Optional Comprehensive Inventory Worksheet

Facility Information

Name ______________________ Prepared by ______________________ Date Prepared __________

Street ______________________ Reviewed by ______________________ Date Reviewed __________

City ____________ County ____________ State ______ Zip ______ Facility Hazardous Materials Manager ______________________

Product Name: ______________________

Other Names: ______________________

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Storage Information Storage Location ______________________

Storage Type Codes ____________ ______________________

Storage Condition Codes ____________ ______________________

Hazardous Chemcial Contained In Product

Chemical Name	CAS Number	Max. Quantity of Product On-Site at Any Time (lbs.)	Max. Quant. ofProduc Used During Previous Calendar Year (lbs.)	Chemical Classification	Regulatory Exemptions	Information Source
				☐ EHS ☐ HS ☐ TC		