

Today's Date (MM/DD/YYYY): \_\_\_\_\_

To request a chemical product evaluation by EHS:

1. Requestor shall complete sections 1, 2, 3 and 4 of this form.
2. Attach a copy of the Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) from the Manufacturer.
3. Requestor will be notified from the EHS Director or Safety Manager advising them of the status of the Chemical Product Evaluation.

**Section 1: REQUESTER INFORMATION****Employee Name** (First Name, Last Name): \_\_\_\_\_**Department:**     Building Maintenance     Custodial Services     Grounds Maintenance     Utilities  
 Other**Section 2: PRODUCT INFORMATION****Product Name:** \_\_\_\_\_**Manufacturer Name:** \_\_\_\_\_**Section 3: USAGE INFORMATION****Typical Container Size:** \_\_\_\_\_  Gallons     Ounces     Pounds     Other: \_\_\_\_\_**Container Type:**     Drum     Glass Bottle     Plastic Bottle     Other: \_\_\_\_\_**Storage location:** \_\_\_\_\_**Total volume to be kept in-stock:** \_\_\_\_\_**Section 4: INTENDED LOCATION FOR USE AND HOW IT WILL BE USED**

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**Section 5: EHS Director or EHS Manager Signature:** \_\_\_\_\_ Approved for Use (See Note Below)     Denied for Use (See Note Below)     Restrictions (See Note Below)

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**Section 6: PPE REQUIRED:** Acid Gloves     Ear Plugs     Latex Gloves     Nitrile Gloves  
 Respirator     Face Shield     Safety Glasses     Safety Goggles  
 Other: \_\_\_\_\_