SUNY-ESF Donated Chemical Inventory Form and Chemical Transport Document

Donor of Chemicals Information

Individual or Company Name:

Address: **Phone No.:**

Receiver of Chemicals

Name:

Campus Address: **Phone No.:**

Chemical Name (Use reverse to describe intended use of each chemical)	**Container Size**	**Factory Sealed*? (Y/N)**	**Designated User**	**Location of MSDS**

Receiver (sign & date): ***Signature of EH&S Officer:***

Faculty Chair/Unit Head (sign & date): ***Date:***

*If not factory sealed, use reverse to provide justification for accepting the chemical.