

REQUEST FOR ADDITION TO THE HAZMAT AUTHORIZED USE LIST

PART I: GENERAL INFORMATION

FROM: _____
 (Activity/Work Center)

 (Name/Rank/Rate)

 (Bldg Number) (Phone Number)

 (Signature / Date)

TO: HAZMAT
 ROUTINE (3 days)
 URGENT (Walk Thru)

 (Date Forwarded)

PART II: PRODUCT INFORMATION

MSDS ATTACHED

Product Name: _____
 Manufacturer: _____
 Part/ Stock Number: _____
 Justification: _____
 (Requirement for this material, i.e., Technical manual, warranty, law, regulation, less hazardous, cost effective, 3M, ect.)

 3M/Attach copy of MRC _____

PART III: PRODUCT USAGE

Product usage is expected to be:	<u>FREQUENCY</u>	<u>DAYS PER</u>	<u>HOURS PER DAY</u>
ONE TIME or MULTIPLE	DAILY	<u>XXXXXX</u>	_____
(Circle one and fill in blanks)	WEEKLY	_____	_____
	MONTHLY	_____	_____
	QUARTERLY	_____	_____

A) If one time usage, how long? _____
 B) Where will the product be used and how long will it be applied? _____

PART IV: Review

(SUBMIT TO HAZMART WITH MSDS FOR ROUTING)

HAZMART: _____ Approval / Disapproval
 (Signature & Date) (Circle Recommendation)
 Comments: _____

INDUSTRIAL HYGIENE: _____ Approval / Disapproval
 (Signature & Date) (Circle Recommendation)
 Comments: _____

ENVIRONMENTAL: _____ Approval / Disapproval
 (Signature & Date) (Circle Recommendation)
 Comments: _____

RTC SAFETY: _____ Approval / Disapproval
 (Signature & Date) (Circle Recommendation)
 Comments: _____

NAVSTA SAFETY: _____ Approval / Disapproval
 (Signature & Date) (Circle Recommendation)
 Comments: _____ **MSDS No.** _____