

Hazardous Shipment Tracking Form

I Information about material being shipped **(To be provided by person initiating shipment)**

****Note:** Packages will go out within 24 hours of receipt by chemistry stockroom staff.
Please inform the staff of any special circumstances regarding your shipment.

Date _____

Name (Please Print) _____ e-mail address _____

Research Group _____

What is being shipped? (Give as much information as is available)

Is it a sample being sent for analysis? _____

Chemical name _____

Formula _____

CAS number _____

Solid, liquid, gas, powder? _____

Quantity _____

Container _____

Does it need to be kept cold? _____

Is it flammable? _____ explosive? _____ Infectious? _____

Where is it being shipped to? (Give receiver's address)

Received for Shipment: Date: _____ Time: _____

II Determination of Hazard Class and Shipping Procedures **(To be determined by Chemstores staff member)**

Is it hazardous? Yes _____ No _____

How determined?

From MSDS (attach MSDS) _____

From description above _____

From discussion with person initiating shipment _____

Comment _____

Evaluated by (Print Name) _____ Signature _____

Director Review*(Print Name) _____ Signature _____

*Director signs here if nonhazardous. If hazardous, Director signs on page 2.

Hazardous Shipment Tracking Form

Hazard class : _____

Exceptions?: _____

Packing Group:: _____

Marking Requirements: _____

Labeling Requirements: _____

Documentation: _____

Package Tracking Number: _____

Date Ready for shipment: _____

Packed by (Print Name) _____ Signature _____

Director Review (Print Name) _____ Signature _____