UNIVERSITY OF MINNESOTA

Free Chemicals Request Form

Name: _____ Phone: _____ Date: _____

Dept: _____ Bldg: _____ Room #: _____

Customer Number (if known): _____

Control Number	Chemical Name	Amount	Open/Unopen O / U
			/____
			/____
			/____
			/____
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			/____
			/____

Campus Mail: Department of Environmental Health & Safety
Thompson Center for Environmental Management

Fax: (612) 626-1571

Thank you for using the Chemical and Labware Redistribution Program.