

# HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

## Instructions for Completing the HMAR Form

### A. Section Data Requirements

1. Originator will fill out the following information and forward to Fleet Logistics Center Puget Sound (FLCPS) Code 400SM for processing by the assigned CHRIMP Tech:

#### a. ORIGINATOR

From - The name of the person submitting this form.

Date - The date this form was submitted.

Digital Signature - The digital signature of the person submitting this form.

Command - The command of the person submitting this form.

Department - The department within the command.

Code - The code within the department.

Email - The email address of the person submitting this form.

Phone - The phone number of the person submitting this form.

FAX - The FAX number of the person submitting this form.

#### b. END USE POINT OF CONTACT (POC)

End User (name) - Name of the person using the material.

Command - Name of the command using the material.

Department - Name of the department submitting the HMAR.

Shop/Code - Department number or shop number using this material.

Cost Center - Name of the department purchasing this material.

Building - Building number where this material will be used.

Email - email address of the person using this material.

Phone - phone number of the person using this material.

FAX - fax number of the person using this material.

#### c. ITEM IDENTIFICATION

Nomenclature (Part Name) - Name of the item to be added to the AUL.

Manufacturer - Name of the material manufacturer

Address - Address of the manufacturer

Cage Code - Commercial and Government Entity Code. This can be found using the Business Identifier Number Cross-Reference System (BINCS) using Web Link

[https://www.dlis.dla.mil/bincs/begin\\_search.aspx](https://www.dlis.dla.mil/bincs/begin_search.aspx)

Phone - Manufacturer's phone number

FAX - Manufacturer's FAX number

Part # - Manufacturer's part number

Unit of Issue - Material unit of issue. Example: Each (EA), Package (PG), Drum (DR).

Size - Material container size. Example, Gallon (GL), Quart (QT), Pint (PT)

Unit Price - Price of one unit of material in the manufacturer's original packaging.

Unit of Pack - Quantity of material unit of issue packaged in the manufacturer's packaging. Example, 12 bottles per box, unit of issue is bottle; quantity unit pack is 12 bottles

Stock Number - National Item Identifier Number (NIIN) or locally assigned stock number.

MILSPEC - Military Specification Number

Method of Use - How the material is to be used. Example, brush on, spray on.

***Note: This is listed as "Process ID" in Navy ERP.***

Technical Reference - Source of the requirement to add this material to the AUL. Example,

## HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

Technical Manual, Preventative Maintenance System (PMS).

Description of Use – What the material will be used for.

New Process – If this is a new requirement check yes, if not check no.

Recurring Use – If this is a onetime only use, check no. If this material will be use more than one time check yes.

Estimated Monthly Usage – Only applicable to recurring usage.

Container size – Same as (i) above.

Required Delivery Date (RDD) – Date the material is required to on hand.

### d. HMC REVIEW AND APPROVE :

From - Name of the person submitting the HMAR.

Date - The date the HMAR form was created

Command – Name of the command submitting the HMAR.

Department – Name of the department submitting the HMAR.

Code – Number of the department submitting the HMAR.

Email – email address of the person submitting the HMAR.

Phone – phone number of the person submitting the HMAR.

FAX – fax number of the person submitting the HMAR.

Governing Safety Office – the safety office the HMAR will routed to for processing.

#### **Note:**

***The digital signature should only be applied once all information has been entered in this section of the form. Once the signature is applied all fields in this section will be locked and cannot be changed***

Digital Signature – Digitally signed by the person submitting the HMAR form using the Common Access Card (CAC).

## B. FLCPS CODE 400SM REVIEW

1. The assigned CHRIMP Technician will review the HMAR, fill in the following information and forward the HMAR to Regional Safety for processing:

Originator information - verified complete and accurate. If not, return the HMAR to the originator to be completed.

SDS – Enter the most current SDS. This can either be from the vendor or from HMIRS if the most current SDS is on file.

RCC free issue Item – If this material is available as free issue reuse material check yes and list the quantity available, otherwise check no.

Name – Name of the CHRIMP technician completing this section of the HMAR.

Email – Email address of CHRIMP technician completing this section of the HMAR.

Phone – Phone number of CHRIMP technician completing this section of the HMAR.

FAX – Facsimile number of the CHRIMP technician completing this section of the HMAR.

Comment – Any comments applicable to this review.

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Signature – Digital signature of the CHRIMP technician completing this section of the HMAR.

## HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

### C. SAFETY REVIEW

1. Regional Safety will review the HMAR, fill in the following information and forward to RCC Regional Inventory Management for processing:

a. **Safety Office:**

Tracking Number: Assign a tracking number for the HMAR.

Send to Industrial Hygiene. If yes is selected, routing buttons are displayed. If no is selected, the routing buttons are hidden.

Region G2 AUL updated: Indicate if the G2 AUL has been updated.

Date – The date authorization was given.

Command – The command of the person authorizing use of the material.

Department – The department within the command authorizing use of the material.

Email – The email address of the person authorizing use of the material.

Phone – The phone number of the person authorizing use of the

material. FAX – The FAX number of the person authorizing use of the material.

PPE Requirements – List any Personnel Protective Requirements necessary to handle the hazardous material safely.

Alternate SDS# - The SDS number of an alternate supplier of the material.

Alternate Stock Number – The stock number of an alternate supplier of the material. Any pertinent comments.

Comments: List any pertinent comments.

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Digital Signature – The digital signature of the person authorizing use of the material.

b. **Industrial Hygiene Department:**

Authorized for Use – Select Yes or No.

Date – The date authorization was given.

Command – The command of the person authorizing use of the material.

Department – The department within the command authorizing use of the material.

Email - The email address of the person authorizing use of the material.

Phone – The phone number of the person authorizing use of the material.

FAX – The FAX number of the person authorizing use of the material.

**Note:**

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Digital Signature – The digital signature of the person authorizing use of the material.

## HAZARDOUS MATERIAL AUTHORIZATION FORM (HMAR)

### D. ENVIRONMENTAL REVIEW

1. Regional Environmental will review the HMAR, fill in the following information and forward to Regional Safety for processing:

Authorized for Use – Select Yes or No.

Name – The name of the person authorizing use of the material.

Date – The date authorization was given.

**Note:**

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Digital Signature – The digital signature of the person authorizing use of the material.

Command – The command of the person authorizing use of the material.

Department – The department within the command authorizing use of the material.

Email – The email address of the person authorizing use of the material.

Phone – The phone number of the person authorizing use of the material.

FAX – The FAX number of the person authorizing use of the material.

Comments – Any pertinent comments.

Alternate SDS# - The SDS number of an alternate supplier of the material.

Alternate Stock Number – The stock number of an alternate supplier of the material.

NESHAP Material Code – The code for National Emissions for Hazardous Air Pollutants

### E. REGIONAL INVENTORY MANAGEMENT

5. Regional Inventory Management will fill in the information below, file a copy and forward the completed HMAR to the originator:

Authorized Use List (AUL) updated in Navy ERP (N-ERP) – Select Yes or No.

Name – Name of the person updating N-ERP.

Date – The date N-ERP was updated.

Email – The email address of the person updating N-ERP.

Phone – The phone number of the person updating N-ERP.

FAX – The facsimile of the person updating N-ERP

Comments – Any pertinent comments.

**Note:**

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Digital Signature – The digital signature of the person updating N-ERP