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? _____________________________________________________________________________
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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.*
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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: _____________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________