

**FORT CAMPBELL HAZARDOUS CHEMICAL INVENTORY**  
(For use of this form see CAM Regulation 385-6. The proponent of this form is the ISO.)

Location (Bldg/Room):

Date Inventory Completed:

Supervisor:

Inventory Completed By:

Product or Chemical Name	Manufacturer Name	NSN or RTECS (If Applicable)	Type of Container (Glass/Plastic, etc.)	Amount on Hand (Cans, Bottles, etc.)	SDS (YES/NO)