

# HAZARDOUS CHEMICALS

SCHOOL: \_\_\_\_\_

CONTACT PERSON/PHONE NO. \_\_\_\_\_

| Name of Chemical | Container Size | No. of Containers | Location of Chemicals - Room # |
|------------------|----------------|-------------------|--------------------------------|
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**Hazardous Chemical Form completed by:**

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date