

HAZARDOUS CHEMICALS INVENTORY

Dean/Director: _____ Dept/Section _____ Supervisor: _____ Supervisor Phone No. _____ Person Submitting: _____ Campus/Mail Code _____	To be filled in by OEHS only: Date Inventory Completed _____ Date Inventory Submitted _____
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Product or Chemical Name on Label	(v) Have MSDS	Manufacturer Name	C.A.S. No. (If on Label)	Product or Catalog No. on Label	CONTAINER			Total Amt. on Hand	Units (ml,g, mg,lbs)	Rm#/ Bldg.
					No. on hand	Size (ml,g., mg,lbs)	Type (glass, plastic,etc)			

