

Purchase Request for Special or Hazardous Chemicals

For additional assistance or to submit completed form, please contact:
Hazardous Materials Specialist, Environmental Health & Safety,
216 Browning Hall, PH: 678-2044 FAX: 678-4673

Requesting Person:		Date:		
Department:		sor:		
Chemical Name:	CAS	No.:		
Building/Location:	Specific	Area/Room:		
Primary Hazard(s) – Check all that apply:	Carcinogen	Highly To	oxic	
	Explosive	Reprodu	Reproductive Hazards	
	Other (specify):			
Proposed use for requested chemical (include a	mounts, duration of	use, etc.):		
Storage requirements:				
Engineering controls required:				
Special precautions required:				
Special processions required.				
Personal protective equipment requirements:				
Eye/face protection Respiratory p	protection	Gloves	Lab Coat	
Other (specify):				
List any special conditions for PPE:				
Is medical surveillance required?	h 11 h l C	Yes	No	
Safety Data Sheet must	be attached for con	sideration of request.		
Approved Rejected	d			
Lab Supervisor's Signature:		Date	:	
Dept. Chair's Signature:		Date	•	