



Safety Equipment Program Request for Program Fund Assistance

Name: _____ Email: _____ Phone: _____

Department: _____ Building #: _____ Room #: _____

Request (Indicate Quantity):

- _____ Flammable-Materials Storage Refrigerator/Freezer
- _____ Explosion-Proof Refrigerator/Freezer
- _____ Chemical Storage Cabinet
- _____ Emergency Shower
- _____ Emergency Eyewash
- _____ Other _____

How will this improve safety? _____

Supplier of item requested, including Web link if available: _____

Detailed Description: _____

Stock Number: _____ Price: _____

Safety Equipment Program does not provide funds for installation or shipping. If installation or shipping is required, departmental funds must be available and approved.

Completed forms must be sent to Environmental Health and Safety via email to EHSD@tamu.edu or by campus mail to MS 4472.

Do not make any purchase without written approval from EHS.

EHS Use Only

Date Received: _____

Action Taken:

- Approved
- Denied

PI Notified on (Date): _____

EHS Payment: _____

Account #: _____

Justification for Approval or Reason for Denial: _____