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| Complete Section 1 of this MSDS Review Form and send it along with the (M)SDS to the Safety Department at MS 27. Call 619-544-8444 for more information. After review by the Safety Department and the Environmental Engineering Department, the completed forms will be returned to the initiator.A separate (M)SDS Review Form is required for each chemical component. For example, a two-part paint would require two (M)SDS Review Forms and two (M)SDSs. Each different department or different type of end user within the same department must submit separate (M)SDS Review Forms. The information in Section 2 and on the (M)SDS must be communicated to the affected employees as part of their Hazard Communication Training. Supervisors to the affected employees are responsible for providing and documenting this training. |
| **Section 1. To Be Completed By The Requesting Department or Contractor** |
| **Date of Request: . Date Review is Needed: .**  |
| **Requester’s** **Name: Badge #: Phone:**  |
| **E-mail address:**  |
| **Company: Manager: Phone:**  |
| **PRODUCT INFORMATION** |
| **Manufacturer: Product Name / Number:** |
| **Purpose:**   |
| **Product is Applied to:** 🞎 Wood, 🞎 Steel, 🞎 Stainless Steel, 🞎 Aluminum, 🞎 Painted Surface, 🞎 Not Applicable 🞎 Other:  |
| **VOC Content**: . (grams / liter) or (lbs / gal) | **Product Safety Labels Needed?** 🞎Yes 🞎No |
| **Physical Properties:** 🞎 Gas, 🞎 Liquid, 🞎 Dry Powder or Granules, 🞎 Solid, 🞎 Paste |
| **Product is used as a (🗹 all that apply):** 🞎 Paint, 🞎 Primer, 🞎 Paint Thinner, 🞎 Cleaning Solvent, 🞎 Adhesive, 🞎 Lubricant 🞎 Fuel, 🞎 Other: |
| **Will Product Be Diluted Before Use?** 🞎No 🞎Yes: % of full strength.  |
| **Will the product be mixed with another product?** 🞎No 🞎Yes: **If yes, what? In what proportions?**  |
| **Shipping Container Size**: 🞎 < Pint, 🞎 Pint, 🞎 Quart, 🞎 1-Gallon, 🞎 5-Gallon, 🞎 : Gallons |
| **Quantity Of Product To Be Kept On Hand:**   |
| **PRODUCT USE:** |
| **Rate of Use Within the Same Enclosed Work Area:** (gal / min) or (lbs / min)**Frequency of Use:** 🞎 1-2 times/month, 🞎 Several times/week, 🞎 Daily or Almost Daily  |
| **Duration of Use:** 🞎 Several min./shift, 🞎 1-2 hours/shift, 🞎 2-4 hours/shift, 🞎 >4 hours/shift |
| **Number Of Workers Using The Product In The Same Area:** 🞎 1, 🞎 2, 🞎 3, 🞎 4 or more  |
| **The Material Will Be Dispensed, Applied, or Used (🗹 all that apply):** 🞎 By Hand, 🞎 Dipped Into, 🞎 Troweled-On, 🞎 Brushed, Mopped or Rolled-On, 🞎 Poured, 🞎 Aerosol Spray Can, 🞎 Airless Sprayer, 🞎 Trigger or Hand Pump Sprayer, 🞎 Dry-Blown, 🞎 Heat Applied, 🞎 Special Applicator, 🞎 Cut, Fabricated, or Installed, 🞎 Used As Lubricant, 🞎 Used As Fuel, 🞎 Hot Worked After Application,🞎 Sanded, Ground, or Reduced to Dust After Application, 🞎 Direct Skin Contact With Material or Chemical,🞎 Other:  |
| **Work Environment:**🞎 Outdoors 🞎 Partially Open Enclosed Spaces 🞎 Fully Enclosed Spaces🞎 Tanks or Confined Spaces | **Ventilation:**🞎 Limited Natural Ventilation (Non-Mechanical) 🞎 Good Natural Ventilation (Non-Mechanical) 🞎 General Area Exhaust Ventilation (Mechanical) 🞎 Local Exhaust Ventilation (Mechanical) |
|  |
| **Section 2. To Be Completed By The Safety Department** |
| **Reviewed By: Date:**  |
| **🞎 Disapproved For The Following Reason:** |
| **🞎 Approved: No Restrictions 🞎 Approved For Use With Restrictions** **Please provide workers with the Hazard Communication Training Information contained on the attached Safety Card.** |

**It is the responsibility of the user to verify that this is the currently authorized version of the form before use. Ref: Safety Procedure Manual – Work Instruction No. 800 Hazard Communication Program.**