



Hazardous Materials Shipping Form

Ship From	-
Name:	Name:
Department:	Company:
Address:	Address line 1:
Date:	Address line 2:
Phone:	City:
Email:	State: Postal code:
MSU account number:	Country:
Secondary contact person:	Phone:
Secondary contact phone:	Reference:
UN#	
UN#	
Proper Shipping Name (PSN) Description:Class or Division (Subrisk):	
Proper Shipping Name (PSN) Description:Class or Division (Subrisk):	
Proper Shipping Name (PSN) Description: Class or Division (Subrisk): Packing Group: Instructions	
Proper Shipping Name (PSN) Description:	ease send it to Logistics with the shipment.
Proper Shipping Name (PSN) Description: Class or Division (Subrisk): Packing Group: Instructions DO NOT SEAL THE OUTER PACKAGING If you have the original outer packaging, ple	ease send it to Logistics with the shipment. ease attach a copy with this form.
Proper Shipping Name (PSN) Description: Class or Division (Subrisk): Packing Group: Instructions DO NOT SEAL THE OUTER PACKAGING If you have the original outer packaging, ple If you have the original shipping papers, ple	ease send it to Logistics with the shipment. ease attach a copy with this form. et)
Proper Shipping Name (PSN) Description: Class or Division (Subrisk): Packing Group: Instructions DO NOT SEAL THE OUTER PACKAGING If you have the original outer packaging, ple If you have the original shipping papers, ple REQUIRED: Complete SDS (Safety Data She	ease send it to Logistics with the shipment. ease attach a copy with this form. et) our shipment

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