

New Chemical/Material Safety Approval

1. SECTION 1 – ORIGINATOR INFORMATION		
<input type="checkbox"/> Art Department	<input type="checkbox"/> Chemistry Labs	<input type="checkbox"/> Biology Labs
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Nursing	<input type="checkbox"/> PA Program
<input type="checkbox"/> PGM	<input type="checkbox"/> Health Services	<input type="checkbox"/> Housekeeping
Originator's Name	Phone Number	Date
<input type="checkbox"/> Obsolete Chemical/Material (Complete Section 2 and send to EHS Department) <input type="checkbox"/> New Chemical/Material (Complete Section 3 and send to EHS Department) <input type="checkbox"/> Trial Chemical/Material (Complete Section 3 and send to EHS Department) <input type="checkbox"/> Change to Existing Approved Chemical/Material (Complete Section 4 and send to EHS Department)		
2. SECTION 2 – OBSOLETE CHEMICAL / MATERIAL		
Chemical/Material Number	Description	
Chemical/Material Name		
Chemical/Material Manufacturer		
Reason for Removal		
Has material been removed from site / disposed of?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. SECTION 3 – NEW CHEMICAL / MATERIAL TRIAL		
Name of Chemical/Material		
Name of Chemical Manufacturer		
Maximum Volume to be Brought Onto Site (Must State Unit of Measure)		
Full Description of Task / Process / Location for Which the Chemical is to be Used		
Is this a trial chemical/material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , state duration of trial:		
Is this chemical/material replacing existing chemical/material(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , which chemical/material(s)?:		
If YES , has the replaced chemical/material(s) been removed or disposed of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , is the new chemical/material less hazardous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO , why is it being used?:		
Will the chemical/material(s) be used on an ongoing basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where will the chemical/material be stored?		

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Are there specific Health, Safety, or Environmental requirements associated with the purchase, use, storage, handling, or disposal of the chemical/material? (e.g. PPE, Spill Equipment, Storage Compatibility)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe the requirements and how they will be managed:	
Is specific training required in the use, storage, handling, or disposal of the chemical/material?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a waste stream associated with the use of this chemical/material?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , how will it be managed?:	
Are there costs associated with the disposal of this chemical/material?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , what is the estimated cost?:	
Who are the potential suppliers?:	
4. SECTION 4 – CHANGE TO EXISTING APPROVED CHEMICAL/MATERIAL	
<input type="checkbox"/> Increase in Maximum Volume <input type="checkbox"/> Decrease in Maximum Volume <input type="checkbox"/> Storage Location <input type="checkbox"/> Other (Please Specify) _____	
Briefly explain reason for the change:	
5. SECTION 5 – APPROVAL (EHS ONLY)	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Position Title:	
Name:	
Signature:	Date:
<p>NOTE: Safety Data Sheet must be attached!</p> <p>Please attach any other information that will assist in the approval process.</p> <p>Environmental, Health, and Safety Department and Requestor must retain a copy of the completed form</p>	