

**THE UNIVERSITY OF MISSISSIPPI
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

**HAZARDOUS MATERIALS TRANSPORTATION
PROFILE AND INFORMATION FORM**

From

NAME :		DEPARTMENT :	
BUILDING :		ROOM :	DATE :
PHONE #:	FAX #:	E-MAIL:	

Ship To

NAME :	
COMPANY/ORGANIZATION:	
ADDRESS Line 1:	
ADDRESS Line 2:	
CITY :	
STATE :	ZIP / POST CODE :
COUNTRY (if not USA) :	
PHONE # :	

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

When do you need the package at the destination : _____ Return Authorization # (If Applicable) _____

Location of the hazardous material : _____

Special Instructions : _____

Do you have the Original Outer Packaging Yes [] No [] If yes, Can it be reused ?

Do you have a University Account # for replacement packaging supplies charges ? _____

Sign here if you agree to have your account charged for replacement packaging supplies _____

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

Do you have an MSDS for this material Yes [] No [] If yes, Please FAX a copy with this form.

Do you have a preferred shipper : Yes [] No [] If yes, please indicate : _____

Do you have an account with this shipper ? Yes [] No [] If yes, please indicate account # _____

Name of Material (attach additional info sheet if necessary): _____ Amount : _____

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"/> Non-Flammable 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.): _____ | | |