Please read instructions below for details and our Terms and Conditions.

Plan Ahead!



CSDF Only Please Date Recvd.	
RQ#	

CSDF Chemical Requisition Form

st Name:	Last Name:	Requestor's	Phone:
visor or Supervisor Nar	ne:	Requestor's Email:	
partment:	Building:		Lab / Room No.:
nner Index No.:	or FOAP	-	- 5420 -
mber of Size of ntainers	Chemical name, purity, grade (ACS, HPLC product number, and CAS No. (120 characte	C, etc.), vendor name, catalog or r max. Use multiple lines if need	r MSDS? CSDF Only Please Charge Amount
dditional comments, or		5420 Total 5432	Grand Total
nstructions.		Total	

- eligibility. Please contact the EH&S Department's Environmental Health Manager to inquire about training requirements and schedules (X3869).
- -- Chemical distributions will be made from CSDF stock whenever practical (same amounts, grades, and or purity specifications).
- -- An e-mail will be sent to the above listed address when the order is completed and ready to be picked up at the CSDF.
- -- The normal CSDF pickup window hours are: Monday Friday, 8:30 am to 12:00 noon and 1:00 pm to 4:30 pm. Please call X3555 for pickups outside of these hours.
- -- The CSDF is located in Coolbaugh Hall, Room 030. Printed forms can be submitted at the CSDF.
- -- Requesting expedited shipping services will incur additional shipping charges. Contact the CSDF for cost estimates.
- -- Requestors must be 21 years of age or older to purchase or pickup absolute ethanol. A valid, state issued, photo ID is required for proof of age.
- -- Please be prepared to produce a valid CSM photo ID (BlasterCard) when picking up chemicals from the CSDF.
- -- All requestors are responsible for proper transportation, storage, use, and disposal of chemicals. Contact the CSDF for guidance if needed.