Eastern Michigan University Chemical Inventory Form

Inventory Taken by:	Phone Number:	
Department:		
Building:	Date of Most	
Date Inventory Originally Complied:	Recent Revision:	

Product/Chemical Name	Manufacturer	Room No./ Name	Location in the Room	Physical State (S/L/G)	Quantity Stored	MSDS (Y/N)

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				(-/ -/ -/		(1) - 1

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