

GENERATOR _____

LABPACK REQUEST INVENTORY

DATE: _____

LOCATION _____

MSDS #	PRODUCT NAME AND MANUFACTURER	CONT SIZE	CONT TY	COUNT
<small>INTERNAL TRACKING #. IF NONE, ASSIGN SERIES 001, 002...</small>	Product official name and manufacturer as seen on MSDS and/or container(s).	<small>Size and units. (1 GAL, 10 OZ...)</small>	<small>Type of container. (can, tube, bottle...)</small>	<small>Number of containers of each material, type and size.</small>