



INSTRUCTIONS FOR USE OF FORM

This form is to be used to inventory the bin carded chemicals in the facility at the end of each month. This is the second piece of accountability that has to be done to show that we have a system of control of chemicals in the facility. (Per policy 29.7) It is to be completed by the designated supervisor or staff will complete the form. The location field would be where the monthly inventory was conducted such as EX. Cafeteria, Maintenance, clinic etc. All other fields are self-explanatory.



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: *Original: Fire and safety coordinator. Copy: Fire safety officer.*

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