknown

Complete a form for each container of unknown material. Submit completed form to EHRS (Fax-215-707-1600) Contact EHRS at 215-707-2520 if you have any questions.

* Generator or generating Department may incur a cost($) per bottle fee for the testing of unknowns.

Please Print

Date: __________ Building: __________________ Room\Lab __________
Requested By (Name): ___________________ Telephone Number: _________
Department: ____________________________________________
Principal Investigators Name_______________________________________

Container Information:

Container Type
☐ glass ☐ metal ☐ paper/cardboard ☐ plastic ☐ bottle
can ☐ drum ☐ gas cylinder

Container Size (Solid)
☐ 5 g-100 g ☐ 100 g -500 g ☐ 500 g – 5 kg ☐ > 5kg

Container Size (Liquid)
☐ 5 ml-500 ml ☐ 500 ml- 4 l ☐ 4 l-20 l ☐ > 20 l

1. Does the container have a tight lid or cap ☐ Yes ☐ No
2. Is the container in good condition? ☐ Yes ☐ No, If no, explain.

3. Who is the original generator of the unknown? ______________________________
4. Approximately, how old is the material? ______________________________
5. Has the material been exposed to:
   ☐ Temperature extremes ☐ humidity ☐ refrigeration ☐ air ☐ water ☐
   other __________________

6. Has the generator noticed any physical changes to the material? ☐ Yes ☐ No

☐ Cloudy ☐ crystals forming ☐ color change ☐ density change ☐ Other
List specifics ______________________________

7. Does the generator have any idea what the material might be? ☐ Yes ☐ No
If yes, ________________________________________________________________

8. Does the generator know what family or class the material might be (i.e. organic peroxide, pesticide)? □ Yes □ No □ If yes, ________________________________________________________________

9. Please list any other information: ____________________________________________

PI/Supervisor Signature ______________________________________________________

Chair/Director Signature ______________________________________________________