μSR Sample Handling Disposition and Special Equipment Procedures form

Completing the following form is now mandatory prior to receiving beam time allocations.

Preamble:

The following sample data form is to be filled in by all μSR experiments requesting beam time. If it is found out that the guidelines are abused (the TRIUMF safety group will be performing spot checks) users will jeopardize their beam time allocation for that experiment.

Sample List[0]	Toxicity[1]	Toxicity[1] of components	Cutting/Filing [2] or Decomposition possibility	Handling [3] Area	Venting[4] High Temp/ Pressure or Combustion	Disposition[5] Disposal
1:						
2:						
3:						
4:						
5:						
etc[6]						

[0]All samples that are to be run must be listed. Use overleaf if more space is required.
[1]Allowable answers are: nontoxic (nt), any other appropriate answer.
[2]Allowable answers are: possible (p), not possible (np).
[3]Allowable answers are: chemistry prep room (cpr), experimental area (ea), counting room (cr), offsite (os), some other specifically designated area. If components are not nontoxic then; i) ea handling area is not allowed and ii) if cutting or filing is involved, or decomposition is possible then procedures must be given in the sample hazards section below.
[4]Allowable answers are: not possible (np), or any other specific answer. Replies other than "not possible" must be addressed in the sample hazards section below. For high temperature/pressure apparatuses recent offline tests of systems prior to installation are recommended. Design parameters, specifying the safety factors, of such apparatus must be supplied.
[5]Allowable answers are: removal from TRIUMF (rfT), storage at TRIUMF (s@T), disposal at TRIUMF (d@T). Only if samples are nontoxic will storage at TRIUMF be allowed. It is up to the experimental SPC to ensure disposal is carried out after an experiment. Any samples left behind will be treated as unknown toxic waste.
[6] A "run time" version of this form will be found in the counting rooms and must be filled out, signed by the SPC and approved prior to the running of any unanticipated samples.

Samples Hazards:

(In addition to any other relevant information please specifically address safety of personnel when exposed to hazard in question, i.e. during setup. Details regarding safety barriers, safety goggles/gloves, ventilation, etc. should be addressed were relevant. Use overleaf if more space is required.)

Facility Apparatus Safety Checklist:

Apparatus	Used in Exp. (Y/N)	Specific Hazards related to handling of facility apparatus	(Y or FTR[7])
Helios/DR/Belle		Groups members know He fill procedure and rapid vent response	
Cryostat		Groups members know He fill procedure and rapid vent response	
RF rig		No operation above 50W reflected and protect circuit enabled (if sample is volatile, protect circuit to be tested)	
High Pressure Cell		Personnel barrier in place during cell preparation	

[7]FTR means "Facility Training Required"

Exp. No _____ Safety Project Coordinator _____ Date _____