

Hazardous Materials Inventory for Research and Extension Center / County CE: _____

Name of Individual Maintaining Inventory: _____

Inventory Date: _____ Review Date: _____ Review Date: _____ Review Date: _____

#	Manufacturer's Name Product Name	Location	Current Amount	Maximum Amount	Units (lbs/gals/ft ³)	Container Type (metal/glass/ plastic/etc.)	Hazardous Ingredient(s)