 UTM UNIVERSITI TEKNOLOGI MALAYSIA	CHEMICAL MANAGEMENT UNIT (CMU) UTM KUALA LUMPUR	FORM	UTM.K.09.16/CP/2019/3 CHEMICAL PURCHASING APPLICATION FORM
		COPY	CMU / RMC / APPLICANT

READ FIRST:

- All information provided in this form must be **TRUE** upon submission.
- Please fill up **ONE (1) copy** for each application.
- Applicant **MUST** fill up Item 1 and Item 2, as well as Item 4 after receiving supplies.
- This form shall be included with Invoice and Delivery Order for payment.
- Kindly contact Officer at +603-2615 4974 for any inquiry.

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

*NAME			DATE	/	/
*MATRIC NUMBER / ID NUMBER					
*FACULTY / DEPARTMENT			*LABORATORY NAME		
*MOBILE PHONE		*E-MAIL			
*PURPOSE OF APPLICATION <i>(Please tick one)</i>	<input type="checkbox"/> TEACHING & LEARNING		<input type="checkbox"/> 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 (*)* *- Please use "attachment" for more items -*

NO.	CHEMICAL NAME with concentration (if any)	QUANTITY (Litre / Unit)	HAZARDS <i>(Please refer SDS)</i>									
			E	F	T	H	HI	C	O	CG	EN	

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 <i>(Please tick one)</i>	APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
OFFICER'S SIGNATURE	_____ Name: Date: Stamp:	

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

*NAME	
*MATRIC NUMBER / ID NUMBER	
*MOBILE PHONE	
*FACULTY / DEPARTMENT	
*SIGNATURE I, hereby confirmed that the chemicals stated on Item 2 and/or on the "attachement" 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.	Date of receiving: _____ _____ Receiver's Signature

THIS FORM SHALL BE PRINTED ON WHITE PAPER

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ATTACHMENT

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