Attachment A

MATERIAL SAFETY DATA SHEET (MSDS) REQUEST FORM

Please submit MSDS requests to Facilities Planning and Management, Attn: Harriette Harra. After filling out and printing this form, you may submit it via campus mail or via fax at 5-8758. A copy of the MSDS will be sent to you within 15 working days of the receipt of the request. If you have any questions, please call the Health and Environmental Safety Office at 5-2815 or 5-2807 or Harriette Harra at 5-2831.

Requested: Trade Name, Product Name, or Chemical Name:	
Descript	on of Substance or Container if #1 is unknown:
	turer, Supplier, or Distributor:
N	ame
P	hone No.
A	ddress/Location
Product	or Catalog Number (if known)
CAS Nu	nber (if provided)
Requesto	or's name
Departm	ent
Job Title	<u>- </u>
	nd/or Foy Number