

NEW CHEMICAL PRODUCT REQUISITION FORM (NCPR)

Date	Req. Number	Requested By	Approved By <small>Safety Only</small>	Approval Number
				S-
				Permanent:
Vendor		Address		Phone/Fax
Trade Name		Vendor Part Number	Proposed Dept.(s) of chemical use	
Proposed use				
Experimental Product	If "Yes", name of product being replaced		Experimental determination date	
Date requested by		New purchase	Free trial sample	R.O.K. / Vendor
R.O.K. / Vendor name		Quantity ordering	Estimated monthly use	
MSDS Attached <input type="checkbox"/> YES <input type="checkbox"/> NO		Potential Hazards		
		Flammable <input type="checkbox"/>	Corrosive <input type="checkbox"/>	Health <input type="checkbox"/> Other <input type="checkbox"/>

**INSTRUCTIONS FOR COMPLETING
NEW CHEMICAL PRODUCT REQUISITION (NCPR) FORM**

DATE:

Enter the date form is completed.

REQ. NUMBER:

Leave blank. Purchasing will enter requisition number for items having a cost associated with request.

NOTE: IF THIS IS A FREE TRIAL SAMPLE AND **NO COSTS** ARE ASSOCIATED, ENTER "N/A" IN THIS BOX.

REQUESTED BY:

Enter the name of the person making the request.

Approved By:

Leave blank.

VENDOR:

Enter the name of the proposed vendor, along with point of contact.

CITY, STATE, ZIP, & PHONE:

Enter vendor mailing address, phone and fax number.

TRADE NAME OF CHEMICAL:

Enter the trade or common name of this chemical product.

VENDOR PART NUMBER:

Enter the vendor's part number of the chemical product.

PROPOSED DEPARTMENT(S) OF CHEMICAL USE:

Enter the proposed department(s) where this chemical will be used.

PROPOSED USE:

Enter the proposed use(s) of this product.

EXPERIMENTAL PRODUCT:

Enter "Yes" or "No"

WHAT PRODUCT IS IT REPLACING:

NCPR.DOC

Issued: January 1999
Revised: September 2000

Enter the name of the product being replacing.

EXPERIMENTAL DETERMINATION DATE:

Enter an estimated date that the experimental process will cease.

DATE REQUESTED BY:

Enter the date entered on the Purchase Order Requisition.

NOTE: IF THIS IS A FREE TRIAL SAMPLE, ENTER DATE YOU NEED APPROVAL BY.

NEW PURCHASE:

If the chemical product is a new purchase check this box.

FREE TRIAL SAMPLE:

If the chemical product is a free trial sample check this box.

R.O.K. / VENDOR:

"Replacement of Kind" or Vendor Change Box. If this chemical product is going to replace an existing chemical product check this box. Also, check this box if this is an existing chemical product that we purchase, but are changing vendors for.

R.O.K. / VENDOR NAME:

Enter the chemical or vendor that will be replaced.

QUANTITY ORDERING:

Enter the amount you wish to order (be sure to specify units of measure).

ESTIMATED MONTHLY USE:

Enter the estimated amount of chemical product you plan on purchasing per month (be sure to specify units of measure).

MSDS ATTACHED

Check appropriate response.

POTENTIAL HAZARDS

Check all appropriate hazards associated with this chemical.