

New Chemical Request Form

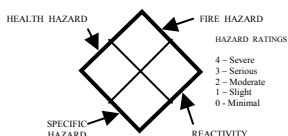
This form is to be filled out for chemicals that are ordered for the **“FIRST TIME”** by a department. It is meant to insure that Material Safety Data Sheets (MSDS) are available, and that all safety equipment and regulatory issues are in place prior to the chemical arriving on campus. **It is not intended to prohibit the ordering of any chemical by employees** but rather to assure that the University and its employees are complying with all pertinent legislation regarding the acquisition of chemicals. Thank you for your cooperation in filling out this form. Should you have any questions regarding your chemical order, please call the Chemical Management Center at Extension 3703.

Responsible Individual _____ Dept. _____ Room# _____

Extension _____ Date Requested _____ Date Needed _____

Name of Chemical Substance _____

Amount to be ordered _____ CAS # _____ Vendor/Catalog# _____



Storage Requirements (Check)

- General Chemical Storage
- Cool Dry Cabinet
- Refrigerator
- Freezer
- Explosion Proof Refrigerator
- Flammable Cabinet
- Corrosive Cabinet
- Other (describe) _____

Engineering Controls Needed (Check if applicable)

- Chemical Fume Hood
- Perchloric Acid
- Distillation Hood
- Laminar Flow Hood
- Glove Box
- Local Exhaust
- Other (describe) _____

Personal Protective Equipment

(Check all that are appropriate)

- Protective eyewear (ANSI Z87.1)
- Face shield
- Gloves
- Lab Coat
- Respirator (call EOHS prior to issuing)
- Other (describe) _____

Special Labeling Requirements (Check if applicable)

- Carcinogen
- Teratogen
- Mutagen
- Embryotoxin
- Lacrymator
- Reproductive Hazard
- Other (describe) _____

Is employee exposure anticipated? No Yes (amount) _____

Are workplace exposure levels anticipated? No Yes (amount) _____

Brief description of procedure: _____

Signature of Responsible Individual

Date

Comments: _____

Chemical Hygiene Officer

Date