REQUEST FOR EQUIPMENT STORAGE SPACE

Faculty member: 

Office location:  

Phone contact:  

Email contact:  

Lab manager/technician name and contact: 

Describe the material desired to be stored. Include information on the dimensions of space needed. Attach more pages if necessary.

How long will this material be stored for?

Please sign below to indicate that you will use this space as required for safety:

I understand that storage space must be maintained in a neat, organized manner consistent with fire safety and environmental health regulations. No chemicals, compressed gases or flammables will be stored, except after explicit approval by the fire marshal or EHS. All shelves, storage spaces, or boxes will be labeled with my name. I will work to be efficient in space usage by packing materials tightly (but neatly) together, and by removing material that will no longer be used.

______________________          _______________________    ____________________
Printed Name    Signed Name   Date