

Date _____

REQUEST FOR CHEMICALS/SUPPLIES (rev. 3/09)

CHEMICAL NAME CAS NUMBER QUANTITY REQUIRED

Stored/Used in Building: _____ Room Number: _____

Requisitioner: _____ Ext: _____ Fax: _____
(Please Print)

End User (if different from requisitioner): _____
(Please Print)

As a user of these reagents, I have obtained, read and understood the safety information contained in the appropriate MSDS for the chemicals listed above. x _____
(User Signature)

Advisor's Name: _____ Ext: _____
(Please Print)

As the advisor of this research, I certify that the above user is well-trained and capable of safely using the chemicals listed above in compliance with all appropriate safety standards. x _____
(Advisor's Signature)

This form can also be faxed to the Chemical Inventory Technician at x 8971.

Please allow 72 hours for the delivery of chemicals. Unused chemicals or the empty container must be returned to the Chemical Inventory Technician in McLean 214 in a timely manner. Please refer to the Chemical Inventory memo (rev. 7) for further information concerning safe chemical handling.

Request Approved : x _____

Your cooperation in these matters is appreciated for the safety of all. Frank Cannavale