

BP-Husky Refining

New Chemical Purchase Approval Form

****This form must be completed for all new chemicals prior to purchasing****

Approval Requested By: _____ Dept. _____ Phone _____ Date: _____	
Chemical Name: _____	Name _____
MSDS Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plot Plan Attached? (show location) <input type="checkbox"/> Yes <input type="checkbox"/> No
Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> To be completed by: _____(Date)	
Labels on Container? <input type="checkbox"/> Yes <input type="checkbox"/> No	HMIS Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Unit/Area Where Used/Stored? _____ (List all areas if there are multiple locations)	Has an MOC meeting been scheduled/completed? <input type="checkbox"/> Yes <input type="checkbox"/> No MOC #: _____
What does this chemical replace? _____	Existing MSDS #: _____
When did/will usage begin? _____	Stored as: <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas
Storage temperature/pressure: <input type="checkbox"/> ambient <input type="checkbox"/> greater than ambient <input type="checkbox"/> less than ambient <input type="checkbox"/> Inside a heated building	
Form of storage: <input type="checkbox"/> tank <input type="checkbox"/> drum <input type="checkbox"/> toteother: _____	
Method of usage (injection, batch, hopper, etc.): _____	
Form of delivery: _____	
Process Personnel / Maintenance Personnel Exposure - Choose at least one	
Estimate of exposure to personnel: <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high	
Frequency: <input type="checkbox"/> All shift, continuous OR _____ times per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
Maximum amount of chemical on the unit on any given day: _____	
Average daily amount of chemical on the unit: _____	
Number of days the chemical will be on the unit in a year: _____ days OR <input type="checkbox"/> all year	
Is a written procedure available for use? <input type="checkbox"/> Yes <input type="checkbox"/> To Be Written by: _____ (Date)	
Chemical Inventory Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No *(For HSE to answer only)	

Environmental Dept. Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments: _____	Name/Date
Health/Safety Dept. Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments: _____	Name/Date
Purchasing Dept. Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments: _____	Name/Date