



**ENVIRONMENTAL HEALTH AND SAFETY
HAZARDOUS MATERIAL SERVICES**

**ELEMENTAL MERCURY REDUCTION PROGRAM
REQUEST FOR PROGRAM FUND ASSISTANCE
INSTRUCTIONS**

This form is used to request funding from the Elemental Mercury Reduction Program at MU. The form must accompany a Pick Up Request Form (PURF) for Unused Materials for the mercury-containing articles that are being exchanged.

Registered User Identification Section

| | |
|--------------------------|--|
| ① REGISTERED USER | The name of the MU Registered User (RU) who is assigned responsibility for the location where the mercury-containing articles are being used/stored. |
| ② REGISTERED USER NUMBER | The four-digit ID number corresponding to the RU. |
| ③ CONTACT PERSON | The name of the person who can provide additional information about this request (if needed). |
| ④ TELEPHONE NUMBER | The telephone number where the Contact Person can be reached during normal business hours. |
| ⑤ BUILDING | The proper name or commonly-used abbreviation for the MU building where the requested materials are to be delivered. |
| ⑥ ROOM | The room number (when applicable) where the requested materials are to be delivered |
| ⑦ E-MAIL ADDRESS | The e-mail address where the Contact Person can be reached. |

Details of Request

| | |
|---------------------------|--|
| ⑧ SUPPLIER | The name of the company that sells the replacement device. According to existing MU contracts, preference is to be given to Fisher Scientific when possible. |
| ⑨ STOCK # | The supplier's catalog or stock number for the replacement device. |
| ⑩ DESCRIPTION OF THE ITEM | A brief description of the item requested including any required characteristics (size, temperature range, etc). |
| ⑪ QUANTITY | The number of replacement devices for which funding assistance is being requested. |
| ⑫ PRICE (EACH) | The unit price of the replacement device in US currency. |
| ⑬ TOTAL COST | The total amount of funding desired for this row (quantity multiplied by price). |

Elemental Mercury Inventory Status

| | |
|---------------------|--|
| ⑭ MERCURY INVENTORY | This information is used to assess the degree to which mercury usage will be reduced in the work spaces under the applicant's control. |
| ⑮ REMAINING MERCURY | List any elemental mercury devices that will remain in any of the locations registered to the RU and a brief explanation of why they are being retained. |

Certification

| | |
|-------------|---|
| ⑯ SIGNATURE | The RU or Contact Person must sign the request except when it is submitted by e-mail. |
| ⑰ DATE | Write the date that the request is completed and submitted to EHS. |


Submit the Request: By Campus Mail to: EHS RRC

By FAX: 884-5270
By e-mail: hazmat@missouri.edu

EHS will review the form for completeness and merit. The contact person will be notified via e-mail of the outcome of the review.

For additional assistance, or if you have additional questions about the Elemental Mercury Reduction Program, please telephone EHS at 882-3736, or visit the web site at <http://ehs.missouri.edu>

Example:

|  | | ENVIRONMENTAL HEALTH AND SAFETY HAZARDOUS MATERIAL SERVICES | Elemental Mercury Reduction Program Request for Program Fund Assistance | | | |
|---|----------|--|---|-----------|--------------|------------|
| RESOURCE RECOVERY CENTER (RRC) 1710 E CAMPUS LOOP COLUMBIA, MO 65211-5080 882-3736 (OFFICE) 884-5270 (FAX) hazmat@missouri.edu http://ehs.missouri.edu SUBMIT BY CAMPUS MAIL OR FAX | | | | | | |
| REGISTERED USER (1) | | REGISTERED USER NUMBER (2) | | | | |
| CONTACT PERSON (3) | | TELEPHONE NUMBER (4) | | | | |
| DELIVERY LOCATION: BUILDING (5) | | ROOM (6) | EMAIL ADDRESS (7) | | | |
| | Supplier | Stock # | Description of Item | Quantity | Price (each) | Total Cost |
| 1 | (8) | (9) | (10) | (11) | (12) | (13) |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| Funding assistance exceeding one hundred dollars (\$100) must be approved by the Director of EHS. | | | | | | |
| There should be at least one mercury-containing device to be exchanged for each item ordered on this page. Please describe the mercury-containing devices that are to be picked up on a Pick Up Request Form for unused materials and send it in with this form. A special Pick Up Request Form is included for your convenience. Please fill out the header and an estimated total weight or mass for each item. | | | | | | |
| Will this eliminate all sources of elemental mercury under your control? <input type="checkbox"/> Yes <input type="checkbox"/> No (14) | | | | | | |
| If No, please list remaining mercury sources and reason for not requesting replacement. (15) | | | | | | |
| By my signature here, I pledge to minimize elemental mercury use in work spaces under my control: | | | | | | |
| RU SIGNATURE (16) | | | | DATE (17) | | |