



HAZARDOUS MATERIAL SURVEY FORM

Department Location/Bldg. Room No.
Supervisor's Name and Position Phone No.

Hazardous Material Inventory

Identity of Hazardous Material	
Usage Or Disposition	
Container Storage Location	
Inventory Range	
Distributor	
Safety Data Sheet (SDS) Location	

CERTIFICATION: I hereby certify the information contained herein is true and correct to the fullest extent of my knowledge.

Employee's Signature

Supervisor's Signature

Date