

# Hazardous Material Profile Form For International 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)** \_\_\_\_\_ **Account (6)**  
*Above Codes Required for all Transactions*

\_\_\_\_\_ **Program (5)** \_\_\_\_\_ **PCBU (Project Costing Business Unit) (5)** \_\_\_\_\_ **Project (8)** \_\_\_\_\_ **Activity (1)**  
*Above Code "Program" Required for Non-Sponsored Activity* | *Above Code "Project" Required for Sponsored Activity, "PCBU" and "Activity" are Conditional*

\_\_\_\_\_ **Chartfield 1 – CF1 (10)** \_\_\_\_\_ **Chartfield 2 – CF2 (10)** \_\_\_\_\_ **Chartfield – EmplID (8)** \_\_\_\_\_ **Cost Share (2)**  
*Above Codes "CF1 and CF2" are optional* | *Above Codes "EmplID and Cost Share" are Conditional*

**Ship to Address:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Recipients Tax ID# \_\_\_\_\_

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 / International Shipping 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 \_\_\_\_\_

(Shipments of Nominal Value / No Commercial Value should be listed for the cost of materials to resample or process)

Service Level: (Limited to availability)

International Priority

International First

International Economy

Broker Specified?

Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing:

Bill to Department / Grant / EFS# Provided:

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

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