University of Central Missouri - EH&S

Clear Form

Chemical Surplus Pick-up Request Form

Name	Contact phone #	
Department/PI	Date	Page _____ of _____
Location of Chemicals (Bldg / Rm#)	Date Rc'd	Date Shipped

Container # (Each container must be #)	Chemical Name (No Formulas or Abbreviations)	Container			Physical State				Classification					
		Type	Size	% Full	Solid	Liquid	Gas	Aerosol	Flammable	Corrosive	Reactive	Toxic	Oxidizer	Halogenated

Instructions:

1. Form must be legible and filled out completely.
2. Chemicals must be in proper chemical containers.
3. All containers must be closed and properly labeled.
4. Email completed form to EHS@ucmo.edu

Contact EH&S - Ariana White @ 660-543-4137

Revised February 28, 2020