

HAZARDOUS MATERIAL AUTHORIZATION REQUEST [HMAR]

---

Name	Shop/Code/Building	Phone
Command _____	Supervisor _____	
Date: _____ Add <input type="checkbox"/> Delete <input type="checkbox"/>	MSDS Number _____	
Stock (NSN) # _____	Part No. MILSPEC _____	
Nomenclature (Part Name) _____		
Other _____	MILSPEC (if known) _____	
Manufacturer Name _____		
Address _____		
Distributor Name _____		
Address _____		
POC (Name and Phone #) _____		
Description of Use (Ex. Painting, wood work, Office, etc... _____		
Process Change/New requirement <input type="checkbox"/> Yes <input type="checkbox"/> No	One Time Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PPE Requirements _____		
Estimated Usage per month _____	Requested Container Size _____	
Required Delivery Date to meet job requirements. _____		

---

**SAFETY OFFICE APPROVAL SCREENING:** Reviewer  
Request: Approved  Disapproved  Restricted use  General Use

NOTES:

**ENVIRONMENTAL APPROVAL SCREENING:** Reviewer  
Request: Approved  Disapproved  Restricted use  General Use

NOTES:

**INDUSTRIAL HYGIENE APPROVAL SCREENING:** Reviewer  
Request: Approved  Disapproved  Restricted use  General Use

NOTES:

**SHOP SUPERVISOR:** Prior to material use, you must conduct Site Specific training with designated users.

**SAFETY REVIEWER:** Forward HMAR to Environmental Representative