



Request for New Chemical Approval

(Ref. [SOP EHS-005](#))

Name of person making request: _____

Name of material: _____

Where will it be used:

What will it be used for: _____

How will it be used and under what conditions: _____

Who will use the material: _____

Frequency of use: _____

Proposed storage requirements (qty): _____

Replacing existing material: Yes / No

Material Name: (If yes) _____

Reason for replacement: _____

Current Material Safety Data Sheet available (less than 3 years) and attached: Yes / No

Manufacturer's Name:

Supplier's Name: _____

FORM TO BE RETURNED TO EHS MANAGER

NB: New Material not to be used until Approval obtained