

CHEMICAL INVENTORY

This form is to be completed for EACH chemical in your laboratory.

Chemical Name: _____ CAS#: _____

Building: _____ Room: _____

Lab Manager or Responsible Faculty: _____

This substance should be considered particularly hazardous if any boxes at the right are marked.	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Embryotoxin/Mutagen/Teratogen <input type="checkbox"/> Highly/Acutely Toxic
Personal Protective Equipment (PPE)	<input type="checkbox"/> Gloves, list type: _____ <input type="checkbox"/> Lab coat <input type="checkbox"/> Safety glasses with side shields <input type="checkbox"/> Respirator: type _____ <input type="checkbox"/> Closed-toe shoes only
Engineering and Ventilation Controls	<input type="checkbox"/> Chemical fume hood <input type="checkbox"/> Glove box <input type="checkbox"/> Canopy or snorkel hood <input type="checkbox"/> Other ventilation
Transport/Storage Requirements Chemical container labeling strategy: containers must be labeled with chemical name and hazard warnings	Chemical is transported from one location to another: <input type="checkbox"/> Using secondary container <input type="checkbox"/> Traveling least trafficked areas Chemical Segregation guidelines: <input type="checkbox"/> Avoid storing near: _____ Other handling precautions: _____
Exposures/Accidental Contact	<input type="checkbox"/> Flush eyes for 15 min. in emergency eyewash <input type="checkbox"/> Utilize drench shower for exposures to body <input type="checkbox"/> Change gloves once contact is noted
Method for Handling a Small Spill	<input type="checkbox"/> Neutralize and dilute the spill <input type="checkbox"/> Ventilate the area <input type="checkbox"/> Use absorbent material for clean-up <input type="checkbox"/> Containerize and dispose of properly
Method for Handling a Large Spill	<input type="checkbox"/> Remove all persons from the area <input type="checkbox"/> Close doors to affected area <input type="checkbox"/> Call 2911 or EH&S (349-6438) <input type="checkbox"/> Other comments: _____
Waste Disposal	<input type="checkbox"/> Material must be disposed of as hazardous waste through EH&S <input type="checkbox"/> Other: _____
Designated Area List area(s) of the lab where this chemical is used and how the area is demarcated	<input type="checkbox"/> Chemical fume hood <input type="checkbox"/> Lab bench top <input type="checkbox"/> Radioactive work area <input type="checkbox"/> Other (specify): _____
Special Requirements	<input type="checkbox"/> More than one person must be present

Prepared by: _____

Date: _____