Instructions for completing the Authorized Use List (AUL) Adjustment (NAVMC 11779)

This document will assist Work Center and Unit personnel who prepare and submit the AUL Adjustment Form. Important terms are defined and line-by-line instructions are given for areas the Work Center is required to complete. Personnel should consult with supervisors, environmental coordinators and base approval offices (Environmental, Safety, Industrial Hygiene and Supply) for more information. Accurate and detailed information will save time during review, protect workers and the environment, and ensure the requested product or change is available to the Work Center as quickly as possible.

What is the Authorized Use List?

The AUL is the list of all hazardous material (HM) authorized for use in a Work Center, Unit or Installation. Marine Corps Work Centers are not authorized to use or store any HM not listed on the AUL. Information on the AUL is used by many offices, including health, safety, emergency responders and environmental divisions.

What is the AUL Adjustment Form (NAVMC 11779)?

The AUL form is used to authorize the procurement of new hazardous material. It may also be used to modify previous AUL requests where a change to the approved amount, frequency or Unit of measure is required. The AUL form must be approved before hazardous material is purchased via any procurement method (to include out-in-town or Government Purchase Card orders) or any new hazardous material is brought aboard the installation.

What do I need to know to complete the AUL form?

(1) Information about the Work Center and the way the HM will be used,
(2) Information about the HM, including known hazards and a copy of the Material Safety Data Sheet (MSDS),
(3) Justification that the requested HM is the best or only available option, including a copy of the specified required documents or pertinent pages from Technical Orders or manuals.

What is Hazardous Material?

Sometimes abbreviated as HM or HAZMAT, it is any material that presents a health or physical hazard or that could pose a risk to the environment. A hazardous material is commonly defined as a substance (gas, liquid or solid) capable of creating harm to people, the environment, and/or property. Some common examples include: solvents, paints, gasoline, adhesives, and lubricants. Work Centers should avoid using HM if possible or substitute and minimize use if no alternative is available. Ammunition, explosives, nuclear, radioactive or biological HM or waste, materials used in-theater wartime operations, and pharmaceuticals have different regulations and are not covered by the AUL process.

Where can I obtain a Material Safety Data Sheet?

While there is no single definition that encompasses every type of hazardous material, these items generally have a Material Safety Data Sheet prepared by the manufacturer. It is important to note that not every material with an MSDS is automatically considered hazardous. When there is a question regarding whether or not a material is hazardous, additional guidance should be sought from the local AUL Working Group and/or environmental division. Ammunition, explosives, nuclear, radioactive or biological HM or waste, materials used in-theater wartime operations, and pharmaceuticals have different regulations and are not covered by the AUL process. MSDSs can be obtained by calling

vendors listed on invoices or identified on the product label. Ask vendors to fax over MSDS immediately and to mail the originals. If vendors can´t provide the MSDSother resources include the Hazardous Material Information Resource System (HMIRS), the National MSDS Repository (msdsseearch.com), the Vermont SIRI at http://hazard.com/msds/index.php , or university websites such as‘blink.ucsd.edu/safety/resources/msds/sources/index.html’.

Work Center Instructions for the AUL Adjustment (NAVMC 11779)

NEW MATERIAL REQUEST or MATERIAL MODIFICATION: Select appropriate box. Check 'new request' if the item does not currently appear in the Work Center AUL.

AUL DOC #: This is a box where the Installation can choose to number AUL requests for future reference. This field should not be completed by the Work Center unless identified by local policy.

SECTION I: REQUESTOR INFORMATION

1. REQUESTOR NAME: Enter the first and last name of Work Center point of contact for the request. This can be a supervisor or other authorized individual with appropriate training and knowledge of the process where the HM will be used.

2. E-MAIL: Enter contact email (.mil or contractor email only, do not list a personal email account).

3. PHONE: Provide the contact number of the requestor. A phone number within the Work Center is preferred but cell phone is acceptable.

4. WORK CENTER NAME: Use the common shop designation recognized by environmental, safety and other offices. This could be an organization name or code and should be unique to your Work Center.

