

## New Chemical Request Form

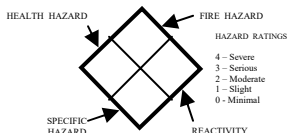
This form is to be filled out for chemicals that are ordered for the **“FIRST TIME”** by a department. It is meant to insure that Safety Data Sheets (SDS) are available, and that all safety equipment and regulatory issues are in place prior to the chemical arriving on campus. **It is not intended to prohibit the ordering of any chemical by employees** but rather to assure that the University and its employees are complying with all pertinent legislation regarding the acquisition of chemicals. Thank you for your cooperation in filling out this form. Should you have any questions regarding your chemical order, please contact Environmental Health & Safety Office at ext. 3756.

Responsible Individual \_\_\_\_\_ Dept. \_\_\_\_\_ Room# \_\_\_\_\_

Extension \_\_\_\_\_ Date Requested \_\_\_\_\_ Date Needed \_\_\_\_\_

Name of Chemical Substance \_\_\_\_\_

Amount to be ordered \_\_\_\_\_ CAS # \_\_\_\_\_ Vendor/Catalog# \_\_\_\_\_



**SDS and SOP must be included  
with this form.**

### Storage Requirements (Check)

- General Chemical Storage
- Cool Dry Cabinet
- Refrigerator
- Freezer
- Explosion Proof Refrigerator
- Flammable Cabinet
- Corrosive Cabinet
- Other (describe) \_\_\_\_\_

### Engineering Controls Needed (Check if applicable)

- Chemical Fume Hood
- Perchloric Acid
- Distillation Hood
- Laminar Flow Hood
- Glove Box
- Local Exhaust
- Other (describe) \_\_\_\_\_

### Personal Protective Equipment

(Check all that are appropriate)

- Protective eyewear (ANSI Z87.1)
- Face shield
- Gloves
- Lab Coat
- Respirator (call EOHS prior to issuing)
- Other (describe) \_\_\_\_\_

### Special Labeling Requirements (Check if applicable)

- Carcinogen
- Teratogen
- Mutagen
- Embryotoxin
- Lacrymator
- Reproductive Hazard
- Other (describe) \_\_\_\_\_

Is employee exposure anticipated?       No       Yes (amount) \_\_\_\_\_

Are workplace exposure levels anticipated?       No       Yes (amount) \_\_\_\_\_

Brief description of procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date