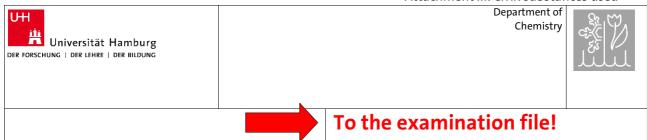
## Attachment III: CMR substances used



		CMR sub	stances used		
Last name:			Matriculation number:		
First name:	name:		irse of dies:		
Internship /	work area:				
Period / date	2:				
List of the	CMR substances	s used, Cat. (	GHS 1A and 1B <sup>*</sup> :		
CAS-RN	Substance name (IUPAC) and Cat.		Process and quantity used		Number of experiments
Date			Signature of stude	ent or employee	2
 Date			Signature of (internship/study) supervisor		

<sup>\*</sup> GefStV Cat. I and II