

# CUSTODIAL PRODUCT WAIVER REQUEST FORM

*Please Print Copy of Form, Complete it, and Return Form w/ MSDS to:  
Custodial Products Purchasing Agent, 10 Baldwin St. Montpelier, VT 05633 (Fax: 802-828-2222)*

District Facility Manager (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Check One and Explain Below:

I have exhausted all products on contract for this purpose (attach list)  No product on contract

Waiver Request is for:

Product Name: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Check One:  One Time Use  Add to Existing Contract Also:  Not on Denied List

Suggested Use/Location: \_\_\_\_\_

Quantity and Frequency of Use: \_\_\_\_\_

**\*PLEASE ATTACH AN MSDS SHEET AND ANY OTHER INFORMATION THAT MAY ASSIST w/ OUR DECISION\***

\*\*\*\*\* **PURCHASING USE ONLY** \*\*\*\*\*

Approved for consideration and forwarded to EHS Coordinator  Waiver Denied\*

\*Comments/Signature \_\_\_\_\_

(\*Date) \_\_\_\_\_

\*\*\*\*\* **EHS COORDINATOR USE ONLY** \*\*\*\*\*

Location: \_\_\_\_\_ Date received from Purchasing \_\_\_\_\_

Product Waiver Approved:  Yes  No

With Conditions:  Yes  No

Explain Conditions: \_\_\_\_\_

Additional Training Required:  Yes  No

Is Personal Protective Equipment Required:  Yes  No

General Comments: \_\_\_\_\_

Waiver Approved/Denied by: \_\_\_\_\_ EHS Coordinator

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

Distribution: Purchasing EPP File - District Facility Manager - Originator

