Hazardous Material Shipment Notification Form

Date material needs to be shipped: ____________

Number of shipments/frequency : ____________

Contact Name: ________________________________

Principal Investigator: ________________________

Contact Phone: ________________________________

Contact Email: ________________________________

Lab location (Bldg./Rm): ________________________

Contents of shipment  (indicate all contents in percent or ppm):

__________________________________________

__________________________________________

__________________________________________

Volume (per container/total): ________________

Physical form (liquid/solid/gas): ________________

Type/material of container: ______________________

Shipment requires dry ice? : ________________