

Healthcare Facility Hazardous Substance Inventory List

Facility Name:
Location/Department:
Date:
Prepared by:

| No. | Substance Name | Quantity | Physical State | Storage Location | CAS Number | Hazard Classification | Supplier/Manufacturer | Emergency Contact |
|-----|----------------|----------|----------------|------------------|------------|-----------------------|-----------------------|-------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Signature

Date