

Chemical Name(s) spell out full name(s), include concentrations & solvent information	Vol%

Hazard Categories (check all that apply):

<input type="checkbox"/> Carcinogen	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Toxic
<input type="checkbox"/> Polymerizable	<input type="checkbox"/> Irritant	<input type="checkbox"/> Acidic	<input type="checkbox"/> Basic
<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Other: _____	

Your Name:	Date:
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Dept:	Room #:	Phone #:
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Additional Precautions:

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