Hazardous Material Inventory Spreadsheet

Name of Department _____

Inventory Date: _____

Building: _____

Person Completing Inventory _____
Last Name First Name

Room: _____

Department _____

Phone: _____

Chemical Name	Manufacturer	Maximum Quantity	CAS Number	MSDS on File?
(example) Ethyl Alcohol	*Sigma*	*4 L*	*64175*	*yes*

INSTRUCTIONS: Fill out an inventory sheet for each room. Keep a copy in the room and give the original to Don Braswell.