DATE: _____

WORK AREA CHEMICAL INVENTORY FORM

1. PERSON IN CHARGE
2. TELEPHONE NO.
3. BLDG. NAME & NO.
4
5. DEPARTMENT

Chemical Name (1)	Common Name/Product Name (2)	CAS No. (3)	Container Type (4)	Chemical Hazard (5)	Quantity or Amount (6) lb.	Current MSDS