

SDS Request / Approval

Request Details

Requester Name*: _____

Requester Email*: _____

Department*: _____

Date of Request*: _____

Product / Chemical Name*: _____

Manufacturer*: _____

CAS Number: _____

Intended Use / Proc _____

Storage / Use Location*: _____

Estimated Quantity / Site (kg/L): _____

Reason for SDS Request*: _____ > Options: New Chemical, Updated SDS,
_____ sin, SDS, Other

Is an SDS already Available?*: _____ > Options: Yes, No

Risk Assessment Completed

Approval

Approval Status*: _____ > Options: Approved, Rejected, More Information
Required

Approver Comments: _____

Approver Name*: _____

Approval Date*: _____

Approver Signature*: _____ (Sign
above)