

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**

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**Section 5:  EHS Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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**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: _____			