Office of Environmental Health and Safety
333 South Beaudry Avenue
Los Angeles, CA 90017
Phone: (213) 241-3199
Fax: (213) 241-6816

Request for Chemical Evaluation

Request Information

Date: _____
Requestor: _____
Title: _____
Email: _____
Site: _____
Address: _____
City, State, Zip: _____
District: _____
Phone: _____

Product Information

Name: _____
_____
Manufacturer: _____
Address: _____
_____
Est. Vol Used per Year: _____

Circle One: Mixed by Staff Pre-Mixed
Other:

Reason for Request (check one)

- ☐ New Use
- ☐ Replace Discontinued Product
- ☐ Other: _____
- ☐ Replace Existing Product – Explain: _____ (attach additional sheet of necessary)

Product Class (check one)

- ☐ Adhesive
- ☐ ATU Product
- ☐ Auto Body
- ☐ Ceramic
- ☐ Emergency Response Supply
- ☐ Environmental Health Supply
- ☐ Floor Finisher
- ☐ Floor Stripper
- ☐ Food Service
- ☐ Graffiti
- ☐ Graphic Arts/Photo
- ☐ HVAC
- ☐ ITD Office
- ☐ Maintenance Calibration Gas
- ☐ Maintenance and Operations
- ☐ Nursing
- ☐ Office
- ☐ Operations
- ☐ Paint
- ☐ Pesticide
- ☐ Reprographic
- ☐ Roofing
- ☐ Science Lab
- ☐ Other: _____

Product User (check all that apply)

- ☐ Contractor
- ☐ Food Services
- ☐ Maintenance and Operations
- ☐ Nursing
- ☐ Office
- ☐ Pest Management
- ☐ Reprographics
- ☐ OEHS-Emergency Response
- ☐ Other: _____

Usage Environment (check all that apply)

- ☐ Indoors
- ☐ Outdoors
- ☐ Individual Facility
- ☐ School Hours
- ☐ Non-School Hours
- ☐ Multiple Facilities
- ☐ One-Time
- ☐ Repeated/Continual
- ☐ Other: _____

Usage Method (check all that apply)

- ☐ Aerosol
- ☐ Brush-on
- ☐ Not Applicable
- ☐ Sanding/Dusting/Drilling
- ☐ Spray-on
- ☐ Trowel
- ☐ Other: _____

Attachments

- ☐ MSDS*
- ☐ Other: _____

*MSDS must include information regarding: Prop 65, carcinogenicity, reactivity, and pH. If a Prop 65 statement is not present, procure by contacting the manufacturer.

ALL REQUESTS FOR CHEMICAL EVALUATION MUST FIRST BE APPROVED AND SIGNED BY A DIRECTOR OR DEPUTY DIRECTOR.

_____
Authorizing Signature
Director/Deputy Director