

University of Central Missouri - EH&S

Chemical Surplus Pick-up Request Form

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

Container # <small>(Each container must be #)</small>	Chemical Name <small>(No Formulas or Abbreviations)</small>	Container			Physical State		Classification				
		Type	Size	% Full	Solid	Liquid	Reactive	Toxic	Oxidizer	Halogenated	

Instructions:

- Form must be legible and filled out completely.
- Chemicals must be in proper chemical containers.
- All containers must be closed and properly labeled.
- Completed form to EH&S at 660-543-4100