HAZARDOUS CHEMICAL USE REQUEST FORM

**Environmental, Safety and Operation Support Services serves as the chemical review committee. If a new is required for the manufacturing process, this form must be completed and submitted for review and approval. Questions regarding the completion of this form should be directed to EHS office. Failure to provide all requested information will delay the review approval process.**

**Basic Information:**

**Title of Project and Business Unit:**

**Principal Requestor:**

**Department:**

**Location of Chemical Use:**      

**Quantity of Chemical Use on-site at one time:**

**Quantity of Chemical Use projected for 1 year.**

**Will the chemical or by-product be discharged through a stack?**

**Will the chemical or by-product be discharged to the storm drain?**

**Will the chemical or by-product be discharged to Waste Water Treatment?**

**Will there be a chemical or by-product waste left over to dispose of?**

**What form will the chemical be exposing an employee or the environment to?**

**Solid**      **Liquid**      **Semi-solid      Gas      Mist**

**If chemical is flammable or combustible --- what is it’s flashpoint?**

**If chemical is flammable or combustible ---** **what is it’s boiling point?**       

**What area(s) of the employee body will be exposed to the chemical?**

**Hands      Eyes**     **Face     Feet     Body     Arms     Head**

**Will the chemical have the potential to be an inhalation**     **, injection**     **, absorption**      **or ingestion**      **hazard?**

**HAZARD CLASSIFICATION**

***Check off all applicable hazard classifications for the chemicals utilized in the new manufacturing operation/ activity. Check all categories that apply to the chemicals used or produced in this project. Hazard classification information may be obtained by reviewing MSDSs, container labels and other reference material. Material safety data sheets are typically the primary starting point for classifying materials. Click on each category for additional information.***

DOT Class 1 Explosive  DOT Class 6 Poison  Toxic

DOT Class 2 Gas  DOT Class 8 Corrosive  Highly Toxic

DOT Class 3 Flammable Liquid  Water Reactive  Chemicals of unknown toxicity

DOT Class 4 Flammable Solid  Sensitizer  Carcinogen or Reproductive Toxin

DOT Class 5.1 Oxidizer  Pyrophoric

DOT Class 5.2 Organic Peroxide  Cryogenic  Chemicals do not meet any of the

listed criteria

Check all that will be used in this project.

4-Nitrobiphenyl  alpha-Naphthylamine  Inorganic arsenic 3,3'-Dichlorobenzidine(and salts)

bis-Chloromethyl ether  beta-Naphthylamine  Benzidine  N-Nitrosodimethylamine

Ethyleneimine  beta-Propiolactone  2-Acetylaminofluorene  4-Dimethylaminoazo-benezene

4-Aminodiphenyl  Asbestos  Coal tar pitch volatiles  Methyl chloromethyl ether

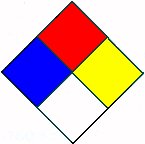
Formaldehyde  Vinyl chloride  Coke oven emissions  1,2-dibromo-3-chloropropane

Lead  Cadmium  Benzene

Cotton dust  Acrylonitrile  Ethylene oxide

Methylenedianiline  1,3-Butadiene  Methylene Chloride

**Fill out the appropriate label according to the MSDS and provide MSDS as an attachment for this review:**

## NFPA HMIS

## SECTION II – CHEMICAL INVENTORY

***List all hazardous chemicals that are used in the area at present that are incompatible with this chemical or product provide the chemical abstracts service (CAS) number, quantity and location of each. (see chemical compatibility chart in the hazard communication program)***

***1)***

***2)***

***3)***

Recommendations:

Administrative Controls and Hygiene Practices

Engineering Controls

Employee Personal Protective Equipment Controls

Environmental Permitting Required Prior to Purchase

Technology Required Prior to Purchase

Building Code Upgrade Required Prior to Purchase

Insurance Review Required

Support Equipment Required

Employee Monitoring Required Prior to Purchase

Training Required prior to Chemical USE

**I certify that to the best of my knowledge the information provided in this document is accurate. I agree to comply with current regulations and policies pertaining to chemical use, storage, transfer and disposal. I will also abide by all the provisions of the written Chemical Management System. I also understand that I am responsible for ensuring personnel comply with these same requirements.**

**Principal Requestor**:       **Date**:       **Phone:**

**Print Sign**

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**Signature of Safety Review Staff:**  **Date of Review:** **Approval Status:**

**Print Sign**

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**Signature of Environmental Staff:**  **Date of Review:       Approval Status:**

**Print Sign**

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**Signature of Business Manager:**  **Date of Review:       Approval Status:**

**Print Sign**

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**Signature of Plant Support Review Staff:       Date of Review:       Approval Status:**

**Print Sign**

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