* 附件一 麻醉劑及精神科物質採購申請表

**ICMS Chemical Purchase Requisition Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant |  | Date |  |
| Staff/student number |  | Contact number |  |
| Email address |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Content  (Including: product name, specification, brand name, catalog no., packing etc) | Qty | Hazard Identification | | | Safety Device for Handling | Lab Storage (Yes/ No) | Supplier | Estimated Total Price  (MOP) | HSEO Endorsement |
| Control Material, Table 1-4 | Classification (HSEO) | Other Hazard Type |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| **Total:** | | | | | | | | |  |  |

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| --- |
| Justification (Including: research purpose and research method) |
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| Remarks:   1. Please complete the hazard identification according to the control material table 1-4, classification from HSEO or SDS data. The categories are: Flammable, Poison, Oxidizing, Explosive, Carcinogenic, Corrosive, Irritant, Harmful, etc. If the purchase item is new in the laboratory, its relevant SDS (electronic version) should be submitted to the laboratory technician. 2. For laboratory technician to carry out the arrangement accordingly, please complete all the information, including but not limited to the manufacturer name, catalog number, hazard identification and safety device for handling. 3. Please attach the quotation if it is available. 4. Please hand in the printed application form to the supervisor, the laboratory safety officer and the license representative of Narcotic Drugs and Psychotropic Drugs (Only if the requesting chemical list in the control material table 1-4) for approval signatures, and submit it to the laboratory technician for processing; the electronic version of the application form should be sent to the laboratory technician via email. |

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| Comment from HSEO: |

|  |  |
| --- | --- |
| Applicant’s signature over printed name |  |
| Supervisor’s signature over printed name |  |
| Laboratory safety officer’s signature over printed name |  |
| License representative of Narcotic Drugs and Psychotropic Drugs’ signature over printed name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Laboratory Staff Only** | | | | | |
| Ref no. |  | Received by |  | Received on |  |
| Remark |  | | | | |