

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:								
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							