

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? : \_\_\_\_\_