## **Workplace Hazardous Substance Inventory Declaration**

General Informatio	n					
Workplace/Departme	nt Name					
Location						
Responsible Person						
Tresponsible i cison						
Contact Information						
Date						
Hazardous Substance Inventory						
Substance Name	Quantity	Unit	Location Stored	Supplier	Purpose/Use	MSDS Available
						<u> </u>
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Additional Comments						
Name of Person Com	npleting Dec	laration	า			
Signature						
Date						