

# Emergency HAZMAT Inventory

(For TIER II Reporting Only - NOT FOR DISPOSAL)

*Note: For help in completing this form, contact Joey Pons at x25357 or safetyman@louisiana.edu*

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Reporting Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Description of HAZMAT						Inventory Quantity			Storage and Location of HAZMAT			
CAS #	Chemical Name	Pure	Mix	Solid	Liq.	Gas	Dailey Amount (weight in pounds)		No. of Days on Site	Storage Type <small>(see instructions)</small>	Condition <small>(see instructions)</small>	Storage Location <small>(Bldg, Room, or other )</small>
		(Check which one applies)					Max	Average				

*Reference: EHS Policy, section 11*