

**NEW CHEMICAL PROCUREMENT FORM**

Date: \_\_\_\_\_

Name of student/User: \_\_\_\_\_

Dept/University: \_\_\_\_\_

Professor in charge: \_\_\_\_\_

Name of Chemical: \_\_\_\_\_

MSDS of Chemical submitted to Anand: Yes / No

Storage location of chemical: \_\_\_\_\_

Any other precautions to be taken regarding safety and first aid for the chemical:

Signature  
Professor in Charge

Signature  
Lab Policy Committee Member  
(Prof. Saurabh Lodha/Prof. Udayan Ganguly)

Signature  
System Admin  
(Anandakumar.S)

Signature  
Chemical safety team member  
(Jayashree/Neha RaoRane)