

System Safety and Environmental Management Material Safety Data Sheet Review Request

Return this form to Chemical Safety Liaison Officer at Carmen Turner Facility.
Email to kbest@wmata.com or Fax to 240-487-3673
Attach clear copy of current MSDS



Please Provide the Following Information

Today's Date:	Requesting Dept.:	Contact Location:
Contact Name:		Phone:
Location(s) where product will be stored:		
Material Status: <i>(check all that apply)</i>	In Use ___ New Material ___ For Testing	
Is this item for contractor use??	___ Yes ___ No Contractor Name: Contract No.:	
Will this be a Stock or non-stock item?		
Trade Name as shown on MSDS:		
WMATA Stock No.:		
SARP MSDS No.:		
Give name and MSDS number of existing product that this will replace:		
Why is replacement necessary?		
Where will product be used?		
Description of use:		
How will product be applied?		
Size of Container:		
Quantity used per week:		
Physical State of Product:	Aerosol Spray ___ Gas ___ Liquid ___ Paste/Cream ___ Pellets Powder ___ Solid ___ Other ___ <i>(Please specify)</i>	
Manufacturer's Name, Phone No. & web address:		
Vendor's Name & Phone No.:		
Best Time to Contact You (Requestor):		
Comments:		