INVENTORY WORKSHEET

CHEMICAL INVENTORY

Name of School: _____ Date(s) of Inventory: _____

Persons Conducting Inventory: _____

Qualifications of Persons Conducting Inventory _____

Full Name of Substance	CAS No.	Manufacturer	Container		Expiration date or approximate age of substance	Storage situation and Location	Chemical Family	Hazard Identification	Store or Dispose?
			Size	Type (metal, glass, etc.)					