Chemical Inventory List

Department:_________________  Hospital:_________________
Unit:_____________________

Place all the chemical names in your chemical inventory in the box below. Update this list as new chemicals are introduced in your work area. Once completed and signed please make a copy readily available to all staff. Fax (843-792-0284) or email to OSHP. **Chemical Spill CALL 2-3604.**

Manager Name ___________________  OSHP Name ___________________
Manager Signature ________________  OSHP Rep Signature ________________

Prepared by MUSC Occupational Safety and Health Programs (2-3604)