

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

ORIGINATOR – fill out sections with **

Request (check one): **Add to:** **Delete from** **the Authorized Use List (AUL)**

** SUBMITTED BY

From (Name): _____ Date: _____

Command: _____ Department: _____ Code: _____

Email: _____ Phone: _____ FAX: _____

** END USER POINT OF CONTACT (POC)

End user (name): _____

Command: _____ UIC: _____

Department: _____ Shop/Code: _____

Cost Center: _____ Building: _____

Email: _____ Phone: _____ FAX: _____

** ITEM IDENTIFICATION

Nomenclature (Part Name): _____

Manufacturer: _____

Address: _____

Cage Code: _____ Phone: _____ FAX: _____

Mfr Part #: _____ Unit of issue: _____ Size: _____

Unit Price: _____ Unit of Pack: _____ SDS #: _____

Stock #: _____ MILSPEC: _____

Method of Use:
(Process ID in NERP) _____

Comments: _____

Technical Reference: _____

New Process (check one): **Yes** **No** Recurring Use (check one) **Yes** **No**

Estimated Monthly Usage: _____ Container Size: _____

Governing Safety Office: _____

HMC Digital Signature: _____ Date: _____

Submit Form

Send SDS with the form

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

FLCPS CODE 400SM TECHNICAL REVIEW

Originator information verified accurate (check one): **Yes** **No**

Safety Data Sheet (SDS) Number: _____ Alternate SDS# _____

SDS verified most current with manufacturer (check one): **Yes** **No**

HMIRS has current SDS on file (check one): **Yes** **No**

SLC: _____ SLAC: _____ Shelf Life Type: _____

Comments: _____

Email: _____ Phone: _____ FAX: _____

Name: _____

Digital Signature: _____ Date: _____

Environmental Routing Options:

Send SDS with the form

ENVIRONMENTAL REVIEW

Authorized for Use: (check one): **Yes** **No**

Name: _____ Date: _____

Command: _____ Department: _____

Email: _____ Phone: _____ FAX: _____

Comments: _____

Alternate Stock Number: _____

NESHAP: Material Code: _____

Digital Signature: _____

Industrial Hygiene Routing Options: **Send SDS with the form**

HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

INDUSTRIAL HYGIENE REVIEW

Authorized for use (Check One) **Yes** **No**

Command: _____ Department: _____

Comments: _____

Email: _____ Phone: _____ FAX: _____

Digital Signature: _____ Date: _____

Safety Office Routing Options **Send SDS with the form**

SAFETY REVIEW

Tracking Number: _____

Safety Office Authorized for use (check one): **Yes** **No**

Region G2 AUL List Updated (check one): **Yes** **No**

Command: _____ Department: _____

Email: _____ Phone: _____ FAX: _____

PPE Requirements: _____

Comment: _____

Digital Signature: _____ Date: _____

Send SDS with the form

REGIONAL INVENTORY MANAGEMENT

AUL Updated in N-ERP (check one): **Yes** **No**

Name: _____ Date: _____

Email: _____ Phone: _____ FAX: _____

Comments: _____

Digital Signature: _____ Date: _____

Safety Office Routing Options **(Attach SDS to email and send to safety and originator.)
(Include the ZPNC received from HEDMO.)**