NEW CHEMICAL PURCHASE/USE (Including “Samples”)
Authorization Form – Reynolda Campus

Note: NO authorization will be considered either by an immediate supervisor or by the Safety Director unless an MSDS for the SPECIFIC CHEMICAL BEING REQUESTED is attached to this form – NO EXCEPTIONS! AUTHORIZATION WILL NOT BE GIVEN UNLESS ALL OF THE FOLLOWING INFORMATION IS PROVIDED!!

Chemical Requested: __________________________________________________________

Vendor: ________________________________________________

Contact Name or Phone (if known): ________________________________

Purpose(s) (i.e. drain cleaner, floor cleaner, etc.)

______________________________________________________________

What is currently being used for the above purpose(s)?

______________________________________________________________

How did you hear about this product?

☐ Demonstration via salesman
☐ Advertisement
☐ Other: ______________________________________________________

Requestor: __________________________ Date: ______________

Team or Division/Department__________________________________________

Approval of immediate supervisor________________________________________

Date: ______________

AUTHORIZED BY EH&S (Signature): _________________________________

Date: __________________

WAREHOUSE ORDER INFORMATION Date Ordered: ______________

Quantity: ______________ Ordered by: ________________________________

Sample?_____Y_____N

Once the chemical is ordered, RETURN this form to EH&S for filing!
NEW CHEMICAL PURCHASE/USE (Including “Samples”)  
Authorization Form – GRAYLYN CONFERENCE CENTER

Note:  NO authorization will be considered either by Jason Woody or by the Safety Director unless an MSDS for the SPECIFIC CHEMICAL BEING REQUESTED is attached to this form – NO EXCEPTIONS!  In addition, AUTHORIZATION WILL NOT BE GIVEN UNLESS ALL OF THE FOLLOWING INFORMATION IS PROVIDED!!

Chemical Requested: ____________________________________________________________

Vendor: ____________________________

Contact Name or Phone (if known) ________________________________________________

Purpose(s) (i.e. drain cleaner, floor cleaner, etc.)

____________________________________________________________

What is currently being used for the above purpose(s)?

____________________________________________________________

How did you hear about this product?

☐ Demonstration via salesman
☐ Advertisement
☐ Other: ____________________________

Requestor: ____________________________ Date: ________________

Department________________________________________ Signatures

Approved by Jason Woody_________________________ (signature)

DECLINED __ Date: ________________ (initial) ________

Approved by Safety Director_________________________ (signature)

DECLINED__ Date: ________________ (initial) ________

1. Original (plus MSDS) to be maintained by Jason Woody
2. Copy maintained by requesting department
3. Copy of MSDS should be maintained in the department where the chemical will be used.