ADD TO CHEMICAL INVENTORY

Building_____ Room_____ Department _____ Date_____

Person completing form _____ Chemical Acquisition Manager to enter data_____

Bar Code number	Chemical Name/Grade	Phys. State	CAS #	Vendor Name	Vendor Complete Address	Phone #	Product #	Container Size/Units	Amt. Remaining	Container type (glass, plastic, etc.	MSDS on file? Y/N