

# REQUEST FOR PRODUCTS FORM

*Beginning of Form*

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

Name of Requestor: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Product Requested: \_\_\_\_\_

Product Use: \_\_\_\_\_

I acknowledge and take responsibility for the risk of communicable disease exposure even though the product has been tested. I verify that any surfaces contaminated by this product will be decontaminated using OSHA guidelines. I also verify that the remaining portion of the product will be properly disposed of according to OSHA guidelines.

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

Supervisor Review: \_\_\_\_\_ Date: \_\_\_\_\_

*End of Form*

ImpactLife, Davenport, IA  
D-051 Effective Date: 5/2022