Town of Westford
Health Department

TABLE A
Hazardous Materials (Chemical Storage)
Monthly Inventory Checklist for Containers Larger than 50 Gallons Liquid Capacity

Facility Name:_____ **Facility Contact:_____**

1	2	3	4	5	6	7	8	9	10
Date	**Container ID**	**Material Present at Beginning of Period**	**Amount Purchased**	**Amount Used**	**Amount Sold**	**Amount Disposed**	**Amount Otherwise Lost**	**Amount Present at End of Period**	**Initials of Inspector**