

REQUEST FOR NEW HAZARDOUS MATERIAL

Part A – To be completed by the requesting department.

Attach a copy of product's material safety data sheet (MSDS) and forward to the SOH Office.

Requesting Department:	Point Of Contact:	Phone:	Date:
Item Name: (complete product name as it appears on the MSDS):		Product Number, NSN, or other identifier:	

Intended use of product:

Quantity requested to be stocked/used: (Include Unit of Issue, i.e., 6 12oz cans, 1 5LB pail, etc.):

Less Hazardous or recyclable substances were considered: Yes No
 If yes, explain why a lesser hazardous material cannot be used:

Request approval to add this product to the Command Chemical Authorized Use List.
 Department/Work Center Supervisor Signature: _____

Part B – To be completed by HMC&M practitioners (i.e. SOH, IH, HazWaste)

Product already exists chemically on the AUL with a different name/manufacturer: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Flammable	<input type="checkbox"/> Toxic/Poison
Product meets the definition of "Hazardous Material" <input type="checkbox"/> Yes <input type="checkbox"/> No (AUL addition not required)	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Carcinogen

Hazardous Material Control Representative: _____
 Recommend: Approval Disapproval
 Comments:

Personal Protective Equipment (PPE) Requirements – Hazard Assessment Process

Eye Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield	Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	Respiratory Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Safety & Occupational Health Manager: _____
 Material is: Approved Disapproved
 Add to NHCC AUL: Yes No
 Add to Joint Base EESOH-MIS: Yes No
 Comments:

SOH will route a copy of this request upon decision to the work center supervisor.