

EMPLOYEE REQUEST: SAFETY DATA SHEET

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|---|-------------------------------------|-----------------|
| EMPLOYEE'S NAME | REQUEST DATE | |
| EMPLOYEE'S REPRESENTATIVE | TITLE | |
| EMPLOYEE'S TITLE | DEPARTMENT | |
| THE SUBSTANCE OR SUBSTANCES FOR WHICH I REQUEST A COPY OF THE SAFETY DATA SHEET IS (ARE): | | |
| <p>_____</p> <p>_____</p> <p>_____</p> | | |
| _____ Employee's Signature | _____ Representative's Signature | |
| REQUEST STATUS | | |
| REQUESTED COPY(S) RECEIVED | _____ (Signature) | _____ (Date) |
| REQUESTED COPY(S) UNAVAILABLE | _____ (Signature) | _____ (Date) |
| THE UNAVAILABLE COPY(S) OF THE SAFETY DATA SHEET HAVE BEEN REQUESTED FROM, AND WILL BE FURNISHED BY, THE SUPPLIER. | | |
| _____ (Compliance Officer) | _____ (Date) | |