AUTHORIZED USE LIST REQUEST FORM

NOTES

1. Submission of unclear, poor-quality MSDS and/or missing information may cause delays in processing the request. Incomplete AUL forms will be returned to the requester.
2. E-mailed forms cannot be accepted due to the lack of a signature, Incomplete forms will be rejected.
3. If an AUL request is urgent, contact the NSWC PHD Enviromental Manager directly.

MATERIAL ID

1. a. Is this material a kit? ☐ YES ☐ NO Which kit part is this? _____ of _____ (Example: 1 of 3)
Name of Kit:

Note: Complete an AUL request form for each additional part. For additional parts complete only the following blanks: 1a, b, c, d, e and 3a, b, c, d, e

1.b. Material trade name as it appears on the MSDS and product label. For NSN material use stock system description.

1.c. Noun description of product (*i.e. paint, lubricant, etc.):*	1.d. Manufacturer/Distributor:
1.e. Federal Supply Classification:	1.f. NIIN including SMIC, if applicable:

MATERIAL USE

2.a. Describe how the material will be used (i.e. spray application, applied to rags for cleaning, poured on material, dip tank etc.):

2.b. The end use of this material is (i.e. paint, weld filler metal, insulation, etc,):	2.c. For paints to be applied in a spray booth, list which spray booth(s) will be used:
2.d. The proposed intended use is:	2.e. Which shops/projects will use this material?
2.f. Activity : Marine Support ☐ Non-Marine Support ☐ Facility/Vehicle Maintenance ☐	2.g. Command/Location where material will be used:

2.h. Anticipated Product Use:
Routine ☐ Non-Routine/One Time Use ☐

CHRIMP/P2

3.a. Estimated quantity/usage _____ per _____ :

3.b. Where will this material be stored upon receipt and after issue?	3.c. The unit of issue for this material is:

3.d. What is the container type for this material?

3.e . How much volume or weight does the container hold? _____ Example: 16 Fluid Ounces; 50 pounds.

DOCUMENTATION

4.a. As the technical expert for this job, I have determined there is no suitable substitute for this material. I therefore request that the material be added to the AUL. <u>JUSTIFICATION MUST BE ATTACHED.</u>
(Signature)

4.b. If this is replacement material, provide the material trade name and manufacturer's name for the material being replaced as they appear on the label. Also provide the National Stock Number or AUL number and intended use, if applicable.

4.c. Requester's Name: _____ Signature: _____

Phone Number: _____ Date: _____

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Supervisory Approval

4.d. Supervisor's Name: _____ Signature: _____

Phone Number: _____ Date: _____

5.a. Will the stated use of this material affect any existing permits or waste management? ☐ No ☐ Yes If yes, list permits and plans:

5.b. Hazard Categories and required training: ☐ None

5.c. Disposal Requirements: ☐ Dispose of unused material in accordance with local instructions ☐ Special requirements :

5.d. Restrictions for purchase/use/storage: ☐ None ☐ Restricted

5.e. Specific Storage Requirements: ☐ Daily Return (Local HMC) ☐ Periodic Return (not to exceed 30 days)

Additional Specific Storage Directions:

Enviromental and Safety Approvals

Date Received:	Hazard Rating:		
	Health:	Fire Hazard:	Reactivity:
	Specific Hazard:		

Health and Safety Review: Name:	Safety Officer's Signature:	Date:

Approval category:

☐ Authorized ☐ Not Authorized ☐ Off-Site AUL Location

Enviromental Office Review Name:	Enviromental Officer's Signature:	Date:

Comments, including recommended substitution:

PHDNSWC 5090/1 (4-07)

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