

Chemical Storage Information Request Form

If you do not find the chemical you are looking for in the current data base, please complete the following applicable sections and submit back to DEHS either by fax (831-1528) or email (dehsafety@udel.edu). I will review the information and forward a storage recommendation.

Name: _____
Phone: _____
Email: _____
Building: _____
Lab number: _____

Please select the correct link(s) below according to your chemical type(s) and complete the information forms.

1. Mixture: (circle all that apply) liquid/solid
2. Reagent
3. Synthesized Material
4. Compressed Gas/Liquid

1. Mixtures

Mixture: (Ingredient):

Common chemical name	Place % in the appropriate box	
	% by weight	% by volume

2. Reagents

Material Information (common chemical name):

3. Synthesized Materials

Material Characteristics

Please provide the following chemical characteristics information that will aid in the accurate determination of the storage requirements.

Chemical IUPAC Name: _____

Flash Point °C: _____

Boiling Point °C: _____

Molecular formula:

Toxicity (is this material toxic/poison):

pH: _____

Is this material shock sensitive? ? yes ? no

Is this material pyrophoric? ? yes ? no

Is this material air reactive? ? yes ? no

Is this material water reactive? ? yes ? no

Structural Drawing:

Any additional information on the chemical/ material characteristics?

4. COMPRESSED GAS/LIQUID

Cylinder contents information (common chemical name):