

Request Form for An MSDS From The MCCS, Safety Office

Name:	Date:
Facility:	Division:
Job Title:	Building Number:
Telephone:	Fax:

I have been unable to obtain an MSDS from:

(place "x" in box next to areas contacted for An MSDS)

1. MCCS Retail Warehouse, Building 1108	<input type="checkbox"/>	Date Contacted: Point of Contact:
2. Manufacturer	<input type="checkbox"/>	Date Contacted: Point of Contact:
3. Web Site	<input type="checkbox"/>	See attached letter of request dated:

All three blocks above must be checked off before request can be processed through the MCCS, Safety Office. If incomplete the form will be returned for correction.

4. It is requested that the MCCS, Safety Office send the following MSDS to my office (use a second form as needed):

Instructions: Include the product name, manufacturer's name, address, phone number, ID number, color, and any other pertinent information about the chemical. This information can be obtained from your facility's chemical inventory. The product number should be on the chemical container. Add any new chemicals to your facility chemical inventory and number them sequentially.

(1)
(2)
(3)
(4)
(5)

Print Name:	Signature:
-------------	------------

Send the completed form to the MCCS, Safety Office, building #2662

Facility Receipt of the MSDS

Date MSDS received:	Signature:
Return signed form to the MCCS, Safety Office, building #2662	

MCCS, SAFETY OFFICE USE ONLY:

(ANY QUESTIONS, PLEASE CALL 725-9026)

The request for an MSDS has not been processed and is being returned (place "x" in box next to pertinent reason(s)):

Incomplete	<input type="checkbox"/>
No signature	<input type="checkbox"/>
Not legible	<input type="checkbox"/>
Other:	<input type="checkbox"/>

FOR OFFICIAL USE ONLY