

Date: _____

Facility Name: _____

Address: _____

Phone Number: _____

Contact Person: _____



Chemical	Quantity	Location	MSDS/ CAS#	Notes

Name of Fire Department: _____ Fire Inspector Name: _____ Phone Number: _____

Instructions:

- Complete Date, Facility Name, Addr., Phone Number and Contact Person
- Complete and record **all** table information (MSDS: Check Yes or No if facility has a MSDS Sheet per Chemical and record CAS#)
- Complete Name of Fire Department, Name of Fire Inspector and Phone Number

Retain a copy for your department file and return to:

Oneida County Emergency Management
2000 Winnebago Street
Rhinelander, WI. 54501
(715) 361-5167