



University of Minnesota

Unknown Preliminary Analysis Checklist

Please photocopy this checklist and follow the instructions given in this section

Name: _____ Phone: _____

Date: _____ Type of Laboratory: _____ Department: _____

Building Name or Building Nr. #: _____ Room Number: _____

University of Minnesota - EFS Account Code Information

Fund (4)	DeptID (Department Identifier) (5)	Account (6)	
Program (5) Above Code "Program" Required for Non-Sponsored Activity	PCBU (Project Costing Business Unit) (5)	Project (8)	Activity (1)
	Above Codes Required for all Transactions	Above Code "Project" Required for Sponsored Activity, "PCBU" and "Activity" are Conditional	
Chartfield 1 – CF1 (10)	Chartfield 2 – CF2 (10)	Chartfield – EmplID (8)	Cost Share (2)
Above Codes "CF1 and CF2" are optional		Above Codes "EmplID and Cost Share" are Conditional	

Container Description

Please fill out as much information as possible

Age of Chemical: _____ Original Container? _____

Type of Container: _____ Number of Containers: _____

Size of container _____ Possible Usage: _____

Suspected to contain (PCB's, pyrophoric chemicals, radioactive materials, water reactive materials, mercury, arsenates, dioxins, chlorinated dibenzofurans or chlorinated phenols):

Manufacturer's Name and Address: _____

Please continue on the Next Page



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Container Description

Please fill out as much information as possible

Color:

Amount of Chemical:

If Liquid is Mercury Visible:

Is it Layered or is there Sludge:

Is it Tarry?

Is it Viscous or Mobile?

If Solid: Appearance (Crystals. Pellets.
Chunks. Powder)

Characteristic Odor?

Do not open the container for the purpose of "Sniffing" the contents or bottle cap, but make note of any odor of which you are previously aware or which is obviously from the closed container

Signature: _____