

Hazardous Material Profile Form

Fax to Hazmat transport: 612-626-1571

Name: _____ Department: _____

Campus Address: _____

Mailing Address: _____

Phone: _____ Email Address: _____

UStores Customer #: _____

University of Minnesota - EFS Account Code Information

Fund (4)

DeptID (Department Identifier) (5)

Account (6)

Above Codes Required for all Transactions

Program (5)

Above Code "Program" Required for Non-Sponsored Activity

PCBU (Project Costing Business Unit) (5)

Above Code "Project" Required for Sponsored Activity, "PCBU" and "Activity" are Conditional

Project (8)

Activity (1)

Chartfield 1 – CF1 (10)

Chartfield 2 – CF2 (10)

Chartfield – EmplID (8)

Cost Share (2)

Above Codes "CF1 and CF2" are optional

Above Codes "EmplID and Cost Share" are Conditional

Ship to Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (if known): _____

I prefer to turn this product over to the University's Chemical Redistribution Program

When do you need it there: Date: _____

Time: _____ Time immaterial

Location of the Hazardous Material: _____

Phone (if different from above): _____

Return authorization (if applicable): _____

Special Instructions: _____

Is the material in the original outer packaging? Yes No

Do you have the original shipping paper? Yes No

If yes, please fax it with this profile.

Please be sure to describe the Material on the next page of this form

Proceed to the Next Page

Hazardous Material Profile Form

Material Description:

Name of Material: _____

Amount: _____

Chemical contents (if different from the name): _____

Hazardous information:

- | | |
|---|--|
| <input type="checkbox"/> Explosive* | <input type="checkbox"/> Oxidizer |
| <input type="checkbox"/> Nonflammable Gas | <input type="checkbox"/> Organic Peroxide* |
| <input type="checkbox"/> Flammable Gas | <input type="checkbox"/> Poison |
| <input type="checkbox"/> Poison Gas* | <input type="checkbox"/> Poison Inhalation Hazard* |
| <input type="checkbox"/> Flammable liquid | <input type="checkbox"/> Infectious Substance |
| <input type="checkbox"/> Flammable solid | <input type="checkbox"/> Radioactive* |
| <input type="checkbox"/> Spontaneously Combustible* | <input type="checkbox"/> Corrosive |
| <input type="checkbox"/> Dangerous When Wet | <input type="checkbox"/> Other Specify: |

* Items transported by EHS

Other hazard information: _____