Print This Form

Email Form to Safety

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

Originator – fill out sections with **

Tracking: _____ MSDS #: _____

****Request** (check one): **Add to:** ☐ **Delete from the Authorized Use List (AUL)** ☐

****SUBMITTED BY**

From (name): _____ Date:_____

Digital Signature: _____

Command: _____Department: _____ Code: _____

Email: _____ Phone: _____ FAX: _____

****END USER POINT OF CONTACT (POC)**

End user (name): _____

Command: _____UIC: _____

Department: _____Shop/Code: _____

Cost Center: _____Building: _____

Email: _____ Phone: _____ FAX: _____

****ITEM IDENTIFICATION**

Nomenclature (Part Name): _____

Manufacturer: _____

Address: _____

Cage Code: _____ Phone: _____ FAX: _____

Part #: _____ Unit of issue: _____ Size: _____

Unit Price: _____Unit of Pack: _____

Stock #: _____MILSPEC: _____

Process ID #: _____

Technical Reference: _____

(SEE TOP OF NEXT PAGE)

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

****Description of Use**:

New Process (check one): **Yes** ☐ **No** ☐ Recurring Use (check one): **Yes** ☐ **No** ☐

Estimated Monthly Usage: _____ Container Size: _____

Required Delivery Date: _____

REGIONAL CHRIMP CENTER (RCC) REVIEW

Previous approved for use on this installation in indicated process (check): **Yes** ☐ **No** ☐

Previous approved for use on this installation for different process (check): **Yes** ☐ **No** ☐

Alternate Process ID Number: _____

RCC Managed Item (check one): **Yes** ☐ **No** ☐ RCC quantity on-hand: _____

Name: _____

Digital Signature: _____

Email: _____ Phone: _____ FAX: _____

Comment: _____

Alternate MSDS #: _____

Alternate Stock Number: _____

ADDITIONAL PAGES
Number and purpose:

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

ENVIRONMENTAL REVIEW

Authorized for Use: (check one): **Yes** ☐ **No** ☐

Name: _____ Date: _____

Digital Signature: _____

Command: _____Department: _____

Email: _____ Phone: _____ FAX: _____

Comment: _____

Alternate MSDS #: _____

Alternate Stock Number: _____

NESHAP: Material Code: _____

SAFETY REVIEW

Industrial Hygiene Department Authorized for use (check one): **Yes** ☐ **No** ☐

Digital Signature: _____ Date: _____

Command: _____Department: _____

Email: _____ Phone: _____ FAX: _____

CNRNW Safety Office Authorized for use (check one): **Yes** ☐ **No** ☐

Digital Signature: _____ Date: _____

Command: _____Department: _____

Email: _____ Phone: _____ FAX: _____

PPE Requirements: _____

Alternate MSDS #: _____

Alternate Stock Number: _____

Comment: _____

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

REGIONAL INVENTORY MANAGEMENT

AUL Updated in RHICS (check one): **Yes** ☐ **No** ☐

Name: _____ Date: _____

Digital Signature: _____

Email: _____ Phone: _____ FAX: _____

Comments:

Work Center 30-day demand quantity: _____

RCC Order quantity: _____