CHEMICAL APPROVAL REQUEST FORM

Requestor's Name: _____ Location where chemical(s) will be used _____

Use the table below to list chemicals that you need to purchase. The information in the yellow highlighted cells are required.

Provide other information, if known. Email the completed form to chemicalapprovals@kennesaw.edu

For questions, call 470-578-2415

MSDS Online #	Chemical or Chemical Product Name	CAS or Z Number	Vendor	Vendor Catalog #	Manufacturer	Manufacturer Product Code (on SDS)	Check if Biological
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐
							☐