



# CHEMICAL INVENTORY LIST

**Facility Name:** \_\_\_\_\_

**Safety Coordinator:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Date Update:** \_\_\_\_\_

Product Name (Alphabetically)	Hazardous Chemical Ingredient Name(s)	Manufacturer of the Product	Have SDS? "Y" or "N"		If "N", Date SDS Requested	Labeled? "Y" or "N"		Product Location
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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