CHEMICAL PURCHASE INFO FORM

To be completed by person requisitioning chemicals for use at the Plasma Science and Fusion Center and signed by the supervisor responsible for safety in the area in which the chemical is to be used.

(PLEASE PRINT CLEARLY)

Trade Name of Chemical: ____________________________________________

Material Names (chemical breakdown):
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________

CAS Number(s): 1. ___________________ 2. ___________________
3. ___________________ 4. ___________________

Room Where Chemical is to be Used: _________________________________

Room Where Chemical is to beStored: _______________________________

Is this Chemical to be Stored in a Cabinet? (Y/N): ____________________

Description of Operation in which Chemical is to be Used:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
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______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
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______________________________________________________________

Supervisor’s Signature ________________________________
THIS FORM MUST BE RETURNED TO OFFICE OF ES&H, NW21-214 BEFORE CHEMICALS MAY BE BROUGHT INTO THE PFC ENVIRONS