

MacroTechnology Works Chemical Approval Form Environmental Health and Safety

New Chemical and Gas Material Request

Requestor name:	Requestor phone number:	Date:
Name of organization requesting m	aterial:	
Chemical name and supplier or ma	nufacturer:	
Part number of material:		
Initial quantity of the material to be	neet (SDS) <u>and</u> send electronic copy of this form w ordered and anticipated maximum quantity to be o Maximum quantity:	
Note: The site is not appro	eck all that apply. Research and development ved to conduct semiconductor production activitie aterial? Solid Liquid Gas	S
Detailed description of the material material and the intended use:	being requested, concentration of each constituer	It, any chemicals that will be mixed with this
Description of byproducts or reacta	nts from process, if applicable:	
Description of byproducts or reacta	nts from abatement system, e.g., products of com	oustion, if applicable:
Estimated annual use of the materia	al:	
Describe how you will dispose of us	ed 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:



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Where is this material to be used, i.e., location at MTW, room number, tool name, etc.?

Adequate storage space and storage equipment are available for this chemical, e.g. cabinets, shelving, etc? Yes ____ No ____

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

If yes, describe the new equipment:

Provide description of any required modification to existing equipment or facilities, i.e., consider scrubbers, ventilation, piping, spill or hazardous material detection, toxic gas monitoring, waste handling, chemical delivery and storage, etc.:

Note: Equipment and facilities may not be modified or installed without prior written approval from ASU. In addition, new materials will not be approved until new equipment and modifications are approved by ASU representatives for EHS, Facilities, Hazardous Materials Handling Operations, ASU Fire Marshall, Knowledge Enterprise and Capital Program Management Group.

Signature of requestor: _____

Signature of principal investigator, fab or lab director, manager, or supervisor:

Note: The manager of every department and lab must ensure that copies of all SDSs are available for all personnel.

New material request tracking

Date of receipt by EHS review committee:			Date of review:		
	Approval re		sults		
Request disposition, check one: possible. Notes:	Approved	One-time only	Rejected	Rejected, re-consideration	
Signature of EHS Representative:					