

Joel Klein Chancell

**Chemical Inventory Form**

# Instructions

Please be aware that for purposes of this inventory, the term ***chemical*** refers to any liquid, gas or solid used in the school or facility (e.g., rubber cement or duplicating fluid), as well as items used in science, vocational or trade shops. The Chemical Inventory form must be updated on an annual basis. The Chemical Inventory must be completed for each room, collected, and stored in a file on site.

1. **Each room** in your facility must be surveyed. This includes annexes, basements and storage closets. Use a new form for each room.
2. List **all** chemical substances found in the room. Do **not** list articles such as furniture, machinery, or equipment. If you are not sure whether a substance should be included, list it anyway. If there are too many chemicals in the room to fit on one sheet, use additional sheets and number each successive sheet.
3. If there are no chemicals in a room, prepare a form for that room with “**No Chemicals**” written in the body.
4. Please make sure that the heading on the form is carefully filled out. Enter your name and telephone number on the form, so that if there is a question about an entry you may be contacted.
5. Enter “N/A” in spaces where information is **not available**. Do not leave any space blank.
6. Please **print** all information **clearly**.

# Definitions

## Item 1 – Product Trade Name

Enter the name as it is listed on the product label (e.g., “Red Devil Paint” or “Phenol”).

## Item 2 – Manufacturer’s Name, Address and Telephone Number

This information is found on the label. If there is a telephone number, please list this also.

## Item 3 – Exact Storage Location

By law, storage location must be precise. State exactly where in the room the product is stored (e.g., “under copy machine; third closet from the window”).

## Item 4 – Warnings on Label

State the immediate health hazard listed on the label (e.g., “eye irritation, flammable, skin burns”). If there are no warnings on the label, write “No Warnings Indicated”.

**Item 5 –Other Identifying Information** Use this column to describe the product if it does not have a label (e.g., “floor cleaner;

white powder in can; liquid in brown bottle”). If the label has a CAS number (Chemical Abstracts Service) please writes this number in the space provided. If one does not exist, write “None” in the space provided.

## Item 6 – Physical State

Each chemical will be either a pure chemical (e.g., “acetone; nitric acid”), or a product mixture (e.g., “Titan’s Floor Stripper;

Speedball Textile Ink”). Use codes listed on the inventory sheet.

## Item 7 – Quantity

Number of containers (e.g., 50 bottles, 13 cans, 6 boxes).

## Item 8 – Container Type

Use code listed at the bottom of the inventory sheet.

## Item 9 – Units of Measure

Use code listed on the bottom of the inventory sheet to describe the size or volume of the container (e.g., 6 oz, 1 G). If units of measure are metric, use the metric measure. It is not necessary to convert.

## Item 10 - # of Employees Exposed

Enter the number of employees who handle the substance or who may be routinely exposed to the substance.

## Item 12 – MSDS

Material Safety Data Sheets (MSDS) are supplied by the manufacturer of the chemical substance. Place a check {√} in this box if a MSDS is on file in your school. If you do not know whether your school has a MSDS for a particular product, enter **“N/A”** in this box.



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| **School/Division**  P.S 118 /Region 5 | | | **Name** | Jane Smith |  | | **Physical State** | **Quantity** | **Container Type** | **Units of Measure** | **# of Employees Routinely Exposed** | **Frequency of Use** | **MSDS on File?** |
| **Address**  123-45 Court Street, Brooklyn 11245 | | | **Title** |  | Teacher | |
| **Department**  Industrial Arts | | **Room**  126 | **Work Phone**  (718) 123-4567 | | | **Date**  11/30/00 |
| **1 Product Trade Name** | **2 Manufacturer’s Name & Address** | **3 Exact Storage Location** | **4 Warnings on Label** | | | **5 Other Identifying Information** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| Beacon Ammonia | Q-Pac Corporation  2145 Ave. C, Newark NJ 07104 | Second shelf in large metal cabinet | Irritation to eyes, skin and mucous membranes | | | CAS # 1336-21-6 | P L | 2 | N | 1 G | 2 | S | √ |
| Cosco Powder | Cosco Enterprises No Address  Tel. (718) 383-4488 | Under sink | Irritation of open cuts | | | White powder in box CAS # N/A | S M | 1 | K | 16 oz | 5 | N | N/A |
| N/A | N/A | Top shelf in large metal cabinet | N/A | | | Clear liquid in glass bottle  CAS # N/A | L | 1 | M | 8 fl | 2 | N | N/A |
| Fleet Latex Paint | Long Island Paint 1 Continental Hill  Glencove, NY 11542 | On floor in storage closet | Harmful if swallowed | | | Titanium Dioxide CAS # | L M | 3 | F | 1 G | 5 | S | N/A |
| N/A | Ricon Company Ltd.  136 Nakamagome, Ota-ku Toyko, Japan | Cabinet under copy machine | High vapor concentration –  irritating to eyes and respiratory tract | | | Carbon black, Acrylic resin, Naphtha  CAS # N/A | L M | 4 | N | 16 oz | 8 | O | √ |
| Acetylene | Airweld Industries No Address | Chained to south wall | Flammable vapors may cause dizziness | | | CAS # 74-86-2 | G P | 1 | L | C | 10 | O | N/A |

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| **Physical State – Item 6** | **Container Type – Item 8** | | | **Units of Measure – Item 9** | **Frequency of Use – Item 11** |
| S – Solid or Powder | A – Above ground tank | F – Can | M – Glass bottles or Jugs | C – Cubic feet for gas | S – Sometimes |
| L – Liquid | B – Below ground tank | I – Fiber drum | N – Plastic bottles or Jugs | lb – Pounds for solids | O – Often |
| G – Gas | C – Tank inside building | J – Bag | O – Tote Bin | oz – Ounces for solids | N - Never |
| P – Pure | D – Steel drum | K – Box | R - Other | G – Gallons for liquid |  |
| M - Mixture | E – Plastic or non-metallic drum | L – Cylinder |  | fl – Fluid ounces for liquid |  |



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| **School/Division** | | **Name of person completing form** | | | **Physical State** | **Quantity** | **Container Type** | **Units of Measure** | **# of Employees Routinely Exposed** | **Frequency of Use** | **MSDS on File?** |
| **Address** | | **Title** | | |
| **Department** | | **Room** | **Work Phone** | **Date** |
| **1** Product Trade Name | **2** Manufacturer’s Name & Address | **3** Exact Storage Location | **4** Warnings on Label | **5** Other Identifying Information | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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