Designated Substances Inventory Report

Building: ______________________ Room #: ______________________ Department:______________________

Supervisor: ____________________ Phone Ext.: ____________________ E-mail: ___________________________

Designated Substance – Complete Chemical Name	Container Size	CAS # (if known)

List of Designated Substances	Check Y/N	MSDS in Lab (Y/N)	Training Provided (Y/N)
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Date: ______________________

Please return to:

Elias El-Zouki

SSB 4159, ext. 84821, e-mail: eelzouki@uwo.ca