**Chemical Inventory Form**

Or use your own hardcopy or electronic form and insert here with date.

Laboratory: (Bldg., Room #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratory Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Chemical/Trade Name** | **CAS #** | **Approximate quantity** |
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*Maintain the original copy of this form in the laboratory chemical hygiene binder. Submit a photocopy to* Mrs. Karen Thorp, Purchasing Agent, Physical Plant

\*\*make duplicate copies as necessary depending on how large your inventory is\*\*