

**MATERIAL SAFETY DATA SHEET AND CHEMICAL INFORMATION
REQUEST FORM**

REQUESTOR

Name: _____ Department: _____

Building: _____ Phone No.: _____

Request Date: _____

Information Requested

(check appropriate box)

Requesting copy of Material Safety Data Sheet

Requesting additional information (details below)

Product Name: _____

Manufacturer's Name: _____

Product/Part Number: _____

Location of Product Used: _____

Additional Information Requested (please be specific):

Requestor's Signature: _____

Supervisor's Signature: _____

Send Completed Form To: Office of Human Resources Safety Office, Third Floor, Hitchins Administration Building