



Orphan Chemical Acquisition Form

Page ____ of ____

Date:

Name/Position:	Building/Room:	Telephone:	Department:
		Email:	

Chemical Information

Chemical Name	Container Size	Building/Room#	EHS Use Only

***By signing below, you certify that the material you have requested will be used for University related activity.**

Print Name _____ Signature _____ Date: _____

Received EHS:	Date:
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**Please submit completed form to EHS Dept., Attn: Orphan Chemical,
 e-mail to daniel_todd@uncg.edu, or fax to 334-4206.**