5. WORK CENTER ID: If your Work Center has an additional designator code or workplace ID assigned by other Installation offices, list it here. This will primarily be available to Installations that use a technology solution in the tracking of their HM items.

6. BUILDING NUMBER: Enter the building number where the Work Center is located. If the Work Center occupies multiple buildings, or uses HM in multiple areas, list the building and room numbers.

7. REQUEST DATE: Enter the date the request is submitted for review.

8. ENVIRONMENTAL COMPLIANCE COORDINATOR: Enter the name of the individual with Unit-level environmental and HM management responsibilities.

SECTION II: REQUESTED MATERIAL INFORMATION

9. PRODUCT IDENTITY: Enter the name as it appears or is listed on the MSDS from the manufacturer. If appropriate, a common or brand name (i.e. WD-40, Castrol motor oil) may be entered in parentheses.

10. MSDS PREPARED OR REVISED DATE: This can be found on the MSDS. There is no specific date range requirement, as some materials have a new MSDS with each production run and others may be produced for years with no significant changes. As a general rule, if an MSDS is over 5 years old you should verify with the manufacturer that it is the most current available. Typically, this can be done by going to the manufacturer's website and comparing the MSDS there with the one on file.

11. MANUFACTURER: Enter as listed on the MSDS.

12. NSN/LSN: Enter the National Stock Number or Local Stock Number, using standard formatting.

13. UNIT OF MEASURE: Enter the amount and the descriptor for the volume or weight of HM that will be ordered. Reference the MSDS or contact your Unit ECC for assistance. For example type in 8 and then select ounces from the drop down menu to indicate the product size is 8 ounces.

14. PRODUCT STATE: Select the appropriate product state (gas, solid, liquid, etc.) from the drop down list.

15. FREQUENCY OF USE: How often the process using the HM is performed. Enter a number and either a slash or the term "per", followed a descriptor such as "day", week" or "month". For infrequent tasks, enter "<1 /month". If this is a one-time project, mention so in section 22.

16. QUANTITY: Enter how much of the HM you need. It is recommended to base this on a 7-10 day supply to support standard operations, not on "worst case", surge, or emergency operations. Example: entering 12 would mean 12 of the Unit of measure previously identified in block 13 are needed per month. If only a very small amount of HM is needed, your Unit ECC can determine if other offices also use the material, as additional purchases may not be necessary. If storage of more than one month's worth of HM is needed for mission or other requirements, provide additional information in section 22.

SECTION III: JUSTIFICATION

17. WILL THIS MATERIAL REPLACE AN EXISTING ITEM ON THIS WORK CENTER'S AUL? (YES/ NO): State if the HM you are ordering completely replaces another item, eliminating the need to store that item in the Work Center or list it on the AUL.

18. IF YES, PROVIDE NAME OF MATERIAL BEING REPLACED: List the replaced item exactly as it appears on the Work Center AUL. This will speed up the process and prevent errors.

19. IS THIS REQUIRED FOR A NEW WORKLOAD, TECHNICAL ORDER, SPECIFICATION, OR PROCESS IN THIS SHOP? (YES/ NO): State if the HM you are ordering is required for a new process that has not previously been performed, or is required by a change or update to technical orders or other source documents.

20. IF YES, PROVIDE SPECIFIC TECHNICAL ORDER OR SPECIFICATION NUMBER AND PARAGRAPHS APPLICABLE TO THE PROCESS. INCLUDE THE DATE AND REVISION NUMBER BEING CITED. IF MORE THAN ONE APPLIES, LIST ALL: In the event of new technical order or specification number, please provide the specific paragraphs applicable to the process. Include the date and revision number being cited. If more than one applies, list all. In this section, provide as much information as possible to show that this specific HM is required. Reasonable effort should be made to replace HM with items that have fewer or no hazards, if possible.

21. PROCESS/TASK CODE(S) (OPTIONAL): If a unique identifier code has been assigned by safety, environmental or industrial hygiene for the process where the HM is used, list it here. This field is currently optional.

