

# Prohibited Material Usage Authorization Request Form

Company Name

Prepared By

Program

Assembly P/N

Cage Code

Telephone

Model (optional)

Date

Part Number	Part Name	Specification	Application	Substance Name	CAS #	In process	Final	SVHC	REACH Reportable

### Supporting Requirements and Documentation

Statement of Problem (why is use of prohibited substance necessary):

**Verify supplier has the following processes/procedures in place to manage the following:**

Operator Training Procedure <b>(Verify)</b>	
Hazard awareness training in place and conducted <b>(Verify)</b>	
PPE (Personal Protective Equipment) Training <b>(Verify)</b>	
Operator PPE/Handling/Housekeeping Training <b>(Verify)</b>	

Expiration Date

*1 year from approval date*

SBU Materials Engineering Approver

SBU Director Approval

Date

Date

*All completed forms maintained by SBU in accordance with record retention rules*