



# CHEMICAL APPROVAL FORM FOR CONTROL OF HAZARDOUS PRODUCTS

DATE:	MSDS SHEET ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain	
REQUISITIONER:	PHONE #:	Facility:

## CHEMICAL INFORMATION

PRODUCT TRADE NAME:
CHEMICAL NAME:
MANUFACTURER:
SUPPLIER (if different):
ID THIS PRODUCT: <input type="checkbox"/> SAMPLE ONLY <input type="checkbox"/> PERMANENT – NEW ITEM <input type="checkbox"/> OTHER:

## SITE SPECIFIC INFORMATION

INTENDED USE OF CHEMICAL:	
INTENDED DATE OF RECEIPT:	ORDER QUANTITY:
PROJECTED MAX. INVENTORY:	PROJECTED USAGE RATE:
IS THERE AN EXISTING CHEMICAL ON SITE USED FOR SAME PURPOSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THIS NEW PRODUCT REPLACE THE EXISTING CHEMICAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ALTERNATE CHEMICALS CONSIDERED:	
TYPE OF CONTAINER FOR THIS CHEMICAL:	
PROPOSED CONTAINER DISPOSAL METHOD:	
PROPOSED STORAGE LOCATION:	
PROPOSED DISPOSAL METHOD OF "SPENT" CHEMICAL:	
SPECIAL PROCEDURES PLANNED FOR THIS CHEMICAL:	
PERSONAL PROTECTIVE EQUIPMENT REQUIRED FOR THIS CHEMICAL:	

ROUTE	NAME	APPROVAL SIGNATURE	DATE	APPROVED?
REQUISITIONER				<input type="checkbox"/> YES <input type="checkbox"/> NO
HSE Consultant	John Wong			<input type="checkbox"/> YES <input type="checkbox"/> NO
Facility Supervisor / Mgr				<input type="checkbox"/> YES <input type="checkbox"/> NO
Purchasing				<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTES:

DISTRIBUTION OF APPROVED FORM AND MSDS: To REQUISITIONER / Facility / Facility JH&SC / Purchasing Dept. / HSE Consultant

Prepared by: J. Wong	Form #
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