

HAZARDOUS MATERIAL SURVEY FORM

Campus/Operating Unit _____ Building _____ Room No. _____

Supervisor's Name and Position _____ Phone No. _____

HAZARDOUS MATERIAL INVENTORY

Identity Hazardous Material	Usage or Disposition	Container/ Storage Location	Inventory Range High - Low	Distributor	MSDS Location

CERTIFICATION:

I hereby certify the information contained here in is true and correct to the fullest extent of my knowledge.

Supervisor's Signature _____ Date _____

SAFETY COMMITTEE'S RECOMMENDATIONS

Approved By: _____ Date _____
 Disapproved By: _____ Date _____
 Reason for Disapproval: _____

HAZARDOUS MATERIAL INVENTORY
(Continuation Sheet)

Identity Hazardous Material	Usage or Disposition	Container/ Storage Location	Inventory Range High - Low	Distributor	MSDS Location

Campus/Operating Unit

Supervisor's Signature

Date