UNC CHARLOTTE

Environmental Health and Safety

Chemical Inventory Form

Date: _____

Department Primary Location: _____

Person Completing Inventory: _____

Principal Investigator (if applicable): _____

MSDS/SDS Location(s): _____

Chemical / Product Name	Chemical / Product Manufacturer Name	Quantity	Unit of Measure (pounds, gallons, grams, etc.)	Chemical Abstract (CAS) Number	Building	Room Number