

To Accompany On Campus Transfer of Material

Section 1 - Chemical Product Identification

Product Name/ID: _____

Molecular Formula: _____ Molecular Weight: _____

Product Structure: _____

Principal Investigator: _____

Building & Laboratory of Origination/Synthesis: _____

Dept: _____ Phone #: _____ Email: _____

Hazard Info Data Prepared By: _____ Date: _____

Email Address of Preparer: _____ Phone # of Preparer: _____

Section 2 - Composition Information and Ingredients (if Mixture)

Hazardous Ingredients (specific)	%	CAS Number	LD ₅₀ of Ingredient (Specify species & route)	LC ₅₀ of Ingredient (Specify species)

Section 3 - Hazards Identification

Potential Route(s) of Entry: Skin Contact Skin Absorption Eye Contact Inhalation Ingestion

Potential Health Effects: _____

Section 4 - First Aid Measures and Accidental Release Information

Skin Contact: _____ Eye Contact: _____

Inhalation: _____ Ingestion: _____

Leak and Spill

Procedures: _____

Section 5 - Handling and Storage

Handling Procedures
and Equipment:

Storage Requirements:

Section 6 - Exposure Control/Personal Protection

Specific Engineering Controls:
(Such as Ventilation, Enclosed Process, etc.)

Personal Protective Equipment

Gloves Respirator Eye Footwear Clothing Other

If Checked, Specify Type:

Section 7 - Physical, Chemical, Stability and Reactive Properties

Physical State: _____ Odor & Appearance: _____ Relative Density: (Air/Water=1) _____

Chemical Instability:

No Yes If Yes (unstable), Under Which Conditions? _____

Incompatibility with Other Substances

No Yes If Yes, Which Ones? _____

Reactivity Data and Conditions:

Hazardous Decomposition Products:

Section 8 - Other Information

**This form must be completed
and accompany the material
in transport.**