



# CHEMICAL REQUEST APPLICATION

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

Chemical name: \_\_\_\_\_

Common name: \_\_\_\_\_

Manufacturer/vendor: \_\_\_\_\_

On approved chemical list?  Yes  No

Chemical purpose/type: \_\_\_\_\_

Pesticide?  Yes  No

| SIGNAL WORD  | RESTRICTED ACCESS<br><i>If yes, requires DOC 21-764 Flammable Toxic and Caustic Material (FTCM) Log</i> | FLAMMABLE STORAGE REQUIRED                               | PREMIER HAZARD CODE |
|--|---|--|---------------------|
| <input type="checkbox"/> Danger <input type="checkbox"/> Warning | <input type="checkbox"/> No <input type="checkbox"/> Yes  | <input type="checkbox"/> No <input type="checkbox"/> Yes |                     |

Reason(s) for review: \_\_\_\_\_

Chemical name to be replaced: \_\_\_\_\_

Reason(s) to replace chemical: \_\_\_\_\_

The Safety Data Sheet (SDS) must be attached to this request for the Chemical Review Committee to evaluate safety and health related information.

Requestor name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved, send to HAZCOM Coordinator  Denied, notify requestor of decision

Comments: \_\_\_\_\_

## CHEMICAL REVIEW COMMITTEE (CRC)

Has the SDS been provided with the request?  Yes  No, notify the requestor

**NOTE:** If the signal word is "WARNING", refer to the Chemical Control Reference Table to determine if control is required.

Decision date: \_\_\_\_\_  Approved  Denied Hazard code(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Assigned CRC number: \_\_\_\_\_

This chemical will replace \_\_\_\_\_ on the facility approved chemical list.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Yes  No Comments: \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - HAZCOM Coordinator **COPY** - Requestor