School of Chemistry

Carcinogen Use Record

Name of Research Worker/ Student .....

Name of Supervisor..... **Time Period Covered**.....

This is Sheet Number.....**for this Worker/ Student**

Date	Material Used and Carcinogenic Category	Amount handled and form (liquid, solid powder, pellet etc.).	Exposure time (weighing, setting up, disposal etc.).	Protection used (Fume-hood etc.)

Sheet completed

Signature of Worker/ Student..... **Signature of Supervisor**.....

Date.....

Copies of this form must be lodged with the Departmental Safety Officer quarterly at the time workplace inspections are due.