CHEMICAL REQUEST APPLICATION

Date: ____________

Chemical name: ___________________________  Common name: ___________________________
Manufacturer/vendor: _______________________  On approved chemical list?  □ Yes  □ No
Chemical purpose/type: _____________________  Pesticide?  □ Yes  □ No

<table>
<thead>
<tr>
<th>SIGNAL WORD</th>
<th>RESTRICTED ACCESS</th>
<th>FLAMMABLE STORAGE REQUIRED</th>
<th>PREMIER HAZARD CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Danger</td>
<td>□ Warning</td>
<td>□ No □ Yes</td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

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: _________________________________________

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.

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