


Davidstow Health & Safety Manual	Document Number:	F.HS.02	Document Title:	Chemical Substance Approval Form	
	Revision:	5	Owner:	Manager – Health & Safety	
	Revision Date:	12.12.2022	Approver:	Advisor - Health & Safety	

Initiator	Name		Position	
	Department		Extension No.	

Substance	Name	
	Supplier	

Request Details	New Substance		Change of Name		Replacement		Trial substance	
	Reason for Request							
	Area of Use							
	Approved by Head of Department		Name:		Sign:		Date:	

Document Review	Safety Data Sheet received (to be attached) <i>If no SDS is provided, substance shall not be permitted on site</i>	Yes	No
	Technical Data Sheet received (to be attached)	Yes	No
	<i>If no, provide explanation why:</i>		
	Has consideration been given to a more environmentally friendly substance	Yes	No
	<i>If no, provide explanation why:</i>		
	Food Safety implications taken into consideration	Yes	No
	<i>If no, provide explanation why:</i>		
	Management of Change Form Completed – this is mandatory <i>If it is an emergency request need SLT approval</i>	Yes	

Trial Record	Person(s) Involved	Name	Signature	Date
	Site Chemical Advisor			
	Technical Dept			
	Dept. Manager			
	H&S Dept			

Approval		Name	Signature	Date
	Site Chemical Advisor			
	H&S Dept			
	Technical Dept			

Restrictions if any:	
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Site Chemical Engineer	Has the substance been added to Sypol and COSHH assessment requested Y / N	Date:
	COSHH Assessment completed Y / N	Date: Completed By:

Obsolete Hazardous Substances	Reason:	
	Name	Signature
	Date	
	Site Chemical Advisor	
	Manager – H&S	