

WATLab Service Requisition with Authorization

Tracking Tag
Staff to fill

User's Name	Phone	Email	Date YYYY-MM-DD
Supervisor's Name & Email		Department/Affiliation	
UWaterloo Work Order (10 digit) For UWaterloo users only. Non-UWaterloo users will be invoiced.		Supervisor's Authorization Signature	

Description of Service and/or Supplies Request	Description of Sample *** _____ _____ _____ _____ _____ _____ _____
	Hazards Associated with Sample <input type="checkbox"/> Acid <input type="checkbox"/> Caustic <input type="checkbox"/> Oxidizer <input type="checkbox"/> Flammable <input type="checkbox"/> Air Reactive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Explosive <input type="checkbox"/> Poisonous <input type="checkbox"/> Carcinogen <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Biohazard <input type="checkbox"/> Radioactive <input type="checkbox"/> Magnetic <input type="checkbox"/> Non-conducting <input type="checkbox"/> Porous <input type="checkbox"/> Non Hazardous <input type="checkbox"/> Other _____ <input type="checkbox"/> MSDS attached <input type="checkbox"/> Safe Handling Procedures attached
User's Signature ***	

Type of Service Provided and/or Machine Used Staff to fill	Operator Staff to fill
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*** The user agrees that the provided information about the sample is true and that the user and/or the user's group will pay for any damage incurred due to any misinformation provided intentionally or otherwise. *[Please put additional info on the back.]*