

CHEMICAL REQUEST FORM

User Name:	PI Name/Group:
Email:	Date:
Phone #:	

Chemical Name (list all common names):		
CAS #:	Amount:	Form (liquid, powder, solid):
Manufacturer (Mfr):		Mfr Phone #:
Mfr Address:		Mfr Website:
Purpose (include experiment details and wet bench location):		
Handling Protocols and Waste Disposal:		

Hazards (check all that apply):

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Acid | <input type="checkbox"/> Flammable | <input type="checkbox"/> Water Reactive |
| <input type="checkbox"/> Carcinogen | <input type="checkbox"/> Non-Hazardous | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Oxidizer | |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Toxic | |

Storage Requirement (check one):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Acid Cabinet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Base Cabinet | |
| <input type="checkbox"/> Flammable Cabinet | <input type="checkbox"/> Oxidizer Cabinet | |

Send this Completed Form with MSDS to joeyvo@usc.edu

Comments by Staff:		
Staff Name:	Staff Signature:	Date: