

Originator Name: (Name of person requesting approval)		Today's Date:			
SDS Approval Routing: Attach a legible copy of the SDS with this form and route as indicated. (See R-13-003 (EP-05) for more information on TSCA)					
<input type="checkbox"/> Check here if TSCA Category I; or if container size is equal to or greater than one drum; or if quantity being received is equal to or greater than one RQ (Reportable Quantity).					
<input type="checkbox"/> Check here if TSCA Category II.					
Approvals:		Name	Initial	Date	
1. Superintendents of User Areas					
2. Environmental Department					
3. Health & Safety Department					
4. *SDS Administrator					
5. Econ & Planning Supervisor (if new chemical is a Finished Fuel additive or will end up in Finished Fuel)					
* Notify Originator of approval status and initiate action. Forward copy of SDS and approval sheet to appropriate Training Supervisor(s).					
Product/Material Name:					
Name of SDS Manufacturer (if known):					
Product Use/Synonyms:					
Date of Product/Material Use: From: To:					
Replacing another Product: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Product to be Replaced:					
Does a Hazard Warning Sheet already exist? Yes <input type="checkbox"/> No <input type="checkbox"/> Does it need to be updated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Location(s) Product/Material will be used: (circle all that apply)					
Zone A	Zone B	Zone C	Maintenance	Lab	Other
CFH	Alky	Asphalt	Garage		
CGS	Amine II	Blr/Comp	Paint Shop		
CR	Butamer	Blending	Shop 1 (IE/MA)		
Crude	Cat Cracker	Boilerhouse	Shop 2		
DA	CC Treaters	Effluent	(BU/ME)		
DHT	CO Boilers	Flares	Warehouse		
Jet Treater	Fractionators	CWTs			
NHT	Flue Gas Scrubber	Tank Car			
Rose	Gas Recovery	Tank Farm			
SHU	Sour Water Stripper	Tank Truck			
VF		Utilities			
BSU		Wharf			
What section or equipment is associated with this chemical? (list all)					
What is the maximum/average quantity (pounds) of this material to be inventoried at the refinery at any given time? Maximum: Minimum:					
What is the anticipated annual usage (pounds) of this material?					
If not to be inventoried continuously, how many days per year?					
Where will this material be stored?					

ATTENTION: Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.