### 1. APPLICANT'S PARTICULARS Mandatory at (*)

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>DATE</strong></th>
<th><strong>MATRIC NUMBER / ID NUMBER</strong></th>
<th><strong>LABORATORY NAME</strong></th>
<th><strong>MOBILE PHONE</strong></th>
<th><strong>E-MAIL</strong></th>
</tr>
</thead>
</table>

**PURPOSE OF APPLICATION**
- [ ] TEACHING & LEARNING
- [ ] RESEARCH / PROJECT

**CHEMICAL STORAGE LOCATION**

**SIGNATURE**
I, hereby have known the purposes of buying these chemicals, known the hazards, as well as the procedures for purchasing, using and storing.

### 2. CHEMICAL PARTICULARS Mandatory at (*)

<table>
<thead>
<tr>
<th>NO.</th>
<th>CHEMICAL NAME with concentration (if any)</th>
<th>QUANTITY (Litre / Unit)</th>
<th>HAZARDS (Please refer SDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>E</td>
</tr>
</tbody>
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**NOTE:**
- E – Explosive
- F – Flammable
- T – Toxic
- H – Health Hazard
- HI – Harmful / Irritant
- C – Corrosive
- O – Oxidising
- CG – Compressed Gas
- EN – Danger for Environment

### 3. APPROVAL Office Use Only.

**STATUS** (Please tick one)
- [ ] APPROVED
- [ ] NOT APPROVED

**OFFICER’S SIGNATURE**

Name: 
Date: 
Stamp: 

### 4. CHEMICAL RECEIVER (Fill up by the person who received the chemical)

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>MATRIC NUMBER / ID NUMBER</strong></th>
<th><strong>MOBILE PHONE</strong></th>
<th><strong>FACULTY / DEPARTMENT</strong></th>
<th><strong>SIGNATURE</strong></th>
</tr>
</thead>
</table>

I, hereby confirmed that the chemical stated on Item 2 and/or on the "attachment" have been received with Safety Data Sheet (SDS) which represented by the brand or the manufacturer of the respective chemical. I had also stored the chemical properly according to Act 514.

Date of receiving: 

Receiver's Signature:

---

**THIS FORM SHALL BE PRINTED ON WHITE PAPER**
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OFFICER’S SIGNATURE

Name: ____________________________
Date: ____________________________
Stamp: ____________________________

4. CHEMICAL RECEIVER  (Fill up by the person who received the chemical)

*NAME

*MATRIC NUMBER / ID NUMBER

*MOBILE PHONE

*FACULTY / DEPARTMENT

*SIGNATURE

I, hereby confirmed that the chemical stated on Item 2 and/or on the “attachment” have been received with Safety Data Sheet (SDS) which represented by the brand or the manufacturer of the respective chemical. I had also stored the chemical properly according to SDS and Act 514.

Date of receiving: ____________________________

______________________________
Receiver’s Signature