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: _____

_____

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		