**EHS Chemical & Biological product(s) Requisition Approval Form**

Chemical and biological products must be reviewed and approved by Environmental Health and Safety (EHS) prior to purchasing and shipment to campus. This form is intended to give Un-classified Researchers the ability to purchase chemical and biological products to be used at the University of Massachusetts Lowell (UML)

**Product request to purchase:**

Product/ Full Chemical Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manufacturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: (Weight, Volume, Number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; agency/company name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the information herein and have the authority to sign for all responsibilities and liabilities (implied and expressed) regarding acceptance in the lab, safe use and compliant disposal of the product(s) listed above.

Approved Products must be shipped to:

Address: University of Massachusetts Lowell

 Hazardous Materials Receiving Stockroom

 201 Riverside Street

 Lowell, MA 01854

Attn: John Freeman

Tel # (978)934-2543

Upon receipt, chemical and biological items are tracked, inventoried, and delivered by EHS personnel to labs on campus. Please identify the location where products will be used and stored:

(Building, Lab Number, Contact#) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this document via e-mail to Glenn\_MacDonald@uml.edu or Kathi\_Lamond@uml.edu for approval.

**Reviewed and Approved by (Signature) Date:**