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? ____________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________

Supplied 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.*

Date Received: ________________________  Action Taken:

- □ Approved
- □ Denied

PI Notified on (Date): ____________________

EHS Payment: _________________________  Account #: _______________________________

Justification for Approval or Reason for Denial: ____________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________

EHS Use Only