

**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