

Hazard Communication – Form 1: Chemical Prior Approval

Instructions

Each department is responsible for the completion of its own Chemical Prior Approval Form. Environmental Health & Safety (EH&S) is available to assist the requester and make the final decision on approval for purchase and use.

PCC staff/faculty planning to purchase or use chemicals that have the following GHS ratings must complete this Prior Approval Form and obtain approval from EH&S for purchasing and continued use:

- **Acute toxicity** category 1 and 2
- **Germ cell mutagenicity** as a:
 - Category 1A Substances known to induce heritable mutations in germ cells of humans
 - Category 1B: Substances which should be regarded as if they induce heritable mutations in the germ cells of humans
- **Reproductive Hazard** as a:
 - Category 1: Known or presumed human reproductive toxicants
 - Category 2; suspected human reproductive toxicant and effects on or via lactation.
- **Carcinogen** as a:
 - Category 1 (includes 1A and 1B): Known or presumed human carcinogen
 - Category 2: Suspected human carcinogens

Retain this form and the approval pages in your department

Refer to the Safety Data Sheet (SDS) for assistance in the completion of this form.

Attach the SDS to this form

Form Completed by: _____ **Date:** _____

Department: _____ **Intended storage location:** _____

Intended use location: _____

Chemical Identification: Information found in SDS Section 1: Product and Company Information and Section 9: Physical and Chemical Properties.

Chemical/Product Name:						
Manufacturer:						
Physical State: (mark with and X)	Solid		Liquid		Gas	

Hazard Identification: Information found in SDS Section 2.

Indicate which hazard prompted the prior approval process (there may be more than one category):

<input type="checkbox"/>	Carcinogen
<input type="checkbox"/>	Reproductive toxin
<input type="checkbox"/>	Acute Toxin
<input type="checkbox"/>	Germ Cell Mutagen

Indicate other hazards that may be important for additional safeguards:

<input type="checkbox"/>	Flammable
<input type="checkbox"/>	Reactive
<input type="checkbox"/>	Corrosive
<input type="checkbox"/>	Temperature Sensitive
<input type="checkbox"/>	Oxidizer

Identify any materials or conditions that are incompatible with the chemical: Information found in SDS Section 7: Handling and Storage.

Indicate all possible routes of exposure from this chemical: Information found in SDS Section 11: Toxicological Information.

<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	Skin Contact	<input type="checkbox"/>	Accidental Ingestion
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List the symptoms and effects of overexposure to this chemical: Information found in SDS Section 4 First Aid Measures.

Exposure Controls:

Indicate the items of Personal Protective Equipment (PPE) required for handling this chemical and under what conditions. Information found in SDS Section 8.

	Specific style/type (mark as N/A if none needed)	Conditions of use when PPE is required
Eye Protection		
Skin Protection		
Hand Protection		
Respiratory Protection		All use of respiratory protection must be approved by EH&S, in advance of use.
Other (specify)		

Indicate the type of ventilation control needed if required and under what conditions. Information found in SDS Section 7: Handling and Storage.

Fume Hood Required?	
Glove Box Required?	
Other ventilation needed?	

Does the chemical require a designated area to control for cancer or highly acute toxicity of the chemical? If so, explain the designated work area, methods of control, and how the area will be posted. Information found in SDS Section 7: Handling and Storage.

Indicate the details of waste disposal including any subsequent materials where it is present (such as packaging, sample containers, etc.). Information found in SDS Section 13: Disposal Considerations.

Emergency Response:

Indicate response actions for exposures to the chemical. If special supplies are needed, state where the supplies will be stored. Information found in SDS Section 4: First-Aid Measures.

Eye Exposure	
Skin Contact	
Inhalation Exposure	
Accidental ingestion	
Other (specify)	

Indicate response actions for a spill of the chemical. If special supplies are needed, state where the supplies will be stored. Information found in SDS Section 6: Accidental Release Measures.

Indicate the maximum spill quantity of the material that can safely be addressed by personnel:	
Spill response materials required:	
PPE required for spill response:	
Spill response/decontamination protocol:	

Describe how the chemical will be used. Provide as much detail as possible.

To be completed by EH&S:

Procedures approved for usage	
Maximum quantity of material approved for use	
Location of use of material (building and room)	
Other restrictions to this material's use (i.e. working alone)	

Name _____

Date _____