

## FORM-1 REQUEST FOR EHS APPROVAL TO PURCHASE RESTRICTED CHEMICAL OR EQUIPMENT

Requestor Name:	
Email:	
Telephone #:	
Department:	
Building:	
Room:	

Check the type of material or equipment you wish to purchase:	
	<b>MATERIAL TYPE</b>
	BioSafety Level 2 or 3 Biohazards
	Cal/OSHA Regulated Carcinogens (see list)
	Controlled Substances (Drugs)
	Highly Toxic Gases (see list)
	Human Blood or Unfixed Human Tissue
	Pesticides, Insecticides, etc.
	Radioactive Isotopes
	>2L Container of Diethyl Ether
	<b>EQUIPMENT TYPE</b>
	AEDs
	Air Pollution Abatement Equipment
	Biosafety Cabinets
	Chemical Fume Hoods
	Class 3 or 4 Lasers
	Deluge Showers and/or Emergency Eye Wash Stations
	Emergency Generators (50 HP or greater)
	Fire Extinguishers
	Fire Suppression Systems
	Ionizing Radiation-Producing Equipment

Use the next page to identify the specific material or equipment you wish to purchase and why.

## FORM-2 REQUIRED INFORMATION ABOUT REQUESTED CHEMICAL OR EQUIPMENT

<b>Identify the exact chemical or equipment to be purchased</b>	
<b>Describe how it will be used</b>	
<b>Describe where it will be used</b>	
<b>Describe who will use it</b>	
<b>Manufacturer's Name</b>	
<b>Manufacturer's Tel #</b>	
<b>Manufacturer's Website</b>	
<b>Vendor's Name</b>	
<b>Vendor's Tel #</b>	
<b>Vendor's Website</b>	
<b>Cost</b>	
<b>Special Notes/Comments</b>	

For EHS use:

Assigned to:	
Date:	
Approved:	
Disapproved:	
Sent decision to:	
Date:	