

APPENDIX 2.1, ATTACHMENT 8.1

CHEMICAL APPROVAL / HAZARDOUS MATERIALS APPROVAL PROCEDURE

1. PURPOSE

The purpose of this procedure is to provide a method for EHS review and acceptance of new and/or changed chemicals.

2. SCOPE

All new/changed chemicals and associated processes that could present a chemical hazard to Motlow personnel.

3. DEFINITIONS

3.1 Chemical Samples – Chemicals which will be tested for potential future use. All samples must be approved through this process. Once conditional EHS approval is granted, samples received should be in small quantities. All un-used chemicals that will not be used at MSCC must be returned to the vendor or arrangements will be made with the EHS Coordinator for disposal as outlined in the EHS Coordinator comment section of the form.

3.2 Modified Equipment/Processes - Any substantive change to machines or processes already existing on our campuses. This may include reorientation of equipment, labs, chemical changes in a curriculum, etc.

3.3 New Process - Any process not yet approved for and/or installed

3.4 Permits - Environmental licenses to operate. Examples include air permits for painting emissions, water permits for sewer or surface water discharges, and special waste permits for non-hazardous industrial wastes. Permits shall be applied for and received as approved from the regulating authority before operating machines/processes in question. Permits may be issued by country, state and/or local authorities.

4. RESPONSIBILITY

Purchasing/Departmental Designee: required to submit Page 1 of the New/Changed Chemical Approval form to the EHS Coordinator prior to obtaining any new or changed chemicals. This includes re-formulations of current chemicals.

EHS Coordinator: required to review all New/Changed Chemical requests and determine applicable safety, environmental or health impacts and either accept or reject the request.

5. CONTRACTOR CHEMICALS

Project engineers coordinating outside contractor services in association with the use of chemicals must complete the necessary Contract Coordinator Review Form. Contractors are required to submit a copy of all MSDS for chemicals they will be using at MSCC. Approved chemicals used on-site by contractors must be removed from MSCC premises by the contractor upon departure. Any and all waste generated by a contractor from work for MSCC must be identified by the contractor and proper arrangements for disposal coordinated with the Contract Coordinator. Disposal issues should be addressed within the scope of work to be accepted by both parties.

6. REFERENCES

OSHA Hazard Communication Standard, 29 CFR 1910.1200

CHEMICAL APPROVAL / HAZARDOUS MATERIAL REVIEW FORM

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Requester:		Phone:		Dept.:	
MSDS Trade Name:				Phone #:	
Manufacture Name:			Phone #:		
Supplier Name:				Phone #:	
Chemical will be used in combination with (Describe):		Replacement for what chemical (Describe):			
New Process:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Department Affected:			
Process Description					
Will an exhaust stack be used?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Will an emission control device be used?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
Will process discharge to water?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Tank size(s) associated with process:			
Will waste be generated?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Describe waste type:			
Is it flammable? Flash point < 140°F	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Is it combustible? Flash point >140 °F & <300 °F	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
Is it corrosive? pH >12.5 or <2	<input type="checkbox"/> Yes / <input type="checkbox"/> No				

Describe Use:

Anticipated Usage	<u>Unit</u>	<u>Rate</u>
	<input type="checkbox"/> Gallons <input type="checkbox"/> Lbs <input type="checkbox"/> oz	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/> School Year

Storage Method:	Container Size:	Storage Location:	Disposal Method:
<input type="checkbox"/> Refrigerator in Lab	<input type="checkbox"/> 55 gal. Drum	<input type="checkbox"/> Facilities Services	<input type="checkbox"/> Flammable Can
<input type="checkbox"/> Bench Top	<input type="checkbox"/> 5 gal pail	<input type="checkbox"/> Lab Storage Room	<input type="checkbox"/> Oily Waste Can
<input type="checkbox"/> Flammable Cabinet	<input type="checkbox"/> 1 Gallon Can	<input type="checkbox"/> Flammable Cabinet	<input type="checkbox"/> 55 Gallon Drum
<input type="checkbox"/> General Material Storage Cabinet	<input type="checkbox"/> Aerosol Can	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Recycling Roll-off
<input type="checkbox"/> Corrosive Chemical Cabinet	<input type="checkbox"/> < 6 oz bottle	<input type="checkbox"/> Custodial Closet	<input type="checkbox"/> Trash
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other _____	<input type="checkbox"/>

(SECTION FOR EHS REVIEW "ONLY")

MSDS Rev. Date:		Flash Point:	
VOCs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No Amount:	pH:	
Carcinogens:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Asbestos:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
SARA 313 (list)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	HAPs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Air Permit Effected	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Stack No.:	
Waste Water Discharge	<input type="checkbox"/> Sanitary <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Special <input type="checkbox"/> None		
Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Existing POG # _____ <input type="checkbox"/> New POG <input type="checkbox"/> None	
Profiling required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Code:	
Treatment Method	<input type="checkbox"/> Incineration <input type="checkbox"/> Recycling <input type="checkbox"/> Landfill <input type="checkbox"/> Other		
Secondary Containment Required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Anticipated Waste Generation:

Waste	Quantity	Unit	Rate
		<input type="checkbox"/> Gallons <input type="checkbox"/> Lbs <input type="checkbox"/> oz	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/> School Year

EHS Coordinator Comments: The chemical submitted for approval is:

Accepted with the following conditions:

Rejected due to:

APPROVAL SIGNATURE

EHS Coordinator: _____ Date: _____