Yale Environmental Health & Safety

135 College Street, Suite 100 New Haven, Connecticut 06510-2411 Telephone: 203 785-3550

Fax: 203 785-7588 ehs.yale.edu

Safety Supply Request Form

Complete this form and return to EHS by fax (203-785-7588) or email (ehs@yale.edu)

You must submit this request at least 10 days prior to your departure.

Student/Researcher Name:	Email a	ddress:	
Cell phone #:	Trip Lo	cation:	
Campus Address:	Duratio	n of Fellowship/Research:	
Sponsor/Mentor Name:		Departure Date:	
Program Name/Affiliation:	Date of	Departure from New Haven:	
Please select the supplies you need sizes, styles or models as necessary		le below, indicating the quantity ar Quantity of boxes (100 gloves/box):	
Yes No	Glove Size:	quantity of boxes (100 gloves/box).	
Select Style: Lab Coat (2 can be provided) or Disposable gowns	Size:	Quantity (Disposable Gowns only):	
Select Style: **(Only 2 pairs of glasses can be prov Over Glasses Safety Glasses or Regular Safety Glasses or Disposable splash/face shield (1 box of 10		Quantity (Disposable splash/face shield only)	
Disposable N-95 Respirators* Indicate last fit test or scheduled fit test date: / /	Make/Model:	Quantity of boxes (20 per box)	
Antiseptic Gel ***(1-2 bottles provided per week of ☐ Yes ☐ No	travel)	Quantity:	

^{*}Respirator fit testing is required annually. If you have not been fit by Yale EHS in the 12 months prior to your departure date, then you must register for one of the sessions held regularly by EHS (yale.edu/training) and indicate the date you will be attending training. You should register for a session ASAP as these courses fill up quickly.

^{**}Only 2 pairs of safety glasses can be provided for the entire trip.

^{***} Federal regulations limit (12) 3oz bottles per person for air travel.