



ANNUAL WHMIS INVENTORY

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Complete the WHMIS inventory, and update the WHMIS binder(s) for your area by June 30th of each year. (The binder should have a current MSDS / SDS for each product identified on the inventory.) File the original of the inventory in the binder, and forward a copy to: safety@confederationc.on.ca

Campus: _____ Building: _____

Room Number(s): _____ Date of Inventory: _____

Inventory Completed by: _____ Contact Phone Number: _____

Item	MSDS ON FILE?	SDS ON FILE?	Manufacturer Name (Supplier Name, if Manufacturer Name Not Available)	Product Name	State (Liquid, Solid, Gas)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

