

## CHEMICAL SAFETY ASSESSMENT

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

*Indicate whether this chemical information is based on a work area, or on a job safety assessment of an employee, job classification, or task:*

**Work Area** \_\_\_\_\_ or;  **Job Safety Assessment** \_\_\_\_\_  
(Location)  (Employee name, job title, or task)

Cross-Ref #	Chemical Group	Physical and Health Hazard(s)	Symptoms of Over-exposure	Training Required	PPE	Storage
1.						
2.						
3.						
4.						
5.						
6.						