



Work Order #	
Reviewed by:	
Date:	
Approval #:	

Azide Evaluation Form

Generator Name:	Generator Code:
Generator Address:	Contact Name:
Generator Phone:	Contact Phone:

Important! Upon discovering an item requiring evaluation, do not remove it from the storage location. Only handle the container if necessary to gain access to the labeling information. You should make every attempt not to handle the container(s). If you need to handle the container to gain information, do so with extreme care.

The following list outlines the Azide chemical families and examples of Azides within those groups

- | | |
|------------------------------------|--|
| Alkaline Earth Metal Azides | (Sodium, Potassium, Lithium) |
| Acryl Azides | (t-Butyl Azidoformate, Ethyl Azidoformate) |
| Alkyl Azides | (Methyl Azide, Ethyl Azide) |
| Aryl Azides | (Phenyl Azide) |
| Heavy Metal Azides | (Silver, Lead, Copper) |
| Hydrazoic Azides | (Hydrogen Azide) |

Virgin/ Sealed Material?	Yes _____	No _____	or Spent?	Yes _____	No _____
Has the container ever been opened?	Yes _____	No _____	If Yes, enter the date opened: _____		
Is the material Dry?	Yes _____	No _____	In Solution?	Yes _____	No _____

List All constituent(s) and their percentages:

1. _____ %	2. _____ %
3. _____ %	4. _____ %
5. _____ %	6. _____ %

Is there any evidence of crystallization, cloudiness, wisp-like structures, discoloration, solid mass or any other indication of contamination? Yes _____ No _____ If yes describe: _____

If it is in a clear container what color is it? _____

Has the container been under pressure, bulging, etc..? (confirm with customer) Yes No

Container Information

Is the product in the original manufacturer's container? Yes No

Manufacturer: _____ Purchase Date: _____

Lot Number: _____ Expiration Date: _____

Container size: _____ Volume/Weight remaining in container: _____

Container Type:	Glass <input type="checkbox"/>	Plastic <input type="checkbox"/>	Metal <input type="checkbox"/>
Cap Type:	Glass <input type="checkbox"/>	Plastic <input type="checkbox"/>	Metal <input type="checkbox"/>
Condition of Container:	Rusted <input type="checkbox"/>	Bulging <input type="checkbox"/>	Dented <input type="checkbox"/>
			Cork <input type="checkbox"/>
			Other <input type="checkbox"/>

Storage Conditions *(confirm with customer)*

Was the material...

Stored or spilled on metal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Spilled and placed back in container	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
In contact with a spatula or scoop which may have been contaminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>