## BORON OPERATIONS Chemical Approval Form

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## 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 #: ema	il:
Department/Company:	Supervisor:
<b>Description</b> (to be completed by requestor) Product (Chemical) Name:	Proposed Safe Handling Use       (to be completed by requestor)         Face       face shield       side shields       goggles       other:       IN/A         Body       impermeable suit       cloth coveralls       Tyvek suit       other:       IN/A
Product to be used for:	Hand
Quantity stored onsite:	Is the product regulated as a hazard to human health?* □Yes □ No (to be completed by requestor) Is a safer substitute available □Yes □ No If Yes, list reasons for not using:
Length of storage onsite:	Health and Safety Requirements (to be completed by RTM Health and Safety)
Storage location:	If yes, is product approved?  Yes  No Conditions: Controls:
Location(s) of use:	Environmental Requirements     (to be completed by RTM Environmental)       Is product approved?     Yes     No     Conditions:
Storage container:	Storage/Disposal Requirements:

Description	Proposed Safe Handling Use (to be completed by requestor)
(to be completed by requestor)	Face $\Box$ face shield $\Box$ side shields $\Box$ goggles $\Box$ other: $\Box$ N/A
Product (Chemical) Name:	Body □ impermeable suit □ cloth coveralls □ Tyvek suit □ other: □N/A
Product to be used for:	Hand Dermeation resistant gloves type: DN/A
	Respirator 🛛 type: 🖾 N/A
Quantity stored onsite:	Is the product regulated as a hazard to human health?* $\Box$ Yes $\Box$ No (to be completed by requestor) Is a safer substitute available $\Box$ Yes $\Box$ No If Yes, list reasons for not using:
Length of storage onsite:	Health and Cafety Dequinements
Storage location:	Health and Safety Requirements       (to be completed by RTM Health and Safety)         If yes, is product approved?       If Yes       No         Controls:       Conditions:
Location(s) of use:	Environmental Requirements       (to be completed by RTM Environmental)         Is product approved?       Image: Displayer in the second
Storage container:	Storage/Disposal Requirements:

Description	Proposed Safe Handling Use (to be completed by requestor)
(to be completed by requestor)	Face □ face shield □ side shields □goggles □other: □N/A
Product (Chemical) Name:	Body □ impermeable suit □ cloth coveralls □ Tyvek suit □ other: □N/A
	Hand $\Box$ permeation resistant gloves type: $\Box N/A$
Product to be used for:	Respirator 🗆 type: 🖾 N/A
	Is the product regulated as a hazard to human health?* □Yes □ No (to be completed by requestor)
Quantity stored onsite:	Is a safer substitute available $\Box$ Yes $\Box$ No If Yes, list reasons for not using:
Length of storage onsite:	Health and Safety Requirements (to be completed by RTM Health and Safety)
	If yes, is product approved?  Yes No Conditions:
Storage location:	Controls: Environmental Requirements (to be completed by RTM Environmental)
Leasting(a) of use	
Location(s) of use:	Is product approved?   Yes  No  Conditions:
Location(s) of use: Storage container:	

\*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.