

**THE UNIVERSITY OF MISSISSIPPI  
DEPARTMENT OF HEALTH & SAFETY  
(662) 915-5433**

**NOTIFICATION OF EXCHANGE OF CHEMICALS**

Department Giving The materials	
Supervisor:	Date:
Department:	Phone # :
Department Receiving The Materials	
Supervisor:	Date:
Department:	Phone # :

**IDENTIFICATION OF THE MATERIAL**

Chemical Name(s)	% or ppm	Quantity

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Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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