

Hazardous Material Shipping Form By submitting this form, you attest that all the information contained herein is, to the best of your knowledge and belief, true and complete.

Name of Shipper:		Departme	Department:		
Physical Address of Shipp				_	
	Street	City	State	Zip	
24-hour emergency phon *phone number must be answerab	·	ed person while package is in trans	sit		
Is shipment being sent to a foreign country?			Yes	No	
Are export restrictions ap	ent?	Yes	No		
Is the shipment traveling		Ground	Air		
Name of Receiving Person	n:				
Physical Address of Recei	ver:			_	
•	Street	City	State	Zip	
Country:					
Has receiver confirmed in		Yes	No		
Receiver Phone number:					
Chemical Name:		CAS Numl	per:		
What is the quantity of the material being shipped?		ped?	Units:		
What type of container is	the material containe	d in?			
At what temperature can	the material be shippe	ed?			
What state is the materia	Solid	Liquid	Gas		
	rd Classification Tool for o	s (check all that apply): characteristic definitions. Faild lt in civil and/or criminal pena	•	fy this	
Explosive	Poisonous by:	Organic Peroxide	Spontaneously combustible		
Flammable	Contact	Infectious	Dangerous when wet		
Non-Flammable Corrosive	Inhalation Ingestion	Radioactive Oxidizer	Misc Hazardous Material Not Defined by DOT		
Attach Safety Data Sheet	(SDS) link:				
OR include SDS as a se	· · · · · · · · · · · · · · · · · · ·	For guidance in prepar	ing SDS, please vi	iew <u>UNECE's</u>	
publication or OSHA's ha	·	, ,	• .	·	
Environmental Health & S	Safety.				

Hazardous Material Shipping **Updated May 2016**