PINELLAS COUNTY SCHOOLS

**CHEMICAL INVENTORY FORM**

SCHOOL OR WORK SITE: _____ PREPARED BY: _____

ADDRESS: _____ JOB TITLE: _____

CITY: _____ DATE: _____

| TRADE NAME | QUANTITY | CAS # | MANUFACTURER NAME & ADDRESS | USED FOR | LOCATION |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

1. TRADE NAME: The name of product exactly as it appears on original container label.
2. QUANTITY ONSITE: Gallons, pounds, quarts, etc.
3. CAS #: Chemical abstract number (if applicable) from MSDS.
4. MANUFACTURER: The complete name and address of manufacturer (or distributor) as it appears on the container label.
5. USED FOR: Use of the material.
6. LOCATION: Area of the work site where the chemical may most frequently be found or stored.

White – Risk Management Yellow – School Binder