22. EXPLAIN IN DETAIL THE PURPOSE OF THIS MATERIAL REQUEST OR MODIFICATION AND HOW THE MATERIAL WILL BE USED: Describe the process where <u>this specific HM</u> will be used or the change that is needed on the existing authorization. Avoid acronyms. If the process is restricted or classified, contact your Unit environmental coordinator for more information about how to complete this part of the form. Do not submit classified information with this form.

23. NUMBER OF PERSONNEL WHO WILL USE/BE EXPOSED TO THE MATERIAL: Identify the number of Work Center personnel who will be involved in performing the specific task where the HM is used.

24. APPLICATION METHOD (brush, spray, pour, etc.): Provide details on how the HM will be transferred from the container it came from to the surface it is applied. This information is vital to determining protective equipment requirements, such as gloves or respirators.

25. DURATION (time employees will be exposed to material during each process): Enter how long, in hours, employees will be exposed to material during each process. Enter a number and either a slash or the term "per", followed by "day", week" or "month". For infrequent tasks, enter "<1 hr/month". If this is a one-time project, mention that in Block 22.

26. AMOUNT OF MATERIAL USED IN A SINGLE COMPLETE PROCESS: How much of the HM is used, on average, to perform one complete process. Remember to note the Unit of measure such as ounces or gallons. If you have any questions contact your Unit ECC.

27. ANTICIPATED CONTROL REQUIREMENTS? (RESPIRATOR, NITRILE GLOVES, ETC.): List the anticipated control requirements to include Personal Protective Equipment (PPE). Examples include 550S Half-Face Respirator with P-100 Cartridges, Nitrile Gloves, etc. Also indicate if these controls are already available in the Work Center or would need to be purchased or installed (such as an eyewash or ventilation hood). Safety and industrial hygiene personnel must verify all controls, PPE or protective requirements before the HM is used.

SECTION IV: MATERIAL MODIFICATION INFORMATION

28. CURRENT DRAW AMOUNT and 29. NEW DRAW AMOUNT: List the amount of this specific HM used now and use the new draw amount to indicate how much will be needed after the adjustment.

30. CURRENT UNIT OF MEASURE and 31. NEW UNIT OF MEASURE: If the descriptor will change (i.e. from ounces to gallons), first provide the current unit of measure and then the new unit of measure.

32. CURRENT FREQUENCY and 33. NEW FREQUENCY: List current frequency of the required HM. If this is an adjustment and the amount is changing, provide any draw or process frequency changes. This is important for Installation and higher headquarters reports prepared by other offices.

34. DATE: Enter the date the form is prepared

35. SUPERVISOR NAME: Enter the name of the supervisor responsible for the process using the HM

36. SUPERVISOR SIGNATURE: Enter electronic signature.

A NOTE ON REVIEW AND APPROVAL SECTIONS

These sections will be completed by base level offices as part of the review process. They will contact the Requestor or Work Center if they have any questions or need more information. Approval from all review agencies is required prior to material requisition. As a reminder, all restrictions and controls (including required PPE and waste disposal limitations) must be implemented and any new worker training accomplished before the HM is used.

Environmental Division Instructions for the AUL Adjustment Form (NAVMC 11779)

The goal of this review is to mitigate the regulatory and reporting burden, reduce the cost of disposal, and limit introduction of highly toxic materials to the Installation inventory. Compare Authorized Use List (AUL) requests against Installation planning documents including the Installation hazardous waste management and pollution prevention plans. Approvals may either be concurrent or in sequence, but approval from all review agencies is required prior to material requisition. You should encourage Work Centers to seek products that eliminate or minimize hazardous material (HM), find reasonable alternatives that reduce hazardous waste and avoid maintaining large inventories of HM that may be subject to shelf-life expiration.

1. HAS THE MATERIAL BEEN EVALUATED FOR POLLUTION PREVENTION OPPORTUNITIES OR GREEN ALTERNATIVES? Determine if the shop has researched product substitutions or green alternatives. If it has not been evaluated, please also provide additional justification for the material. As the reviewer, you are not expected to research product substitution opportunities for every HM authorization; rather, support the efforts of Work Centers and provide expert advice. If a known substitution exists that meets the operational requirements of the Work Center, deny the request in favor of the substitute product. Seek clarification from the Work Center if you need more information.

