PROTECTIVE EQUIPMENT REQUEST

NAME ___________________________ BARGAINING UNIT ____________

DEPARTMENT/SHOP ___________________________ JOB TITLE ____________

PHONE NUMBER ________________________________________________

EQUIPMENT REQUESTED (Be specific - e.g. gloves to handle acid) __________

IF REQUESTING RESPIRATORS:
Has employee been trained in respirator fit testing procedures? ( ) YES ( ) NO

Type of Work Being Done and Exact Location ____________________________________________

________________________________________________________________________

IF APPLICABLE:

<table>
<thead>
<tr>
<th>Product(s) to be used</th>
<th>Manufacturer</th>
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How will product(s) be applied (e.g. sprayed, rolled, etc.)? ______________

Has employee reviewed material Safety Data Sheet(s)? ( ) YES ( ) NO

Ventilation at Work site (i.e. Smoke ejector, open windows, etc.? ______________

Supervisor’s Signature ___________________________ Date ______________

DO NOT WRITE BELOW THIS LINE – ENVIRONMENTAL HEALTH & SAFETY STAFF ONLY

Equipment given (specify quantities) ________________________________

________________________________________________________________________

If applicable, training given [include items(s) and time in minutes] ______________

Recommendations ________________________________________________________

________________________________________________________________________

EHS Staff Signature ___________________________ Date ______________

Drop off, mail or Fax (2-3783) this Form to EH&S in Chemistry B-73.