HAZARDOUS MATERIAL AUTHORIZATION REQUEST

Request #: _____

(For HDSC use Only)

REQUESTER	ID#	Date:

SHOP	PHONE #	

Hazmat Item Requested

NOMENCLATURE

NSN :*(If NSN is unknown-list pertinent information: Company/Manufacturer, address, Phone, etc.)*	MIL-SPEC/PART #

Information Needed for Authorization of Above Item

TECH PUB #	PAGE NUMBER	PARAGRAPH

METHOD OF APPLICATION *(Examples: Spray, Dip, Brush, Wipe, Pouring, Brush wipe, Wipe on, etc.)*	***MONTHLY REQUIREMENT***

Is this a new process? ☐ YES ☐ NO *(Check One)*

Fully describe work activity and process in which this material is going to be used:

1. Site work process number and title found in shop Industrial Hygiene Survey *(Example: 8. Sand Casting of Drop Hammer Dies.)*
2. What equipment is the material going to be used in/on/or with? *(Examples: Paint Booth, Tank, Work bench, Aircraft Line, etc.)*
3. Provide Work Package Number.

Quantity per task: *(How much?, Ex. ounces, gallons, pound)*	Duration of Task, *How long do you perform this task? Ex. 5 minutes*

Frequency of Task *(How often?): How many times per day/month/year do you do this task? (Ex: 8 times a day)*

Circle one: Hours/Month, Day/Month or Week/Month

Requesting Shop Supervisor's Approval:	Date:

Certifying Official _____

☐ Approved ☐ Disapproved *(Check One)*

Date _____