2. DOES THE MATERIAL CREATE NEW CAA, CWA, RCRA, OR OTHER REGULATORY REPORTING REQUIREMENTS? Any AUL request or adjustment that would result in increased compliance or reporting burdens should be carefully evaluated and justified. Ensure any required notifications are issued to the appropriate parties.

3. IF YES, EXPLAIN MATERIAL USAGE RESTRICTIONS REQUIRED IN ORDER TO BE COMPLIANT WITH REGULATIONS. Provide any restrictions required in order to be compliant with above regulations.

4. WHAT ARE THE DISPOSAL REQUIREMENTS (CONSUMED IN USE, RECYCLED, BULK WASTE, CONTAINERIZED ON SITE, SANITARY SEWER, ETC)? If the process creates a new waste stream, the disposal method (consumed in use, recycled, containerized on site, sanitary sewer, evaporation, etc.) must be listed.

5. IS THE REQUEST APPROVED? Select Yes or No.

6. IF NO, PLEASE PROVIDE JUSTIFICATION IN THE SPACE PROVIDED. Provide sufficient justification to the Work Center explaining the reasons for denial. Reviewer cannot deny a request without providing this information. Reasons for denial will vary and may include specific reporting requirements, laws or policies. Additionally, ensure any identified substitutions are listed in this section.

7. ADDITIONAL COMMENTS: Please use this section to make any additional comments to the Work Center.

8. NAME: Please print the first and last name of the Approver/Reviewer.

9. DATE: Please enter the date the form was approved/reviewed.

10. SIGNATURE: The Approver/Reviewer should sign here with digital signature (if available) or in black pen.

Industrial Hygiene Instructions for the AUL Adjustment Form (NAVMC 11779)

As the reviewer, you will work closely with Safety and Environmental to review product constituents for substances with special regulatory or medical controls (radioactive material, Extremely Hazardous Substances, etc). You will evaluate and verify the effectiveness of controls in the Work Center and ensure they reduce anticipated hazards below appropriate limits. Review of product substitution opportunities for every Authorized Use List (AUL) adjustment request is not expected, but you must be prepared to assist Work Centers and direct them to available resources. Approvals may either be concurrent or in sequence, but approval from all review agencies is required prior to material requisition. Restrictions (including required PPE and waste disposal limitations) must be detailed in the space provided.

1. DO ANTICIPATED CONTROLS IDENTIFIED BY THE WORK CENTER MEET REQUIREMENTS? Chemical or process changes may require updated protective equipment or other adjustments to controls.

2. IF NO, PROVIDE ADDITIONAL REQUIREMENTS. Be specific in explaining any additional requirements.

3. WILL THE NEW MATERIAL REQUIRE MEDICAL MONITORING (I.E. RESPIRATOR, MEDICAL CLEARANCE OR CHEMICAL-SPECIFIC MEDICAL EXAMS)? Determine if the requested chemical or modification has medical monitoring requirements, such as clearances for respirators or medical exams required for by OSHA expanded-standard chemicals.

4. IF YES, PROVIDE MEDICAL MONITORING REQUIREMENTS IN THE SPACE PROVIDED. All medical and facility requirements must be met before the HM is used in the Work Center.

5. IS THE REQUEST APPROVED? Select Yes or No.

6. IF NO, PLEASE PROVIDE JUSTIFICATION IN THE SPACE PROVIDED. Provide sufficient justification to the Work Center explaining the reasons for denial. Reviewer cannot deny a request without providing this information. Reasons for denial will vary and may include specific reporting requirements, laws or policies. Additionally, ensure any identified substitutions are listed in this section.

7. ADDITIONAL COMMENTS: Please use this section to make any additional comments to the Work Center.

8. NAME: Please print the first and last name of the Approver/Reviewer.

9. DATE: Please enter the date the form was approved/reviewed.

10. SIGNATURE: The Approver/Reviewer should sign here with digital signature (if available) or in black pen.

Safety Division Instructions for the AUL Adjustment Form (NAVMC 11779)

Safety Office personnel will review Authorized Use List (AUL) adjustments for their effect on numerous programs, including hazard communication, workplace safety, risk assessment, and protective equipment. Approvals may either be concurrent or in sequence, but approval from all review agencies is required prior to material requisition. Restrictions (including required PPE and waste disposal limitations) must be detailed in the space provided.

