

A SAFETY DATA SHEET MUST BE SUBMITTED WITH THIS DOCUMENT FOR APPROVAL.

REQUESTOR INFORMATION (Description and Proposed Safe Handling sections must be completed by the requestor for each chemical)

Date: _____

Requestor Name: _____

Phone #: _____ email: _____

Department/Company: _____ Supervisor: _____

<p>Description <small>(to be completed by requestor)</small></p> <p>Product (Chemical) Name: _____</p> <p>Product to be used for: _____</p> <p>Quantity stored onsite: _____</p> <p>Length of storage onsite: _____</p> <p>Storage location: _____</p> <p>Location(s) of use: _____</p> <p>Storage container: _____</p>	<p>Proposed Safe Handling Use <small>(to be completed by requestor)</small></p> <p>Face <input type="checkbox"/> face shield <input type="checkbox"/> side shields <input type="checkbox"/> goggles <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A</p> <p>Body <input type="checkbox"/> impermeable suit <input type="checkbox"/> cloth coveralls <input type="checkbox"/> Tyvek suit <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A</p> <p>Hand <input type="checkbox"/> permeation resistant gloves type: _____ <input type="checkbox"/> N/A</p> <p>Respirator <input type="checkbox"/> type: _____ <input type="checkbox"/> N/A</p> <hr/> <p>Is the product regulated as a hazard to human health?* <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(to be completed by requestor)</small></p> <p>Is a safer substitute available <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list reasons for not using: _____</p> <hr/> <p>Health and Safety Requirements <small>(to be completed by RTM Health and Safety)</small></p> <p>If yes, is product approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Conditions: _____</p> <p>Controls: _____</p> <hr/> <p>Environmental Requirements <small>(to be completed by RTM Environmental)</small></p> <p>Is product approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Conditions: _____</p> <p>Storage/Disposal Requirements: _____</p>
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*If the product is classified as Hazardous, Dangerous, or one of its ingredients is proven or suspected of being carcinogenic, teratogenic/mutagenic (reproductive toxicants), an alternative product must be considered.