

Chemical Warning Form

Name: _____	<h2>Dangers</h2> <p>(check all that apply)</p> <p><input type="checkbox"/> Poison</p> <p><input type="checkbox"/> Flammable</p> <p><input type="checkbox"/> Corrosive</p> <p><input type="checkbox"/> Explosive</p> <p><input type="checkbox"/> Handle with gloves</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
Phone number: (____) _____ — _____	
Chemical(s): _____ _____ _____ _____	
Start Date: _____ / _____ / _____ month day year	
Start Time: _____	
Remove Date: _____ / _____ / _____ month day year	
Remove Time: _____	

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