

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)

Above Code "Program" Required for Non-Sponsored Activity

PCBU (Project Costing Business Unit) (5)

Above Code "Project" Required for Sponsored Activity, "PCBU" and "Activity" are Conditional

Project (8)

Activity (1)

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 # _____
- 3rd Party / FedEx Account # _____