

 ENVIRONMENTAL HEALTH AND SAFETY	<i>P-Card Hazardous Materials Procurement</i>		Procedure
	Revision 4.0	Revision Date 09/07/2022	Effective Date

ATTACHMENT 3 – P-Card Hazardous Materials Requiring Approval Form

Department	
Building/Room	
Chemical	
CAS #	
Quantity	

Is the desired chemical/item listed above, identified as a consumer product?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Using the Safety Data Sheet (SDS) for the item(s) listed above, does **Section 2, 3, 13 and/or 15** identify the material as a Hazardous Material?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Using Attachment 2, select the appropriate hazard(s) from the category below.

1 <input type="checkbox"/> Hazardous Material is not listed in any Category requiring EH&S approval	6 <input type="checkbox"/> CARCINOGENS / POTENTIAL HUMAN CARCINOGENS
2 <input type="checkbox"/> RADIOACTIVE MATERIALS	7 <input type="checkbox"/> EXTREMELY HAZARDOUS SUBSTANCES
3 <input type="checkbox"/> DEA CONTROLLED SUBSTANCES	8 <input type="checkbox"/> PYROPHORIC MATERIALS AND COMPOUNDS
4 <input type="checkbox"/> REGULATED BIOLOGICAL TOXINS AND/OR SELECT AGENTS	9 <input type="checkbox"/> PEROXIDES OR PEROXIDE FORMING MATERIALS
5 <input type="checkbox"/> EXPLOSIVES	10 <input type="checkbox"/> SHOCK SENSITIVE MATERIALS AND COMPOUNDS

As stated in the Hazardous Material Procurement Program, you the Authorized Requester, are stating that the P.I.(s) or Lab Owner(s) have appropriately trained the end users of the listed hazardous material, in the following:

- * Proper selection, usage and disposal of required Personal Protective Equipment (PPE) as indicated on the SDS, and
- * Safe handling, usage, and storage of the hazardous material, and
- * Proper disposal of the hazardous material and it waste products (e.g., Hazardous Waste Generation and Disposal training), and
- * Adding/Removing the chemical(s) to the Departmental or faculty Chemical Inventory using RSS

Departmental Authorized Requester

Signature	Department
Name	Date

Environmental Health and Safety Approval

Signature	Issue Date:
Name	