

USM - Office of Campus Environmental Safety & Health

**EMPLOYEE'S REQUEST FOR MSDS UNDER
MAINE CHEMICAL SUBSTANCE IDENTIFICATION LAW**

Instructions: Fill out Part A only. Return to the Safety & Health Director or give this request to your department head or supervisor. Requests will be answered promptly, and copies of MSDS sheets will be given to you.

PART A:

Employee _____ Department _____

Department Head or Supervisor's Name _____

Campus _____ Date Requested _____

Employee's Signature _____

Signature & title of requestor if other than employee _____

I request the following MSDS(s) for substance(s) found in my immediate work area:

Product/Chemical Name: _____

Manufacturer & Address: _____

Building Location: _____

Product/Chemical Name: _____

Manufacturer & Address: _____

Building Location: _____

Product/Chemical Name: _____

Manufacturer & Address: _____

Building Location: _____

Product/Chemical Name: _____

Manufacturer & Address: _____

Building Location: _____

PART B: For Office Use Only

Date MSDS request received _____

Person sending request back _____

Date MSDS send to requestor _____