

University of Tennessee Knoxville

Request to Ship Hazardous Chemicals Form

Please complete form, attach SDS and send hazmat_shipping@utk.edu. Once you receive e-mail confirmation from EHS, you must deliver the chemicals to the EHS Office on 2111 Terrace Avenue between the hours of 8:00 a.m. and 4:00 p.m.

It is up to the Principal Investigator to ensure there are no applicable export control restrictions, and if a **Materials for Transfer form** needs to be completed. For international shipments, and other exporting requirements, contact Dairin Malkemus, Export Control Officer at (865) 974-0232 or dmalkemu@utk.edu for help with determining whether any export control restrictions may apply.

Name of Requestor: _____ Date: _____

Department: _____

Building: _____ Room #: _____

Principal Investigator: _____

Lab Phone #: _____ Cell phone #: _____ E-mail: _____

(We need a reliable way to reach the requestor if there are any questions)

How many chemicals are being shipped: _____

Departmental (E) or Grant (R) #: _____

Departmental Billing Address:

City _____ State _____ Zip _____

Accounts Payable Contact in Department _____ e-mail: _____ Phone #: _____

When do chemicals need to be shipped (**please allow 5 working days lead time**):

Is this shipment International? _____

If this is International, what is the declared value (in U.S. dollars)? _____

Other Information: _____

Destination Information:

Responsible Receiving Individual:

Destination Name: Company/University/Research Affiliate:

Department, Building and Room # (if applicable): _____

Address (Number, street, city, state, zip code):

Phone #: _____

Would you like e-mail notifications sent when the package has been shipped and delivered? (Please list up to three e-mail addresses)

When is the best time and what is the best means to contact you if EHS has a question?

I have acknowledged that the information on this form is correct to the best of my abilities.

Printed Name

Signature

Date

Signature of Safety Office Representative (EHS, Radiation Safety or Biosafety) granting approval of shipment.

Printed Name

Signature

Date

Material Information:

Chemical # 1:

Chemical Name: _____

Total Mass/Volume of each container or vial (mg, g, kg, ml, l): _____

Total Number of Containers or vials: _____

Type of container or vial (please choose one):

Physical State (please choose one):

Is chemical in original outer packaging? _____ Do you have original shipping documents? _____

If so, please include those documents with the Request to Ship form.

Please don't forget to attach copy of SDS

Chemical # 2:

Chemical Name: _____

Total Mass/Volume of each container or vial (mg, g, kg, ml, l): _____

Total Number of Containers or vials: _____

Type of container or vial (please choose one):

Physical State (please choose one):

Is chemical in original outer packaging? _____ Do you have original shipping documents? _____

If so, please include those documents with the Request to Ship form.

Please don't forget to attach copy of SDS

Chemical # 3:

Chemical Name: _____

Total Mass/Volume of each container or vial (mg, g, kg, ml, l): _____

Total Number of Containers or vials: _____

Type of container or vial (please choose one):

Physical State (please choose one):

Is chemical in original outer packaging? _____ Do you have original shipping documents? _____

If so, please include those documents with the Request to Ship form.

Please don't forget to attach copy of SDS

Chemical # 4:

Chemical Name: _____

Total Mass/Volume of each container or vial (mg, g, kg, ml, l): _____

Total Number of Containers or vials: _____

Type of container or vial (please choose one):

Physical State (please choose one):

Is chemical in original outer packaging? _____ Do you have original shipping documents? _____

If so, please include those documents with the Request to Ship form.

Please don't forget to attach copy of SDS

Chemical # 5:

Chemical Name: _____

Total Mass/Volume of each container or vial (mg, g, kg, ml, l): _____

Total Number of Containers or vials: _____

Type of container or vial (please choose one):

Physical State (please choose one):

Is chemical in original outer packaging? _____ Do you have original shipping documents? _____

If so, please include those documents with the Request to Ship form.

Please don't forget to attach copy of SDS

Chemical # 6

Chemical Name: _____

Total Mass/Volume of each container or vial (mg, g, kg, ml, l): _____

Total Number of Containers or vials: _____

Type of container or vial (please choose one):

Physical State (please choose one):

Is chemical in original outer packaging? _____ Do you have original shipping documents? _____

If so, please include those documents with the Request to Ship form.

Please don't forget to attach copy of SDS

If you have additional chemicals, please use additional forms.