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<th>Appendix C, Section 0030</th>
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**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO**

**NEW CHEMICAL PURCHASING REQUEST**

1. Requesting Area: ______________________  
2. Requestor: ______________________

3. Chemical Substance: ____________________________________________________________

4. Material Safety Data Sheet (MSDS) Attached: ____Yes  
   *This request cannot be processed unless the MSDS is attached.*

5. Proposed Chemical Use (amounts, duration, etc.): __________________________________

6. Engineering Controls (enclosures, ventilation systems, etc.):
   __________________________________________________________
   __________________________________________________________

7. Storage Requirements: _________________________________________________________

8. Employee Exposure: ____________________________________________________________

9. Expected Workplace Exposure Levels: ____________________________________________
   ___Respiratory Protection  
   ___Eye and Face Protection  
   ___Protective Clothing

11. Required Medical Surveillance:
    ___Pulmonary Tests  
    ___Urine Analysis  
    ___Blood Analysis

12. Routine Monitoring Requirements:
   A. Workplace Exposure Levels: _________________________________________________
   B. Medical Surveillance: _______________________________________________________

13. Request approval by Chemical Hygiene Officer: _________________________________
    Date: __________________

14. Route a copy to: Office of Safety