



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 _____ REGISTERED USER NUMBER _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

DELIVERY LOCATION: BUILDING _____ ROOM _____ E-MAIL ADDRESS _____

	Supplier	Stock #	Description of Item	Quantity	Price (each)	Total Cost
1						
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? Yes No

If No, please list remaining mercury sources and reason for not requesting replacement.

By my signature here, I pledge to minimize elemental mercury use in work spaces under my control:

RU SIGNATURE _____

DATE _____



**ENVIRONMENTAL HEALTH AND SAFETY
HAZARDOUS MATERIAL SERVICES**

**PICK UP REQUEST FORM
(MERCURY CONTAINING DEVICES ONLY)**

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FOR EHS USE ONLY

PURFNO

SUBMIT PURF BY CAMPUS MAIL, FAX OR E-MAIL

REGISTERED USER _____ REGISTERED USER NUMBER _____
CONTACT PERSON _____ TELEPHONE NUMBER _____
PICK UP LOCATION: BUILDING _____ ROOM _____ OTHER _____ E-MAIL ADDRESS _____

NAME OF MATERIAL (AS IT APPEARS ON THE LABEL)	CONTAINER CODE*	NET QUANTITY‡	UNIT CODE [Ⓞ]	MANUFACTURER	CATALOG NUMBER	EHS USE ONLY
	Not needed			Not needed	Not needed	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	
	"			"	"	

*CONTAINER CODES: **CBX**-cardboard box, **GB**-glass bottle, **MC**-metal can, **MD**-metal drum, **PB**-plastic bottle, **PBG**-plastic bag, **PD**-plastic drum, **PJ**-plastic jug, **SK**-safety can, **V**-vial, **OTH**-other (please describe)

‡NET QUANTITY: Estimate quantity if container is not full.

[Ⓞ]UNIT CODES: **GL**-gallon, **LT**-liter, **ML**-milliliter, **LB**-pound, **KG**-kilogram, **GM**-gram, **MG**-milligram

ADDITIONAL COMMENTS:

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

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

SIGNATURE _____

DATE _____