NEW CHEMICAL MATERIAL REQUEST

Requestor’s Name: ____________________________ Requestor’s Phone Number: __________________ Date: ________________

Chemical name, supplier, and part number of new material being requested (attach copy of MSDS/SDS and send electronic copy of this form and MSDS/SDS to: dave.yost@asu.edu):

Initial quantity of the material to be ordered and anticipated maximum quantity to be on-site at any time:

___________________________________________________________________________________________

Detailed description of the material being requested, any chemicals that will be mixed with this material, and the intended use:

___________________________________________________________________________________________

Describe how you will dispose of used or waste material:

___________________________________________________________________________________________

Estimated start date for use of material and term of usage (NOTE: material cannot be delivered or used until approval is obtained):

___________________________________________________________________________________________

Where is this material to be used (location on the site, room number, etc.)?

How is this material to be used? (Check all that apply) R&D _____  Production _____  Maintenance & Operations _____

Is there any new capital equipment required to safely use this new material? Yes ____  No ____

If yes, describe the new equipment:

___________________________________________________________________________________________

Will this new material require modification of existing equipment and/or facilities (consider scrubbers, ventilation, piping, spill or hazardous material detection, toxic gas monitoring, waste handling, chemical delivery & storage, etc.)? Yes ____  No ____

If yes, please describe the modifications that will be required in detail:

___________________________________________________________________________________________

___________________________________________________________________________________________

Signature of Requestor  ____________________________  Signature of Principal Investigator, Fab/Lab Director, Manager, or Supervisor

___________________________________________________________________________________________

NOTE: The manager of every department and lab must ensure that copies of all MSDS/SDS are available for all personnel.

NEW MATERIAL REQUEST TRACKING

Date of receipt by EHS/review committee: ____________________________  Date of review: ____________________________

EHS/committee response:

Request Disposition (circle one): Approved  Rejected  Rejected, but re-consideration possible

Signature of EHS Representative or Review Committee Chairman: ____________________________