

**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
