

Toxic and Hazardous Chemical Justification Form

ENVIRONMENT, SAFETY & HEALTH DIVISION

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URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/chemmanageFormChemJust.pdf> | [.docx](#)

This form documents line management approval of a request to purchase chemical products that are highly toxic or could be replaced with safer, environmentally preferred products but are mission critical. The chemical lifecycle management program manager issues this form to the user/requester if ESH review of a request finds that the toxic or hazardous chemical 1) falls into one of the chemical categories (banned, of concern, material-restricted, use-restricted) based on hazard or regulatory status, and 2) there are less toxic substitutes, or 3) this chemical exceeds screening criteria but is mission-critical. The requester submits the completed form to the chemical lifecycle management program manager.

See [Chemical Lifecycle Management: Purchasing Procedure](#) (SLAC-I-730-0A09C-001) and [Chemical Lifecycle Management: Chemical Screening Requirements](#) (SLAC-I-730-0A09S-033).

1 Request to purchase chemical (*completed by user/requester*)

Name:		Phone number:		E-mail:	
Directorate:		Dept/group:		Dept/group code:	
				Mail stop:	
Safety data sheet (SDS) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Product name:			Manufacturer:		
Container size (<i>specify units</i>):			Proposed storage location:		
Estimated maximum quantity (# of containers):				Average quantity:	
Mission-critical activity description:					
How will this product be used? (maintenance, construction, research, fabrication, synthesis)					
Less toxic or hazardous substitute was not <i>procured</i> because it is not available (<i>select all that apply</i>):					
<input type="checkbox"/> Within a reasonable period of time <input type="checkbox"/> At a reasonable price <input type="checkbox"/> Within performance requirements					
Other (<i>explain</i>):					
Provide a detailed justification and attach supporting documentation for each indicated reason:					
Check if applicable and provide supporting documentation:					
<input type="checkbox"/> Safe storage, use, and disposal controls have been identified, implemented and personnel are trained in their use.					
Signature:				Date:	

2 Review *(completed by ESH coordinator)*

Select one:

- ☐ I have verified that appropriate controls are in place for the use described.
☐ Appropriate controls are not in place and the request for the item is not approved.

Name:

Title:

Signature:

Date:

3 Approval *(completed by line management)*

Select one:

- ☐ The use is justified and this item is approved for the use described.
☐ The request for the item is not approved.

Name:

Title:

Signature:

Date: