

DATE & TIME RECEIVED: _____

REQUEST # _____

SRS COMMUNITY REUSE ORGANIZATION

EXCESS CHEMICAL PRODUCT DUE DILIGENCE WORKSHEET

Organization: _____
 Contact Person: _____ Email: _____
 Address: _____ County: _____
 Phone: _____ Fax: _____
 Federal Identification Number: _____
 Tax Status: _____

Description of item or items to be purchased: (use an additional sheet if necessary)

SRSCRO List #	Mat ID (EX Number)	Description of the Item	Quantity Requested

NOTE: The respective party/organization noted above agrees to pay the pickup, handling, storage, and any other associated costs incurred by SRSCRO.

Describe how your organization intends to use the excess chemical product(s):

Describe your past experience with using similar chemical product(s):

Describe the proposed method workers shall use to minimize any environmental, health, and safety risks associated with using the excess chemical product(s):

Describe how the excess chemical product(s) will be stored prior to its use:

Explain how the use of the excess chemical product(s) contributes to the creation of new employment opportunities for displaced SRS workers and/or area residents or provide assistance to residents affected by SRS downsizing. Include an estimated number of jobs created/retained or residents served:

The respective party/organization noted above agrees to use the excess chemical product for its intended purpose within six (6) months of receipt unless prior written approval from SRSCRO is issued.

I (we) hereby certify that the respective party/organization noted above has knowledge and understanding of the hazardous nature of the excess chemical product hereby provided and will comply with all applicable Federal, State, and Local laws, ordinances, and regulations with respect to the care, handling, storage, shipment, and disposal of the hazardous product/material(s). The respective party/organization agrees and certifies that the SRSCRO/BMG shall not be liable for the personal injuries to, disabilities of, or death of the respective party/organization or the respective party/organization's employees, or any other person arising from or incident to the distribution of the hazardous product/material(s) or its final disposition. Additionally, the respective party/organization agrees and certifies to hold the SRSCRO/BMG harmless from any or all debts, liabilities, judgments, costs, demands, suits, actions, or claims of any nature arising from or incident to the distribution of the hazardous product/material(s), its use, or final disposition.

Signed: _____
Title: _____

Completed form must be received in SRSCRO office within the 30-day period the list is posted on the web page:

MAIL: SRS Community Reuse Organization
P.O. Box 696, Aiken, SC 29802
FAX: 803-593-4296
EMAIL: srscro@srscro.org

<u>SRSCRO ONLY:</u>
Reviewed By _____
Date Completed: _____
Cost to Customer _____
DOE Approval _____