



ENVIRONMENTAL HEALTH AND SAFETY HAZARDOUS MATERIAL SERVICES

PICK UP REQUEST FORM (WebPURF) INSTRUCTIONS FOR ELECTRONIC SUBMISSION (UNUSED MATERIALS ONLY)

This version of the Pick Up Request Form (PURF) is used to request the pick up of unwanted, unused hazardous materials from MU locations. For these purposes, “unused” indicates the hazardous material is in the original manufacturer’s container with the original label intact and legible. The container does not have to be full. These materials should not have a Hazardous Materials Label (HML) attached. All other materials should be listed on the Used/Unknown Materials PURF.

Registered User Identification Section

① PERSON REQUESTING PICK UP	The name of the person who is filling out the form and can provide additional information about this PURF (if needed). If name does not appear on drop down menu, select “not on the list”. If this option is selected, an additional field will appear. Type the name of the unlisted request person in this field.
② TELEPHONE NUMBER	The telephone number where the person requesting the pick up can be reached during normal business hours.
③ LOCATION	Select the registered location from the drop down menu where the materials described on the PURF are located. If the correct location is not listed, select “other” and list the location in the “Other Comment” section.
④ OTHER COMMENT	As appropriate, use this space to describe a more specific location within the designated room (e.g., cabinet, hood) or when “Location” is not listed. Also list any materials you may need from EHS such as empty containers or HML labels.

Material Description Section

⑤ RESET	This button will clear all data entered on this row.
⑥ NAME OF MATERIAL	The name of the material as it appears on the container label.
⑦ CONTAINER	Select one of the containers from the drop down menu to describe the container holding the hazardous material(s). If an appropriate description is not listed, select “other” and describe the container in the “Name of Material” field.
⑧ WEIGHT, MASS OR VOLUME	Provide the total weight, mass or volume of the material actually in the container then select the units using the drop down menu.
⑨ MANUFACTURER	The name of the manufacturer as shown on the container label. If unknown, type “unk”.
⑩ CATALOG NUMBER	The catalog number as shown on the container label. If unknown, type “unk”.
⑪ COPY ABOVE	Only one container may be listed on each line. This button may be used to copy the information from the previous row if there are multiple containers of the same mixture. The data can be edited after copying if the items differ slightly.
⑫ ADD ANOTHER ROW	If there are more than 10 containers to be picked up, click this button to add more items.

Certification

⑬ CERTIFICATION STATEMENT	Click the box to certify that the information provided is accurate.
⑭ SUBMIT	Click this button to send the request to EHS. A copy of the request will be sent via email to the Registered User.

PURFs that are incorrectly completed may be returned to the RU for completion/correction. Improperly documented materials will be analyzed at the RU's expense.

A pick up will be scheduled within a two (2) week period after the PURF is approved by EHS. Alternative scheduling and handling procedures may be required for very large pick ups, special materials, and/or materials from off-campus locations.

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

Example:

User Information

Date of Request :	Aug/24/2007
Registered User :	Ashbrook Peter
Registered User Number :	1002
Person Requesting Pick up ①	<input type="text"/>
Telephone ②	<input type="text"/>
Location :	③ ----- Select Location ----- <input type="button" value="v"/>
Other Comment : ④	<input type="text"/>

** All required fields are highlighted.

** Container codes: If select "Other", please describe in Name of Material field.

** Net quantity: Estimate quantity if container is not full.

	Row	NAME OF MATERIAL (AS IT APPEARS ON THE LABEL)	Container **	Weight, Mass or Volume	Manufacturer	Catalog Number
⑤ <input type="button" value="Reset"/>	1	⑥ <input type="text"/>	⑦ <input type="button" value="Select -"/> <input type="button" value="v"/>	⑧ <input type="text"/>	<input type="button" value="- Select -"/> <input type="button" value="v"/>	⑨ <input type="text"/>
<input type="button" value="Reset"/>	2	⑪ <input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	3	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	4	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	5	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	6	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	7	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	8	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	9	<input type="button" value="copy above"/>	<input type="text"/>			
<input type="button" value="Reset"/>	10	<input type="button" value="copy above"/>	<input type="text"/>			

⑫

IMPROPERLY DOCUMENTED ITEMS WILL BE ANALYZED AT THE EXPENSE OF THE REGISTERED USER.

⑬ I hereby certify that the items listed above are properly documented and containerized for pick up by EHS.

⑭

A copy of this form will be sent to you at
AshbrookP@missouri.edu