

Form 1: CHEMICAL INVENTORY

EH Form # 174

Please prepare and submit a separate chemical inventory form for each lab/location.

Prepared By:		Department:					
Primary Contact:		Building Name:					
Primary Contact Information		Room Number:					
Office Number:		Department:					
Mobile Number:		Comments:	<i>e.g. Name of 2nd. contact & Nos.</i>				
Emergency Contact No.:							
Email:							
<i>Please use the information on labels and MSDS sheets to assist you</i>							
Full Chemical Name	Synonym	CAS No.	Amount <i>(How Much)</i>	Unit of Measure <i>kilogram, gram, metric ton, pound, liter, cm3, quart, fluidounce</i>	Physical State <i>Solid, Liquid. Gas</i>	Density <i>(See Label or MSDS)</i>	Sub-location <i>Safe, Fridge, Locked Cabinet, Open Cabinet Flammable Storage Cabinet, Counter top</i>

In submitting this inventory, the sender acknowledges that this represents the current chemical inventory for the chemicals stored and used at the location specified above.