

Form Number LLCF-009	Issue Date 03/07/13	Revision Date 01/15/26	Form Number LLCF-009
New Chemical Request Form			

All NEW chemicals must receive written approval prior to order.

1. Product Name: _____
2. Common Name/Trade Name: _____
3. Manufacturer: _____
4. Vendor/Supplier: _____
5. What is the purpose for this product? _____
6. Where will this substance be used? _____
7. Where will this substance be stored? _____
8. Who will come into contact with this substance? _____
9. What is the primary application method (sprayed, brushed, injected, etc.)? _____
10. What type of storage container is the substance held? _____
11. Estimated amount of chemical to be stored at facility? _____

Requisitioned by (Please Print): _____

GIS Company Name: _____

Signature: _____ Date: _____

Approved by (Please Print): _____

Signature: _____ Date: _____