



# COMSATS Institute of Information Technology

M.A. Jinnah Campus Defense Road off Raiwind Road, Lahore

Tel: 042-111-001-007 Ext. 832

Fax: 042-9203100

## Microscopy and spectroscopy Lab

### PL- RAMAN Coshh form

#### PART A: APPLICANT'S INFORMATION

|                                   |  |
|-----------------------------------|--|
| Applicant Name:                   |  |
| Supervisor's name:                |  |
| Project ID (For Internal Samples) |  |
| E-mail:                           |  |
| Phone No:                         |  |

#### PART B: SAMPLE INFORMATION

|                          |                               |                                 |                              |
|--------------------------|-------------------------------|---------------------------------|------------------------------|
| Sample Type:             | Film <input type="checkbox"/> | Pallet <input type="checkbox"/> |                              |
| Sample IDs:              | 1.<br>2.<br>3.<br>4.<br>5.    |                                 |                              |
| Excitation Laser Source: | 457 <input type="checkbox"/>  | 488 <input type="checkbox"/>    | 514 <input type="checkbox"/> |
| Laser Exposure Time:     |                               |                                 |                              |

|                                   |   |   |
|-----------------------------------|---|---|
| <b>Characterization required:</b> | <b>RAMAN Spectra</b> <input type="checkbox"/> | <b>PL -Spectra</b> <input type="checkbox"/> |
| <b>Objective of Measurement</b>   |   |   |

|                            |  |                     |  |
|----------------------------|--|---------------------|--|
| <b>Date of submission:</b> |  | <b>Received By:</b> |  |
| <b>Measurement date:</b>   |  | <b>User:</b>        |  |
| Name (Supervisor)          |  | Signature           |  |
| Date                       |  |                     |  |

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**“For Official Use”**

**Authorization Provided by: (For Internal Samples)**

|                                     |  |      |  |
|-------------------------------------|--|------|--|
| Name<br><b>(Equipment Incharge)</b> |  |      |  |
| Signature                           |  | Date |  |

**Authorization Provided by: (For External Samples)**

|                                |  |      |  |
|--------------------------------|--|------|--|
| Name<br><b>(Lab. Incharge)</b> |  |      |  |
| Signature                      |  | Date |  |