1. DOES THIS MATERIAL HAVE STORAGE REQUIREMENTS OR SITE RESTRICTIONS? Safety inspections of work areas are a central tool to monitoring controls ensuring hazardous materials (HM) are safely stored, used and prepared for disposal. Depending on the change to the chemical or process, fire protection, hazard control, worker safety and inspection changes may be needed. Site restrictions (flammable or corrosive storage cabinets, initial accumulation points, etc) must be in-place and validated by inspection before the HM is used.

2. DOES THE PROCESS REQUIRE A RISK ASSESSMENT AND/OR JOB HAZARD ANALYSIS? A risk assessment or job safety/hazard analysis should be conducted after any significant process or chemical change.

3. ARE THERE ANY SAFETY TRAINING REQUIREMENTS FOR THE MATERIAL? If changes to a routine process require new training to meet federal or military regulations, list in section 5.

4. ARE PPE OR OTHER CONTROLS, NOT IDENTIFIED BY THE WORK CENTER, REQUIRED? Safety personnel will evaluate AUL requests to determine if facility modifications, such as eyewash units or ventilation systems, are needed to meet legal and regulatory requirements.

5. IF YES TO ANY OF THE ABOVE, PROVIDE NEW REQUIREMENTS. Provide sufficient detail to explain.

6. IS THE REQUEST APPROVED? Select Yes or No.

7. IF NO, PROVIDE JUSTIFICATION IN THE SPACE PROVIDED. Provide sufficient justification to the Work Center explaining the reasons for denial. Reviewer cannot deny a request without providing this information. Reasons for denial will vary and may include specific reporting requirements, laws or policies. Additionally, ensure any identified substitutions are listed in this section.

8. ADDITIONAL COMMENTS: Please use this section to make any additional comments to the Work Center.

9. NAME: Please print the first and last name of the Approver/Reviewer.

10. DATE: Please enter the date the form was approved/reviewed.

11. SIGNATURE: The Approver/Reviewer should sign here with digital signature (if available) or in black pen.

Supply Division Instructions for the AUL Adjustment Form (NAVMC 11779)

As a reviewer, you will assist the Authorized Use List (AUL) Working Group with acquisition requirements and limitations to include training provided to Unit ECCs. You will review AUL adjustments for opportunities to reuse existing inventory, or reduce costs and Work Center storage requirements by consolidating orders in central storage facilities (Hazmin Centers, Hazmat Pharmacy, etc). Approvals may either be concurrent or in sequence, but approval from all review agencies is required prior to material requisition. Restrictions (including required PPE and waste disposal limitations) must be detailed in the space provided.

1. IS THIS MATERIAL CURRENTLY AVAILABLE ABOARD THE INSTALLATION AT EITHER THE HAZMIN CENTER, SERV-MART, OR OTHER LOCATION? Users should be encouraged to utilize serviceable material (e.g. available reuse inventory). An inventory of reuse material aboard the Installation should be available to Work Centers. Identifying materials available directly aboard the Installation is generally preferred to Government Purchase Card or out- in-town purchases.

2. IF YES, WHERE CAN THIS ITEM BE PURCHASED? Provide location where the item is currently available for purchase.

3. IF NO, (A) IS THE DRAW AMOUNT SIGNIFICANT ENOUGH TO STOCK THE ITEM ABOARD THE INSTALLATION? (B) WHAT IS THE RECOMMENDED METHOD OF PROCUREMENT? Provide guidance to the Work Center regarding the draw amount of the material and the preferred method of procurement. Restrictions on quantities or requests that require special handling or segregation should be identified.

4. ADDITIONAL COMMENTS: Please use this section to make any additional comments to the Work Center.

5. NAME: Please print the first and last name of the Approver/Reviewer.

6. DATE: Please enter the date the form was approved/reviewed.

7. SIGNATURE: The Approver/Reviewer should sign here with digital signature (if available) or in black pen.