SAMPLE CHEMICAL INVENTORY SHEET

Generic Name _____

Trade Name _____

Supplier _____

Address and Telephone Number _____

_____

Label Statements _____

MDSD Cross Reference Number _____

MSDS received with shipment ____Yes ____No (If no, attach a copy of the letter sent to the manufacturer requesting the MSDS).

Updated MSDS received ____Yes ____No (If yes, date of updated MSDS and date new MSDS supplied to the MSDS file).

(If yes, does updated MSDS contain new health or physical hazard information). ____Yes ____No

(If yes, date new training scheduled for workers to explain new health and physical hazard). Training needed ____Yes ____No

Date training held _____

Use information:

Where used _____

Quantities _____

Where stored _____

Date of preparation _____

Annual review date _____

Source: USDA, Hazard Communication;
A program Guide for Federal Agencies

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Chemical Name: _____

Synonyms: _____

Trade Names: _____

MSDS Reference: _____

****

Supplier Name: _____

Address: _____

Telephone Number: _____

****

Use Information

Location	Frequency	Used By	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****

Storage Information

Location	Quantity
_____	_____
_____	_____
_____	_____
_____	_____

****

Date: _____

Review Dates: _____