

NCBC GULFPORT AUL ADDITION FORM

Request to add Hazardous Chemicals to the Authorized Use List (AUL)

Part A: To be completed by the requesting department

PHONE NUMBER: _____ BLDG NUMBER: _____ DEPARTMENT: _____

DATE: _____ NAME: _____

COMMAND: _____

NOMENCLATURE: _____

MANUFACTURER: _____ MFG PHONE NUMBER _____ SHELF LIFE CODE/MFG SHELF LIFE: _____

MFG CAGE CODE: _____ CONTAINER SIZE/TYPE: _____ (ex: 11.5 OZ CN) U/I: _____

QTY: _____ UNIT COST: _____ PART NUMBER: _____

MONTHLY USAGE: _____ NSN(If item in FEDLOG/WEBFLIS) _____

MATERIAL PURPOSE: _____

SHOP SUPERVISOR: _____

PART B: To be completed by Environmental, 228-871-3228

RECOMMEND: APPROVE: _____ EXTREMELY HAZARDOUS: _____

DISAPPROVE: _____ HAZARDOUS: _____

TOXIC: _____

(IF CHECKED HAZARD LEVEL MUST BE INDICATED ON THE COMMAND AUL)

SIGNATURE/DATE: _____

PART C: To be completed by NCBC Safety Office ((228) 871-3801)

- _____ Not a HAZMAT as per this instruction. Addition to the AUL not required.
- _____ Approved MSDS Number.
- _____ Approved for ONE TIME use. Do not add to AUL. See below for PPE.
- _____ Approved. Do not CHRIMP in less than 5 gallon container. To be stocked by command.
- _____ Disapproved – See comments.

PPE REQUIREMENTS – Use all that are checked Eye protection required: _____ Safety Glasses: _____ Goggles: _____

Face Shield: _____ Gloves required: _____/Type _____ Respirator required: _____/Type _____/Cartridge: _____

Other PPE: _____ Comments: _____

Signature/Date: _____

PART D: To be completed by Industrial Hygienist Office

Industrial Hygiene DSN: 459-6721/6720 Comm: 850-452-6720/6721 Approved: _____ Disapproved: _____ Comments: _____

Comments _____ Signature/Date: _____

