

# Hazardous Material Profile Form For Domestic Shipments

Fax to Hazmat transport: 612-626-1571

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 UStores Customer #: \_\_\_\_\_

**University of Minnesota - EFS Account Code Information**

Fund (4)	DeptID (Department Identifier) (5) <small>Above Codes Required for all Transactions</small>	Account (6)	
<b>Program (5)</b> <small>Above Code "Program" Required for Non-Sponsored Activity</small>	<b>PCBU (Project Costing Business Unit) (5)</b> <small>Above Code "Project" Required for Sponsored Activity, "PCBU" and "Activity" are Conditional</small>	<b>Project (8)</b>	<b>Activity (1)</b>
<i>Chartfield 1 – CF1 (10)</i> <small>Above Codes "CF1 and CF2" are optional</small>	<i>Chartfield 2 – CF2 (10)</i>	<b>Chartfield – EmplID (8)</b> <small>Above Codes "EmplID and Cost Share" are Conditional</small>	<b>Cost Share (2)</b>

**Ship to Address:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

When do you need it there: Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  Time immaterial

**Location of the Hazardous Material:** \_\_\_\_\_  
 Phone (if different from above): \_\_\_\_\_  
 Return authorization (if applicable): \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

Is the material in the original outer packaging? Yes  No   
 Do you have the original shipping paper? Yes  No   
 If yes, please fax it with this profile.

**Please be sure to describe the Material on the next page of this form**

*Proceed to the Next Page*

**Hazardous Material Profile / Domestic Shipment Form**

**Material Description:**

**Name of Material:** \_\_\_\_\_

Amount: \_\_\_\_\_

Chemical contents (if different from the name): \_\_\_\_\_

**Hazardous information:**

- |   |  |
|---|--|
| <input type="checkbox"/> Explosive*                 | <input type="checkbox"/> Oxidizer                  |
| <input type="checkbox"/> Nonflammable Gas           | <input type="checkbox"/> Organic Peroxide*         |
| <input type="checkbox"/> Flammable Gas              | <input type="checkbox"/> Poison                    |
| <input type="checkbox"/> Poison Gas*                | <input type="checkbox"/> Poison Inhalation Hazard* |
| <input type="checkbox"/> Flammable liquid           | <input type="checkbox"/> Infectious Substance      |
| <input type="checkbox"/> Flammable solid            | <input type="checkbox"/> Radioactive*              |
| <input type="checkbox"/> Spontaneously Combustible* | <input type="checkbox"/> Corrosive                 |
| <input type="checkbox"/> Dangerous When Wet         | <input type="checkbox"/> Other Specify:            |

\* Items transported by EHS

Other hazard information: \_\_\_\_\_

**Does This Shipment Require Dry Ice?**

**Yes**  **No**

**Value of Shipment**

**Nominal Value**

**\$** \_\_\_\_\_ (Nominal shipments will be listed as \$1)

**Service Level:**

Priority Overnight

First Overnight

Standard Overnight

Other  \_\_\_\_\_

**Billing:**

**Bill to Department / Grant / EFS# Provided:**

**Recipient / FedEx Account #** \_\_\_\_\_

**3<sup>rd</sup> Party / FedEx Account #** \_\_\_\_\_