

Hazardous Waste Management Notification Form

Description

Date material needs to be shipped

_____ MM slash DD slash YYYY

Number of shipments/frequency

Contact Name _____
_____ First _____ Last

Principal Investigator _____
_____ First _____ Last

Contact Email

Contact Phone

Lab location (Bldg./Rm) _____

Contents of shipment

Indicate all contents in percent or ppm

Volume

per container/total _____

Physical Form

liquid/sold/gas _____

Type/material of container

per container/total _____

Shipment requires dry ice? _____
 Yes
 No

Destination _____
_____ Street Address _____ Address Line 2
_____ City _____ State / Province / Region
_____ ZIP / Postal Code _____ Country

Shipping From _____
_____ Street Address _____ Address Line 2
_____ City _____ State / Province / Region
_____ ZIP / Postal Code _____ Country

Department FedEx Number _____

Shipment Summary

Name

This field is for validation purposes and should be left unchanged.

Submit