

### Purchase Request / Special Hazards Chemicals

Requestor:

Date:

Chemical Name:

CAS No.

Location where chemical is to be used:

**Primary Hazard(s):**

- Carcinogen
- Explosive

- Reproductive Hazards
- Other:

- Highly Toxic

**Proposed use for requested chemical (Please include amounts, duration of use, etc.):**

**Storage requirements:**

**Engineering controls required:**

**Special precautions required:**

**Personal protective equipment requirements (list special conditions in space below):**

- Eye/face protection
- Other:

- Respiratory protection

- Gloves

- Lab coat

**Medical surveillance required:**

- Yes
- No

Approved

Rejected

\_\_\_\_\_  
(Lab Supervisor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Chair Signature)

\_\_\_\_\_  
(Date)