

MATERIAL SAFETY DATA SHEET REQUEST FORM

Instructions: Please type or print, or type the following information:

Employee Making Request: _____	
Date Employee Submitted Written Request: _____	
Employee Department Name: _____	
Building: _____	Room Number: _____
Supervisor Name: _____	

MSDS Searching Information:

Chemical Name:	_____
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Manufacturer or Supplier, if known: _____
CAS Number, if known: _____
Please provide any other additional information to facilitate the search:

Signature of Supervisor: _____

Supervisors shall respond to an employees request within one working day by either:

- a. faxing a copy of the employee's request to the Right-to-Know Coordinator (Brenda Pool) at (404) 651-4319 or,
- b. delivering the MSDS request to the Right-To-Know Coordinator at 34 Broad Street, Suite 1200.