CHEMICAL INVENTORY WORKSHEET

For Sub-Contracted Work Involving the Use of Chemicals

Project Name and Description: _____ Project Estimated Starting Date: _____

Contract No. and Release No.: _____ Contractor Name: _____

Submittal No.: _____ Version No.: _____

Contractor Point of Contact: _____ Phone No.: _____

A. Form to be completed by the subcontractor and submitted to BTR/Document Control. Use the form instruction sheet for guidance on how to complete this form.

During Work Performance

A-1. Product Name / Manufacturer Provide the name and manufacturer for each chemical product you expect to use during the course of the work.	**A-2. Hanford MSDS/ GHS-SDS No.** Obtain the most current Hanford MSDS No.	**A-3. MSDS/ GHS-SDS Date** The date on the MSDS/ GHS-SDS.	**A-4. Quantity Needed** Estimate the total quantity of the product needed to perform the work.	**A-5. Quantity Brought to Site** Estimate the Maximum quantity of product to be on site at any time.	**A-6. Container Description *(Type/Size)*** Provide a description of the container, including the container size such as ounces, gallons, or pounds.	**A-7. Primary Storage Location** Indicate where the product will be stored, identifying building and room number, storage cabinets, vehicle, and/or other pertinent info.	**A-8. Planned Waste Generation/ Disposal Information** Could waste be generated as a result of using the identified products?		**A-9. Waste Generation/Disposition** Describe th types and amounts of waste generated as a result of using this product and proposed disposition.
							Yes	No	
							○	○	
							○	○	
							○	○	
							○	○	
							○	○	
							○	○	
							○	○	
							○	○	
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							○	○	
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							○	○	

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B. Product Evaluations to be completed by the Industrial Hygienist (IH) and the Chemical Management Specialist (CMS)

B-1. Product Name and Manufacturer	**B-2. Review** IH Review MSDS/GHS-SDS and ensure products are submitted for Hanford numbers	**B-3. CITS Product ID Number** Add CITS Product ID.	**B-4. Occupation Carcinogens** Does Product contain occupation carcinogen chemicals at or greater than 0.1%?		**B-5. NFPA Hazard Ratings** Enter NFPA 704 Hazard ratings *(Degree of hazards: Health, Flammability, Instability)*	**B-6. Emergency Preparedness** Does the product requirement Emergency Preparedness Review?		**B-7. Material Classification** Per NFPA-1 *(Obtain NFPA-1 form CITS/CMP lead)*	**B-8. Comments** Include other considerations, controls, or comments on the use and approval/ disapproval of the product.
			Yes	No		Yes	No		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		
			○	○	____ , ____ , ____	○	○		

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C. Product Evaluations per EPCRA requirements to be completed by CMS

C-1. Product Name and Manufacturer	**C-2. Hanford MSD/GHS-SDS No. and CITS Product ID No.**	**C-3. EPCRA-EHS** Does the product contain any EPCRA-EHS chemicals?		**C-4. If Yes.** If Yes, enter amount of product *(from A-4)* and report to EPCRA-SME within 14 days of product brought to site. update as needed at end of job. *(using field E-3)*	**C-5. EPCRA-TRI** Does the product contain any EPCRA-TRI chemicals?		**C-6. EPCRA-TRI Exempt?** Is the proudct exempted from TRI reporting?		**C-7. TRI Exemption** If the answer to C-6 is Yes, enter the TRI exemption category. List exemptions criteria as applicable. A. Vehicle Maintenance B. Structural Component C. Janitorial	**C-8. Comments** Include other considerations, controls, or comments on the use and approval/ disapproval of the product, including the use of Green products.
		Yes	No		Yes	No	Yes	No		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		
		○	○		○	○	○	○		

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CITS Tracking Information to be selected and completed by CMS:

☐ **Box 1 - The contract is on a longer term project and ALL of the above listed products *(Box C-1)* are track in CITS, using ICG code:** _____

and container codes: _____

☐ **Box 2 - The contract is on a short term project and none of the products listed in Box C-1 are tracked in CITS. None of the products contains EPCRA-EHS or non-exempted EPCRA-TRI chemicals**

☐ **Box 3 - The contract is on a short term project, only the chemical(s) identified in Box C-3 as EPCRA-EHS chemicals, or in Box C-6, as non-exempted EPCRA-TRI chemicals are tracked in CITS using ICG code:** _____

and container codes: _____

D. EPCRA Reportable Products to be completed by subcontractor
This form must be submitted to BTR/Document Control within two weeks of completing the project and/or by the end of the calendary year.

D.1 **EPCRA - Extremely Hazardous Chemicals (EHS) List Product Names** Completed by CMS	**D.2** **Hanford MSDS/GHS-SDS Numbers and CITS Product ID Number**	**D.3** **Confirm or revise quantities reported in field A-4**	**D.4** **EPCRA - Toxic Release Inventory (TRI) List Product Names** Completed by CMS	**D.5** **Hanford MSDS/GHS-SDS Numbers and CITS Product ID Number**	**D.6** Enter quantity of product used. Quantities must be entered upon job completed OR by December 15 if the job extends beyond the end of the calendar year.

Date of Projected Completion: _____

Form Disposition: At the completion of the project, submit completed form to BTR/Document Control for acceptance. BTR/Document Control will submit the accepted form to the EPCRA SME and the Chemical Management Specialist.

Subcontractor Certification:
I certify that the information submitted on this form is, to the best of my knowledge and belief, true, accurate, and complete.

_____ _____

Print First and Last Name *Signature / Date*