

Chemical Request Form

You must submit this request and receive approval before you bring and/or use a new chemical or material in the PNF

Name: _____

Date: _____

Email: _____

Phone #: _____

PI Name: _____

PI email: _____

A list of all of the chemicals currently approved for use in the PNF is available at our website, [Chemical List](#). The PNF does not permit anyone to bring or use chemicals in the any part of the facility without prior approval by the PNF Director. This applies to all chemical containing materials including adhesives, cleaners, resists, solvents, compressed gasses, etc. Approval is determined by considering safety, compatibility, planned storage, usage and disposal.

Name of new chemical or material: (give all commonly used names):

Secondary chemicals or materials? If so, list (i.e., developers, rinses, part of a mix, etc.)

Material Vendor/Manufacturer:

Vendor Name: _____

Phone #: _____

Product No: _____

Website: _____

Amount of chemical or material and form (liquid, powder, solid, etc):

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Hazards (check all that apply)

Acid	Explosive	Poison
Biohazard	Flammable	Pyrophoric
Carcinogen	Liquefied Gas	Toxic
Caustic	Non-Hazardous	Water Reactive
Compressed Gas	Other: _____	
Corrosive	Oxidizer	

Reason for request: Please give serious thought to you reason(s). Provide the PNF with any process information (application notes from the vendor, protocol from another lab, experimental methods section of an article), and please include it as an attachment. Ask yourself these questions: Is this the latest procedure? Are there newer or safer alternatives that will work for my project? Will any of the currently PNF approved chemicals and materials work for me instead? Why is the PNF the best location to perform this process?

The PNF Laboratory will maintain reasonable stewardship of the material, but correct use and storage is the responsibility of the user. If the material poses a safety hazard because of a leaking container or improper storage or usage, it will be disposed of immediately. As it is the responsibility of the user to ensure chemicals are stored properly, the PNF will not assume liability for the loss of the material.

Check each box as task is completed:

I have obtained and read the SDS for this chemical.

The SDS for this chemical is attached as a separate document to this request.

I understand this request will not be reviewed without an SDS attached.

I have created a detailed SOP and attached it as a separate document.

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Proposed Use: (Provide a brief summary of the SOP, including a description of where you propose to use this chemical and list all necessary equipment, including PNF provided equipment and supplies.):

Storage and Waste: If approved for use in the PNF, the chemical will be added to the authorized chemical list along with PNF specific storage, use and disposal requirements.

DO NOT BRING THE CHEMICAL OR MATERIAL WITH YOU WHEN SUBMITTING THIS REQUEST.

Fill in the above information and attach this form with the SDS, SOP, and any other applicable information including references. Submit all materials along with this completed form to administrator@pnf.uchicago.edu. If you do not have both an SDS and an SOP attached, the request will not be considered. Please make all requests well in advance of your anticipated need.

FOR PNF STAFF USE ONLY

Date: _____ Decision: _____

If approved:

PPE Requirements _____

Authorized Use Location & Requirements _____

PNF Storage Location _____ Waste _____

Added to Approved Chemical list? _____

PNF Staff Supervising Approval _____