

REQUEST FOR NEW CHEMICAL HAZARD REVIEW

REQUESTER	CODE	WORK AREA (<i>Bldg/Room</i>)	DATE
CHEMICAL SUBSTANCE			
IS THE MATERIAL SAFETY DATA SHEET AVAILABLE?			
YES		NO	
PROPOSED CHEMICAL USE (<i>Amount, duration, frequency, etc.</i>)			
ENGINEERING CONTROLS AVAILABLE (<i>Enclosures, ventilation systems, etc.</i>)			
STORAGE REQUIREMENTS			
PERSONAL PROTECTIVE EQUIPMENT REQUIRED			
RESPIRATORY PROTECTION	EYE AND FACE PROTECTION	PROTECTIVE CLOTHING	
IS MEDICAL SURVEILLANCE REQUIRED?			
YES		NO	
REMARKS			
SUPERVISOR'S SIGNATURE			DATE
CHEMICAL HYGIENE OFFICER'S SIGNATURE			DATE