

**NAVAL SUPPORT ACTIVITY NAPLES
HAZARDOUS MATERIAL USE LIST FORM**

1. REQUEST TO **ADD** TO THE WORKCENTER AUTHORIZED USE LIST

Department: _____ Bldg. no. _____ W\C: _____ NSN: _____

Unique Identifier: _____ Container Size: _____ Used Per Quarter: _____

Trade Name: _____ Manufacturer: _____ Max. W\C qty. _____

2. DESCRIBE THE **WORK PROCESS** ASSOCIATED WITH THE USE OF THE **H\M** REQUESTED :

Method of application : _____

Frequency of use : _____

Duration of use : _____

Quantity per Task : _____

3. WASTE GENERATED BY THE USE OF THIS **H\M** WILL BE DISPOSED OF VIA THE FOLLOWING **WASTE STREAM(S)**:

4. I have read and understand the SDS for the above HM. All questions and concerns were fully explained. I will provide specific training to personnel involved with the use of this HM prior to its introduction into the workplace.

Print Name _____ Phone # _____

Hazardous Substance Coordinator

Sign Name _____

Hazardous Substance Coordinator

HAZIMIN Center Use Only

Unit of issue: _____ Quantity per unit : _____

30 day qty required: _____ Material on hand : Yes _____ No _____

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(3 SIGNATURES REQUIRED FOR APPROVAL)

Reviewed by : _____ Date: _____

NAVFAC Environmental Representative

Reviewed by : _____ Date : _____

NAVHOSP Industrial Hygiene Representative

Reviewed by : _____ Date : _____

NSA Safety Representative

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Comments