THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
Facilities Services Department

CHEMICAL DISPOSAL - INVENTORY SHEET

Date _____ **Page** _____ **of** _____

Cost Center:	Contact Person
Name:	Name
Address:	Phone Number

Report Prepared by: _____ **EPA ID #** _____

CHEMICAL NAME	VENDOR / TRADEMARK	CONTAINER	QTY	SIZE

Distribution: BBS / FAX / PONY to Facilities Services Department, Attn: Health and Safety Specialist. Cost Center to retain file copy.