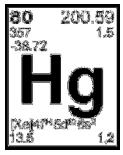

REQUEST FOR MERCURY / MERCURY COMPOUNDS

Mercury, its vapor, and certain mercury compounds are extremely toxic and individuals need to be aware of its presence. Accidents with mercury can affect the health and operations for the exposed areas and adjacent areas. In addition, cleaning up areas after a mercury spills that are contaminated can be extremely expensive.

Section A: Laboratory Supervisor General Information	
Last Name:	First Name:
EKU ID Number:	Department:
Phone:	E-mail:

Section B: Type of Mercury Requested
Type of Mercury: Elemental Mercury ☐ Mercury Compound ☐ (describe below)
Specific Compound Name(s):

Section C: Elemental Mercury or Mercury Compounds Purpose / Location
Purpose: Teaching ☐ Course(s):_____ Research ☐
Please explain specific purpose: **Note:** Make sure to mention if elemental mercury or mercury compounds is used in specific device or equipment.
Mercury or Compound Location (Bldg/Room):
Specific Storage of Mercury or Compound:
Amount of Mercury or Compound:

Approval Signatures

Laboratory Supervisor:_____ Date:_____

Department Chair:_____ Date:_____

Chemical Safety Officer:_____ Date:_____

EH&S Director:_____ Date:_____