

# MATERIAL SAFETY DATA SHEET REQUEST FORM

**Instructions: Please type or print, or type the following information:**

Employee Making Request: \_\_\_\_\_

Date Employee Submitted Written Request: \_\_\_\_\_

Employee Department Name: \_\_\_\_\_

Building: Room Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

MSDS Searching Information:

Chemical / Trade Name: \_\_\_\_\_

Manufacturer or Supplier, if known: \_\_\_\_\_

CAS Number, if known: \_\_\_\_\_

Please provide any other additional information to facilitate the search:

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Signature of Supervisor: \_\_\_\_\_

**Supervisors shall respond to an employees request within one working day by either:**

**a. faxing a copy of the employee's request to the Right-to-Know Coordinator at (404) 413-9550 or,**

**b. delivering the MSDS request to the Right-To-Know Coordinator at 75 Piedmont Ave. (Citizens Trust Bank Building) Suite 506.**