



PRODUCT / CHEMICAL USAGE RECORD

First Name _____ Last Name _____ SS # _____
(last four digits)

(Home) Street Address _____

City _____ Zip Code _____

Position _____ Supervisor _____

Location/Program _____ Room # _____

The following is a listing of materials/compounds/products which I use or handle in my work area which contain health or hazard warnings or which I believe may have toxic properties: **Please edit the information below, print additional products used and delete others no longer used. Return to your supervisor.** (Use page 2 of this form if you need more space) If you do not use hazardous substances write "none" in the space below and return to your supervisor.

Product Name (ex. Red Enamel Spray Paint #13-5467)

Manufacturer (ex. Rust-Oleum Inc.)

Employee Signature

Date

Supervisor's Review

Date

EMPLOYEE EXPOSURE RECORD

First Name _____ Last Name _____

Product Name *(ex. Buckeye Mint-Quat)*

Manufacturer *(ex. Buckeye International)*
