APPENDIX D

WORKPLACE CHEMICAL LIST FORM

EMPLOYER NAME_____

MAILING ADDRESS_____

WORKPLACE LOCATION_____
(Not P.O. Box)

_____

IDENTIFICATION_____
(If any)

COUNTY _____

TYPE OF BUSINESS_____

_____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

		—							

PRIMARY SIC CODE

NO. OF EMPLOYEES

CHEMICAL/ COMPONENT NAME	CHEMICAL ABSTRACTS SERVICES (CAS) NO.	PRODUCT OR TRADE NAME(S) (LABEL IDENTITY)	WORK AREA WHERE CHEMICAL IS NORMALLY USED OR STORED