

Chemical Description	Inventory
<input type="checkbox"/> Chemical Information is Changed from Last Submission CAS _____ <input type="checkbox"/> Trade Secret Chemical Name _____ <input type="checkbox"/> Is EHS <input type="checkbox"/> Contains EHS EHS Name _____ <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Chemical is reported voluntarily and is not present in reportable quantities or exempt from reporting for Section 311(e) (MSDS/Chemical List), Section 312 (Annual Tier II Reporting), and the OSHA Hazard Communications Act regulations. NOTES: SDS/MSDS must be attached for hard copy reports. If Mix is checked, the Mixture Component Page (Page 3) must be completed.	Max Daily Amount (lbs) _____ Max Daily Amount Code _____ Ave. Daily Amount (lbs) _____ Ave. Daily Amount Code _____ Number of Days on Site _____

Physical Hazards	
Check all that apply:	
<input type="checkbox"/> Combustible dust	<input type="checkbox"/> Pyrophoric gas
<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> In contact with water emits flammable gas
<input type="checkbox"/> Oxidizer (liquid, solid, gas)	<input type="checkbox"/> Explosive
<input type="checkbox"/> Gas under pressure	<input type="checkbox"/> Pyrophoric (liquid or solid)
<input type="checkbox"/> Self-heating	<input type="checkbox"/> Hazard Not Otherwise Classified (HNOC)
<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Self-reactive
<input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	

Health Hazards	
Check all that apply:	
<input type="checkbox"/> Acute toxicity (any route of exposure)	<input type="checkbox"/> Simple asphyxiant
<input type="checkbox"/> Respiratory or skin sensitization	<input type="checkbox"/> Aspiration hazard
<input type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Serious eye damage or eye irritation
<input type="checkbox"/> Skin Corrosion or irritation	<input type="checkbox"/> Hazard Not Otherwise Classified (HNOC)
<input type="checkbox"/> Reproductive toxicity	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)
<input type="checkbox"/> Carcinogenicity	

Storage Codes & Locations							
Container Type Code	Pressure Code	Temperature Code	Storage Location	Description	Lat/Long of this Location Optional	Max Amt at This Location (lbs) Optional	Confidential Location Optional check off

Reporting Ranges (Weight Range In Pounds)		
Range Code	From	To
01	0	99
02	100	499
03	500	999
04	1,000	4,999
05	5,000	9,999
06	10,000	24,999
07	25,000	49,999
08	50,000	74,999
09	75,000	99,999
10	100,000	499,999
11	500,000	999,999
12	1,000,000	9,999,999
13	10,000,000	Greater than 10 million

MIXTURE COMPONENTS for Chemical Name _____ - Percentage Total Cannot Exceed 100.

Chemical Name	%	CAS #	EHS	EHS Name	Amount (lbs)	Code	Size? < 100 microns/Powder/Molten/Solution
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Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program