



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 Department 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 INFORMATIONTypical Container Size: ☐ Gallons ☐ Ounces ☐ Pounds ☐ Other: _____Container Type: ☐ Drum ☐ Glass Bottle ☐ Plastic Bottle ☐ Other: _____

Storage location: _____

One time purchase ☐ OR

Total volume to be kept in-stock: _____

Section 4: Justification for new chemical request - Provide Location of Use and Procedure

Section 5: ☐ EHS Signature: Title:

☐ Approved for Use (See Note Below) ☐ Denied for Use (See Note Below) ☐ Restrictions (See Note Below)

Section 6: PPE REQUIRED:

- | | | | |
|---------------------------------------|--------------------------------------|---|---|
| ☐ Acid Gloves | ☐ Ear Plugs | ☐ Latex Gloves | ☐ Nitrile Gloves |
| ☐ Respirator | ☐ Face Shield | ☐ Safety Glasses | ☐ Safety Goggles |
| ☐ Other: _____ | | | |