

UNIVERSITY STORES
HAZARDOUS MATERIALS TRANSPORTATION FORM
For questions regarding this form, please call 517-355-1700.

Ship From

NAME: _____

DEPARTMENT: _____

ADDRESS: _____

DATE: _____

TELEPHONE #: _____

E-MAIL: _____

MSU ACCOUNT NUMBER: _____

Secondary Contact Person: _____

Secondary Contact Phone: _____

Ship To

NAME: _____

COMPANY: _____

ADDRESS Line 1: _____

ADDRESS Line 2: _____

CITY: _____

STATE: _____ POSTAL CODE: _____

COUNTRY: _____

TELEPHONE #: _____

REFERENCE: _____

**** DO NOT SEAL THE OUTER PACKAGING****

Date you need the package at the destination : _____

Special Instructions : _____

If you have the Original Outer Packaging, please send it to Stores with the shipment.
MSU account number for replacement packaging supplies charges (if necessary): _____

Do you have the Original Shipping Papers? Yes [] No [] **If yes, Please attach a copy with this form.**

Do you have an MSDS with DOT Regulations for this material? Yes [] No []
If yes, Please attach a copy with this form. If no, shipment delay will result.

Name of Material : _____ Quantity : _____

What is it packed in? _____

If substance is a liquid, are there absorbent materials in the package? Yes [] No []

Chemical Components (if mixture): _____

HAZARD IDENTIFICATION :

- | | | |
|--|---|--|
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Dangerous When Wet | <input type="checkbox"/> Explosive |
| <input type="checkbox"/> Flammable Gas | <input type="checkbox"/> Flammable Liquid | <input type="checkbox"/> Flammable Solid |
| <input type="checkbox"/> Infectious Substance | <input type="checkbox"/> Nonflammable Gas | <input type="checkbox"/> Organic Peroxide |
| <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Poison | <input type="checkbox"/> Poison Gas |
| <input type="checkbox"/> Poison Inhalation Hazard | <input type="checkbox"/> Radioactive | <input type="checkbox"/> Spontaneously Combustible |
| <input type="checkbox"/> Other, (Dry Ice, Biological, etc.): _____ | | |



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