



Chemical Inventory List

Department: _____

Hospital: _____

Unit: _____

Place all the chemical names and quantities in your chemical inventory in the box below. Update this list as new chemicals are introduced in your work area. Once completed please make a copy readily available to all staff.

*Fax (843-792-0284) or email the original to OSHP. **Chemical Spill CALL 2-3604.***

Manager Name _____

Date _____

Manager Signature _____

OSHP Rep Signature _____