



SAFETY DATA SHEET (SDS) REQUEST FORM

Employers (i.e., the School) must provide a copy of an SDS within 24 hours of when an employee requests it (if possible).

SDS Request

Name: _____

Title: _____

Work Area: _____

Job Classification: _____

I am requesting a copy of the Safety Data Sheet (SDS) for the following substance:

(Name of Substance)

(Your Signature) (Today's Date)

I acknowledge that I have received the SDS as requested.

(Your Signature) (Today's Date)

The SDS requested is not currently available. The supplier of the Material has been contacted to provide a copy of the SDS in question. A copy will be made available to you when it is received.

(Manager's Signature) (Today's Date)

(Supervisor's Signature) (Today's Date)