SUBCONTRACTOR WORKPLACE CHEMICAL LIST

SUBCONTRACTOR: _____

FEDERAL TAX I.D. NO.: _____

PROJECT: _____

PROJECT LOCATION: _____
(Street)

_____
(City and State)

_____
(County)

GENERAL DESCRIPTION OF WORK _____

In addition to completing and returning this Workplace Chemical List, Subcontractor shall have available at the jobsite a copy of Subcontractor's Hazardous Communication Program naming the person responsible for implementing the program. There shall be a Workplace Chemical List, complete with Material Safety Data Sheet, for each product used available at the jobsite. Subcontractor is responsible for training its employees in the safe use of all hazardous materials.

CHEMICAL/SUBSTANCE NAME	CHEMICAL ABSTRACTS SERVICES (CAS) NO.	COMMON OR TRADE NAME(S) (Label Identity)	WORK AREA WHERE CHEMICAL IS USED OR STORED

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE SIGNED SUBCONTRACT.