

CFAES Hazard Communications Program

HAZARDOUS CHEMICAL INVENTORY

Building: \_\_\_\_\_

Lab / Room# \_\_\_\_\_

Lab Manager: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Note: Base quantities on maximum amount on hand at any given time during the year.**

Chemical/ Product name	Manufacturer or CAS Number	# of Containers	Qty/ Container	Frequency of use	Emergency procedures required
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**Flammables / combustibles**


**Aerosol products**


**Compressed gases**


Chemical/ Product name	Manufacturer	# of Containers	Qty/	Frequency of use	Emergency procedures required
			Container		

**Corrosives**


**Oxidizers**


**Organic peroxides**


**Poisons not included in the above categories**


Chemical/ Product name	Manufacturer	# of Containers	Qty/ Container	Frequency of use	Emergency procedures required

**Controlled Substances (Drug Enforcement Agency listed drugs)**


**Vet supplies / Medications**


**Pesticides**
