



# Chemical Inventory Form

F 7-II-A

To be submitted annually to the Director of Facilities on or before October 31.

School/Site:
School/Site Contact:
Principal/Supervisor Contact:
Date Form Completed:

Pure Chemical, Chemical Mixture or Product Name (name should match label on container)	Location	Purchase Date YYMMDD	Date of the Safety Data Sheet YYMMDD

Please attach any additional information.

**Staff Member Signature:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_