

Lithium Battery Shipment Review Application

Your Name : _____
Phone Number: _____ E-mail address: _____
Department: _____
Supervisor: _____ Zip Code: _____

This form is intended to be used to request a lithium battery shipment review:

Explain the lithium battery or cells you would like to ship.

Contained within device Packed with device Lithium battery only

Lithium ion Lithium Metal Other _____

Shipping Item? or Passenger Aircraft

Was the battery or cell altered or damaged? Yes No

Note: * Required field for Lithium Ion and ** Required for Lithium Metal

Equipment & Battery

Description: _____

*Volts (V): _____

*Ampere-hours (Ah): _____

**Grams (g) of Lithium: _____

Quantities / Volumes: _____

Manufacture: _____

Module Number: _____

Item catalog number (if available): _____

Signature: _____ Date: _____

Print Name: _____

Required: Include or attach technical information and SDS (MSDS)

Once completed, please return this form to EHS via fax (9-8370) or email to unmcehs@unmc.edu