

INVENTORY FORM FOR HAZARDOUS SUBSTANCES

Two products may be listed per form. Please copy form as needed or obtain additional forms at www.nmu.edu/publicsafety, Public Safety tab, Hazardous Materials Tab. Return completed form(s) to Public Safety and Police Services Department, 102 Services Building.

DEPARTMENT: _____ **DATE:** _____**CONTACT PERSON:** _____ **PHONE #:** _____

BUILDING: _____ **ROOM STORED IN:** _____**PRODUCT NAME (Exact):** _____**OTHER PRODUCT IDENTIFIER (PRODUCT # OR CAS):** _____**AMOUNT ON HAND:** _____ **Container Type:** _____ CAN _____ BOTTLE _____ DRUM _____ BOX _____ OTHER**MANUFACTURER NAME AND ADDRESS:** _____

BUILDING: _____ **ROOM STORED IN:** _____**PRODUCT NAME (Exact):** _____**OTHER PRODUCT IDENTIFIER (PRODUCT # OR CAS):** _____**AMOUNT ON HAND:** _____ **Container Type:** _____ CAN _____ BOTTLE _____ DRUM _____ BOX _____ OTHER**MANUFACTURER NAME AND ADDRESS:** _____