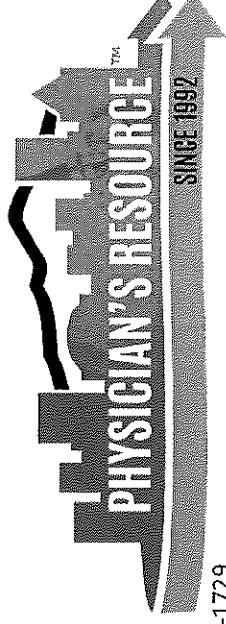


OSHA COORDINATOR EMAIL: _____
FACILITY NAME: _____

DATE FORM WAS SENT: _____

LIST ALL HAZARDOUS CHEMICALS LOCATED IN YOUR FACILITY.
NOT SURE? GO AHEAD AND LIST THE CHEMICAL.



COMPLETE & RETURN TO:
PHYSICIAN'S RESOURCE
P.O. Box 3101
Clackamas, OR 97015
FAX: 503-654-0772
Phone: 503-654-8788/1-800-615-1729
Email: sds@oshaconsulting.com

SAFETY DATA SHEET (SDS) CHEMICAL INVENTORY & UPDATES

Familiarize all personnel with the office SDS Manual and advise Physician's Resource of any omissions, discrepancies and/or revisions.

PRODUCT TITLE (IE: Cavicide, GC Fuji IX GP, Filtek Supreme Universal) Please use the specific product title.	MANUFACTURER (IE: Metrex, 3M)	SDS on file? (Y) (N)
Type or print CLEARLY .		