

Rutgers, The State University of New Jersey
2007 Right to Know Survey
Chemical Mixture Inventory Form

PLEASE REPORT NEW CHEMICALS ONLY

ROOM INFORMATION

Building Name:		Room Number:	Campus:	ENTER CODES		
Department:		Survey Date:		(See Reverse of this Page for Codes)		
Supervisor Name:		Form Completed by:				
# Employees Working in this Room:		# Potentially Exposed Employees:				
1. HAZARDOUS CHEMICAL NAME AND INGREDIENTS	2. CAS NUMBER	3. MANUFACTURER NAME	4. CONTAINER TYPE	5. MIXTURE PERCENT	6. NUMBER OF CONTAINERS	7. CONTAINER UNIT
PRODUCT NAME:						
INGREDIENT:				%		
INGREDIENT:				%		
INGREDIENT:				%		
INGREDIENT:				%		
INGREDIENT:				%		
PRODUCT NAME:						
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Instructions for Completing the Chemical Mixture Inventory Form

Please list as much information as possible. A complete survey will ensure compliance with New Jersey Department of Health and Senior Services laws. Contact REHS at 732/445-2550 with questions about this form or how to complete it properly.

Room Information Section: Please fill in all boxes in this section. It is *extremely* important to fill in the section “# of Employees Potentially Exposed.”

Column 1. Hazardous Chemical Name and Ingredients: List the name of the product in the first box and then list any ingredients in the boxes below the product name. List all known ingredients. Often ingredients are listed on the label of a container.

Column 2. CAS Number: List all known CAS numbers as they correspond to the product ingredients.

Column 3. Manufacturer Name: List the name of the product’s manufacturer, if known.

Column 4. Container Type: Identify and list which of the following container codes matches with your product.

TA	above ground tank	BA	bag
TB	below ground tank	BX	box
TI	tank inside building	CY	cylinder
DS	steel drum	BG	bottles or jugs (glass)
DP	plastic drum	BP	bottles or jugs (plastic)
DF	fiber drum	BN	tote bin
CN	can	TW	tank wagon
CB	carboy	RC	rail car
SI	silo	OT	other (describe)

Column 5. Mixture Percent: List what percentage each ingredient is of the product, even if the ingredient is less than 1% of the product.

Column 6. Number of Containers: List the number of containers of this product at the location listed in “Room Information.”

Column 7. Container Unit: List the units of the container. For liquid products, the units should be gallons (G). For solid products, the units should be pounds (P). For compressed air products, the units should be cubic feet (C).

Return completed survey forms to: REHS
Building 4086
Livingston Campus

Deadline for submittal to REHS: