

**UNIVERSITY OF COLORADO  
EMPTY CYLINDER RETURN DOCUMENT/HAZARDOUS MATERIAL SHIPPING PAPERS**

For cylinder pick-up or to call with inquiries: (303) 492-6369 Fax: (303) 492-1186

*I Certify Cylinder Numbers To Be Correct.*

Shipper Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Last Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Campus Box: \_\_\_\_\_  
 Department: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Bldg: \_\_\_\_\_ Rm: \_\_\_\_\_

**Only ONE vendor per sheet.**

AIRGAS: \_\_\_\_\_ OTHER: \_\_\_\_\_  
 (Please specify)

<i>P.O. NUMBER</i>	<i>SERIAL NUMBER</i>	<i>TYPE OF GAS</i>	<i>FOR VENDOR USE ONLY</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

<b>Qty.</b>	<b>Proper shipping name</b>	<b>Haz. class</b>	<b>UN#</b>	<b>Weight</b>
	Air, compressed	2.2	1002	
	Argon, compressed	2.2	1006	
	Carbon dioxide	2.2	1013	
	Helium, compressed	2.2	1046	
	Nitrogen, compressed	2.2	1066	
	Oxygen, compressed	2.2	1072	
	Hydrogen, compressed	2.1	1049	
	Gas, compressed NOS			

**EMERGENCY RESPONSE: 1-800-535-5053**

D.C. DRIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 D.C. WAREHOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 VENDOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_