



Hazardous Material Purchase or Disposal Request Form

Administrative Procedure 6.45A

6.0 Facilities

To be completed for any hazardous material that you want to purchase which are **NOT** in your specific site book.

Date: _____ SITE/SCHOOL: _____ NAME OF REQUESTER: _____

HAZARDOUS MATERIAL TO BE PURCHASED (filled in by Employee)	MANUFACTURER NAME: (filled in by Employee)	CURRENTLY IN WELLNET SITE BOOK (YES OR NO) (filled in by Supervisor)	AUTHORIZED BY SUPERVISOR (YES OR NO) (filled in by Supervisor)

To be completed for any hazardous material that is to be disposed of:

HAZARDOUS MATERIAL TO BE DISPOSED OF	MANUFACTURER NAME	APPROXIMATE QUANTITY TO BE DISPOSED OF (ml, l, gr, kg etc.)	ARCHIVE MSDS FROM SITE BOOK (YES OR NO)	IS PRODUCT SAFE TO TRANSPORT (YES OR NO)

Authorized by Supervisor of Site/School

Date

Authorized by Supervisor Safety Officer

Date