

SUNY PLATTSBURGH
Environmental Health & Safety
CHEMICAL RECORD FORM

DATE: _____

ACCOUNTABILITY

NAME _____
BRANCH _____

LOCATION

LABORATORY/ROOM _____
BUILDING _____

CHEMICAL

NAME _____
TAG NO. _____

STOCK OR CAS _____

CONTAINER SIZE
(Unit/Unit of Measure) _____

ACTION

CONTAINER STATUS CHANGE

LOST _____
STOLEN _____
EXPIRED _____
NOT NEEDED _____
CHANGE IN ACCOUNTABILITY/Room _____
REPLACE BAR TAG _____
CHANGE IN CONDITION _____

NEW CHEMICAL

ACQUISITION DATE _____
MSDS ON SITE YES ___ NO ___
PRODUCT # _____
VENDOR _____
LOT # _____

TRANSFER TO

CHEMICAL ADOPTION PROGRAM _____
WASTE MANAGEMENT PROGRAM _____

TEMPORARY REMOVAL

TRAVEL/FIELD STUDY _____
WORK AT HOME _____

ANOTHER LAB

NEW LAB/ROOM _____
NEW USER _____

SIGNATURES

ACCOUNTABLE USER _____

NEW USER (for transfers only) _____