

CHEMICAL INVENTORY REPORT

REPORTING PERIOD From: JAN. 1, to: DEC. 31, SARA FORM # 002 Rev. 1-92

FACILITY NAME: _____		BLDG (Number or Address): _____		STORAGE INFORMATION (Non-Confidential) Storage Locations _____ _____	
CHEMICAL DESCRIPTION <i>Read ALL instructions before completing form</i>		INVENTORY AMOUNTS		SEE THE INVENTORY REPORTING CODES PAGE FOR DIRECTIONS Statement about how this chemical is used: _____ _____	
CAS NUMBER: _____ PRODUCT OR (LABEL) NAME: _____ Check all that apply: Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/>		MAX. ON SITE _____ AVG. ON SITE _____ Pounds _____ Cu.Ft.STP _____ Gallons _____ (use actual quantities)			
HEALTH HAZARD <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		PEAK INVENTORY MONTH(S) 1 2 3 4 5 6 7 8 9 10 11 12 ALL MONTHS (Circle all that Apply)			
Is this product or any of its ingredients on the SARA Extremely Hazardous Substance (EHS) list? If "YES" list EHS Name: _____ If "NO" is the chemical stored in amounts greater than 10,000 lbs? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAZARD CLASSES <input type="checkbox"/> Aerosol Products <input type="checkbox"/> Blasting Agent <input type="checkbox"/> Carcinogen <input type="checkbox"/> Corrosive pH _____ <input type="checkbox"/> Cryogenic <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable Gas <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Infectious Agents <input type="checkbox"/> Irritants <input type="checkbox"/> Non-Hazardous Chemical <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Other Health Hazard _____ <input type="checkbox"/> Oxidizer <input type="checkbox"/> Pesticide <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Radioactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Toxic <input type="checkbox"/> Unstable (Reactive) <input type="checkbox"/> Water-Reactive		TYPE OF HAZARD(S) FLAMMABLE / COMBUSTIBLE LIQUIDS: <input type="checkbox"/> Class 1A <input type="checkbox"/> Class 1B <input type="checkbox"/> Class 1C <input type="checkbox"/> Class II <input type="checkbox"/> Class IIIA <input type="checkbox"/> Class IIIB LIQUIFIED PETROLEUM GAS (LPG, LP-GAS) <input type="checkbox"/> LPG in BLDGS -not accessible to public <input type="checkbox"/> LPG in BLDGS -accessible to the public in 1-LB containers <input type="checkbox"/> LPG in public assembly buildings. <input type="checkbox"/> LPG at construction sites. <input type="checkbox"/> LPG outside	
CHEMICAL INGREDIENTS: _____ TRADE SECRET: <input type="checkbox"/>		CAS Number: _____ Percent of Mixture: _____ %			
_____ Ingredient Name: _____		_____ Percent of Mixture: _____ %			
_____ CAS Number: _____		_____ Percent of Mixture: _____ %			
_____ Ingredient Name: _____		_____ Percent of Mixture: _____ %			
_____ CAS Number: _____		_____ Percent of Mixture: _____ %			
_____ Ingredient Name: _____		_____ Percent of Mixture: _____ %			
_____ CAS Number: _____		_____ Percent of Mixture: _____ %			
_____ Ingredient Name: _____		_____ Percent of Mixture: _____ %			

N.F.P.A. 704 HAZARD RATING

NOTE: Place 0-4 Rating in box

Flammability		Health	
		Reactivity	

-W- Special Hazards **OX** **COR** **RAD**
 (Circle all that Apply)

CHEMICAL INVENTORY REPORT - Page 2 (for additional Ingredients)

SARA FORM # 003 Rev. 1-92

CHEMICAL DESCRIPTION

Read ALL instructions before completing form

CAS NUMBER: _____

PRODUCT OR (LABEL) NAME: _____

CHEMICAL INGREDIENTS: TRADE SECRET:

LIST ADDITIONAL INGREDIENTS

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____

CAS Number: _____ Percent of Mixture: _____ %

Ingredient Name: _____