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.
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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_______________________

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