



Chemical Donation Receipt Request Evaluation Form

Instructions: complete the following information and email to EHS at ehs@uh.edu . Do not accept donation until EHS's approval is received.

SECTION 1: UH Recipient & Donor's Information (To be completed by the UH Recipient)

Recipient's Name: _____ Recipient's Department: _____
 Phone: _____ Email: _____
 Donor's Name: _____ Donor Organization: _____
 Phone: _____ Email: _____

SECTION 2 : Chemical Donation List (To be completed by the UH Recipient)

Complete information below for each chemical to be donated with photos attached and submitted to the EHS for review. Make additional copies of this table as needed to list all of the chemical donations.

Chemical Name	CAS Number	Container Size	Number of Containers	Expiration Date	Safety Data Sheet (SDS) Attached?

SECTION 3 : Chemical Donation Plan (To be completed by the UH Recipient)

1. Reason the organization is donating the chemical:

2. When and how the chemical(s) will be transported to UH:

If the recipient opts to transport the chemicals from UH end, they must ensure that a carrier is utilized that is licensed, insured, and has proper registration to transport the donated chemicals.

3. Proposed storage location (Building name and room number):



- 4. Proposed use location (Building name and room number):

- 5. Describe any waste streams that will result from the use or eventual disposal of this chemical? Please indicate whether these are new or existing waste streams for the proposed use and storage location.

Certification:

I certify that the information contained in Section 1 to Section 3 and attached hereto is true and correct to the best of my knowledge.

Printed Name (UH Recipient)	UH Recipient Signature	Date
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Printed Name (Department Chair)	Department Chair Signature	Date
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SECTION 4: EHS REVIEW
EHS USE ONLY

EHS Response: Approve Deny

Conditions on approval if any:

EHS reviewer's comment: (if denied, provide reason)

Printed Name (EHS Representative)	EHS Representative Signature	Date
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