

Chemical Requisition Form

Please attach a Digital Copy of the Chemical Safety Data Sheet to this request

1. Requestors Name: _____

2. Requestor Job Title: _____

3. Requestors Department: _____

4. Chemical Product Name: _____

5. Chemical Product Manufacturer: _____

6. Quantity of Product Being Ordered: _____

7. Proposed Use of Chemical: _____

8. Building and Room Number where the Chemical Will be Stored: _____

9. Building and Room Number where the chemical will be utilized: _____

10. Disposal Concerns, does material contain dangerous or hazardous waste:

11. Storage Concerns, does the material require storage in a chemical, acid or flammable cabinet:

12. Use concerns, does the chemical require any special PPE, engineering controls, administrative controls or spill control procedures:

Any questions or concerns should be sent to the Executive Director of Security and Environmental Health and Safety at Walla Walla Community College.