

## MSDS CHECKLIST

Department Name \_\_\_\_\_

Department ID \_\_\_\_\_ (Assigned by Safety Office)

Task Descriptions:

Date Checklist Filled Out \_\_\_\_\_

Your Name (First, Last ) \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_ Work  
phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**First, determine if you are supposed to maintain MSDSs (and if the Hazard Communication Program applies to you) by answering the following question for EACH chemical in your workplace. Remember chemicals can be liquid (e.g. bleach), solid (e.g. road salt), or gas (e.g. chlorine gas). Don't forget to include product samples!**

1. Is the chemical a general household or office product? Yes\_\_\_\_ No\_\_\_\_
2. Is the chemical being used for its intended purpose? Yes\_\_\_\_ No\_\_\_\_
3. Is the chemical used in small quantities? Yes\_\_\_\_ No\_\_\_\_
4. Is the chemical's use incidental to your work (used infrequently and for short periods of time)? Yes\_\_\_\_ No\_\_\_\_

**If your answer was "Yes" to ALL four of these questions for ALL of the chemicals in your workplace, then you do not need to maintain MSDSs and the Hazard Communication Program does not apply to you. Check the "NO" box on the question below, and you are finished!**

5. MSDSs Needed? Don't forget free/trial product samples! Yes\_\_\_\_ No\_\_\_\_

**\*If your answer is "NO", then stop here.**

**If you checked "Yes" to question 5, answer the remaining questions. If the answer is "NO" to any question, then corrective action is needed! For help in correcting any problems, contact the Industrial Hygiene Office at extension 6838 (email: cavanaughmm).**

6. Chemical inventory present and current? Yes\_\_\_\_ No\_\_\_\_
7. All required MSDSs present? Yes\_\_\_\_ No\_\_\_\_
8. Free access to MSDSs during all shifts? (unlocked or all have key?) Yes\_\_\_\_ No\_\_\_\_

9. Month/Year product use began/ended on MSDS? Yes\_\_\_\_ No\_\_\_\_

10. Old MSDSs on file? Yes\_\_\_\_ No\_\_\_\_

11. All Pages of each MSDS attached together and/or identifiable? (opti) Yes\_\_\_\_ No\_\_\_\_

12. Backup copy of MSDSs current and on file? (optional) Yes\_\_\_\_ No\_\_\_\_