

## New Chemical Approval Form

Date: \_\_\_\_\_ Campus: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room#: \_\_\_\_\_

Name of (work area) responsible party/Supervisor: \_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

PRODUCT NAME (Chemical or Trade Name)	MANUFACTURER (Name and Address)	SIZE & QUANTITY	SDS AVAILABLE? (Y/N)
<b>EHS Director Approval:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    SIGNATURE: _____			
<b>Comments:</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			

Please send the completed form to **EH&S** at [ehs@csn.edu](mailto:ehs@csn.edu), with the subject line "New Chemical Approval Form".  
New chemicals are not to be used until Approval is obtained.