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| KIT Synchrotron  | **ANNA project no.:**  |  **Date of submission:**  |
| **Institute:**  |
| **Project leader:**  |

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| Please use only the white fields for completing the following forms. **Please return the signed form by E-Mail, chemsafety@ips.kit.edu** |

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| Application for use of the Chemistry Laboratory (2.1.3)  |
| BEAMLINE and Dates |  |

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| **List of all substances to be used at the experiment and their properties****(educts & products)** | Quantity (mass, ppm, mol, number) orsize | physical form | type of hazard | Information concerning safety |
| solid/crystalline | solid/amorphous | powder | single crystal | liquid | gaseous | biological | radioactive | explosive | toxic | flammable | corrosive | oxidizing | carcinogenic | infectious | CAS-No(if known) | PEL-No1)/ TLV-No2)(if known) |
|       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |       |
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| Enclosed: Information about dangerous substances and apparatus(e.g. copies of recommended safety precautions etc.). This declaration is ONLY valid for the chemistry laboratory and DOES NOT replace the "Declaration of Substances and Experimental Apparatus at KIT Synchrotron" |

1) PEL : 8 h average permissible emission limit ; 2) TLV: 8 h average threshold limit value

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| **List of apparatus that will be used in the chemistry laboratory, items available at Chemistry Laboratory** | Short description of the planned activities, methods |
| [ ]  Fume Cupboard | [ ]  Balance |
| [ ]  Ultrasonic bath | [ ]  Drying furnace |
| [ ]  Exsiccator / desiccator |       |
| Items not supplied by Chemistry Laboratory |  |
|       |       |
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| Short description of the planned activities, methods and safety precautions |
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| 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 apparatus. I bind myself to follow the required safety procedures and to inform my co-workers. I hereby absolve KIT and the KIT Synchrotron for any damage or injury resulting from my failure to follow the safety procedures.  |
| **Date:** | **Signature of applicant:** |

PLEASE FILL IN THE LIST ON THE FOLLOWING PAGE OF THOSE WHO WISH TO USE THE CHEMISTRY LABORATORY (2.1.3)

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| Names of people who need access to the Chemistry Laboratory (2.1.3) |
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