

HAZARDOUS SUBSTANCE INVENTORY

Campus Unit: _____

Location: _____

Product Name	Manufacturer	MSDS Available?	Work Area Location(s)	Hazard
1.				
2.				
3.				
4.				
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6.				
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11.				
12.				
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17.				
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19.				
20.				

Completed By: _____

Signed: _____

Date: _____