Request for Change to Hazardous Material (HM) Authorized Use List (AUL)

Acquisition requests for Hazardous Material (HM) not on the Command's Authorized Use List (AUL) must be submitted to the HAZMAT Center for technical screening. The HAZMAT Center then routes this request to Safety, Environmental and Industrial Hygiene. Please note that the requested HM's Material Safety Data Sheet (MSDS) for indicated HM must accompany the request!

This is a request for the following HM action:

☐ Continuous purchase approval and add to AUL.

☐ One-time purchase approval and to HM database for storage purposes only.

User & Material Information:

Command: _____ **Work Center Supervisor:** _____

Division/Shop: _____ **Bldg. #** _____ **User Telephone #:** _____

NSN (If applicable): _____ **Part No/MILSPEC** _____

Product Name: _____

Unit of Issue (Ex. CN, EA, GL, ...**) :** _____ **Quantity Requested:** _____

Manufacturer Name: _____

Address: _____

Distributor Name: _____

Address: _____

POC (Name and Phone #**) :** _____

Work task being performed when product is used (Ex. Painting, welding, etc.**) :**

_____

Number of personnel using the product at any given time: _____

Estimated frequency of the use of product: _____

Estimated time product is to be used per event (Ex. Three hours per day**) :** _____

Estimated amount of product used per application (Ex. 3 oz, 1 pt, …**) :** _____

Method of use for the product (Ex. Brush applied, sprayed, wiped, …**) :**

_____

Ventilation used, if any, during the use of product (Ex. Doors open, pedestal fan, spray booth, …**) :**

_____

Type of Personal Protective Equipment (PPE) worn (if any) during the use of the product (Ex. Gloves, respirator and type of cartridge. Safety glasses, …**) :**

_____

Justification on why this material is required. (If publication is referenced include Pub number and page.)

_____

Will waste be generated: Yes ☐ **No** ☐

Has substitution of less HM been considered? Yes ☐ **No** ☐

Is the MSDS in HMIRS (Hazardous Materials Information Resource System)? Yes ☐ **No** ☐

If Yes HMIRS MSDS Number: _____ If No attach a copy of the MSDS.

Requester Signature _____ **Date:** _____
(If filled out off-line)

HAZMAT Center Technical Screening: **Date:** _____

Is the requested item stocked? Yes ☐ **No** ☐ **Is a substitute item Stocked? Yes** ☐ **No** ☐

Substitution Recommended: _____

Conflict resolved with Customer? _____

Assigned AUL Request Tracking #: _____

Environmental Approval Screening:

Request: Approved ☐ **Disapproved** ☐ **Restricted Use** ☐ **General Use** ☐

Reason for disapproval: _____

Industrial Hygiene Approval Screening:

Request: Approved ☐ **Disapproved** ☐ **Restricted Use** ☐ **General Use** ☐

Reason for disapproval: _____

Safety Office Approval Screening:

Request: Approved ☐ **Disapproved** ☐ **Restricted Use** ☐ **General Use** ☐

Reason for disapproval: _____

Hazmat Center AUL Assignment:

AUL Unique MSDS Number Assigned: _____

Customer Contacted: _____ **Date**_____

E-Mail Form