



List of Hazardous Materials

To be completed by HM Manager

Chemical Name/Trade Name*	Phys. State	Container Information					General Location Information		REC ID	CAS No.	Tem Code	Pres Code	Max Daily Amt (MDA)	Avg Daily Amt (MDA)
		# of Containers	Container Capacity	Container Type	Beg. Date On-Site	# Days On-Site	Storage Loc. (Bldg/Rm?Area)	Use Loc. (Bldg/Rm/Area)						

Person Completing Form:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Phone Number:

\*Please attach a copy of corresponding Material Safety Data Sheet(s) to this form.