

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 INFORMATION****Typical 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:

<input type="checkbox"/> Acid Gloves	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Latex Gloves	<input type="checkbox"/> Nitrile Gloves
<input type="checkbox"/> Respirator	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Goggles
<input type="checkbox"/> Other: _____			