

**Questionnaire**  
**Safety relevant details for an Enterprise project**

(Information is subject to the nondisclosure agreement)

Company:

Contact Person:

E-mail:

Phone:

Cell phone:

Subject of task:

Will the chemistry laboratory (2.1.3) be needed for sample preparation?  Yes  No

If **YES**, please fill out the chemistry laboratory (2.1.3) application form and send it to User Coordination Office.

What kinds of material(s)/sample(s)/ equipment will be:

- brought to KIT Synchrotron
- or supplied by KIT Synchrotron (e.g. gases)?

Please give detailed information about the toxicity of chemical products and potential risks. The information given must conform with the safety datasheet of the substance.

Is there any danger associated with the sample, with the execution of the experiment or with sample equipment?  Yes  No

**If yes**, is the sample?  radioactive  carcinogenic  toxic  corrosive  oxidizing  
 explosive  inflammable  a biological hazard  any other risk

**Or** does one of the following risks apply to the execution of the experiment or the sample equipment?

high pressure  high temperature  in-situ experiment  other extreme conditions

If you have ticked any of the safety aspects checkboxes with yes, give details of the associated risks:

**All materials, samples or chemicals have to be taken back after the project except when otherwise specified.**

The safety of the beamline and laboratory is dependent on the accuracy of the given above information. If in doubt please discuss this with the relevant people responsible and the team from User Coordination Office before proceeding.

Send to [useroffice@ibpt.kit.edu](mailto:useroffice@ibpt.kit.edu)