

Material Safety Approval Form

This is a request to approve new materials for use in the shops and/or classrooms. This is NOT an order form. Return this form to your Administrative Director. Please allow two weeks for the approval process.

DATE: _____

REQUESTED BY: _____

FACULTY

STUDENT

STAFF

PHONE NUMBER: _____ EMAIL ADDRESS: _____

MATERIAL NAME: _____

DESCRIPTION: _____

★ **IMPORTANT!** A Material Safety Data Sheet (MSDS) for the requested material must be attached to this form.

VENDOR NAME: _____

PHONE NUMBER: _____ COMPANY WEBSITE: _____

Check all that apply:

PERSONAL USE /
EXPERIMENTATION

INSTRUCTIONAL

REQUEST FOR RESALE

INTENDED USE FOR MATERIAL? Check all that apply:

laser cutter

sanding

band saw

CNC

drilling

table saw

vacuum former

heating

miter saw

other _____

WHERE WILL MATERIAL BE USED? Check all that apply:

Sullivan shop

Classroom

Grad / Undergrad studio _____ Rm #

Sharp shop

Resale

Other _____

DESCRIBE PROJECT: _____

ADMIN USE ONLY:

RESALE WILL CARRY