

**Mississippi Department of Human Services/Division of Youth Services
Oakley and Columbia Campuses
HAZMAT LOG (VIII.1A)**

POD/COTTAGE/AREA: _____

DATE: _____

COMMON NAME (CHEMICAL NAME)	1 st SHIFT			2 nd SHIFT			3 rd SHIFT			COMMENTS
	ON HAND	USED (-) REC'D (+)	END OF SHIFT	ON HAND	USED (-) REC'D (+)	END OF SHIFT	ON HAND	USED (-) REC'D (+)	END OF SHIFT	
AJAX (Calcium Carbonate)										
BATH PLUS/TILEX (Ammonium Bifluoride)										
BLEACH (Sodium Hypochloride/CA2)										
DETERGENT (LAUD) (Sodium Metasilicate)										
DISINFECTANTS (Sodium Ortho Benzy/Para-chlorophenate)										
DUST MOP TREATMENT										
RING B GONE (Calcium Carbonate)										
WINDEX (Anionic Detergent)										
WAX (Zinc Oxide)										
WAX STRIPPER (Sodium Xylene Sulfonate)										

CAUTION STATEMENT: CONTACT NURSE IF ACCIDENT SHOULD HAPPEN.

**Mississippi Department of Human Services/Division of Youth Services
Oakley and Columbia Campuses
HAZMAT MONTHLY CHECK**

POD/COTTAGE/AREA: _____ **MONTH:** _____

NAME: _____ **TITLE:** _____

COMMON NAME (CHEMICAL NAME)	QUANTITY ON HAND BEGINNING OF MONTH	QUANTITY ON HAND END OF MONTH	COMMENTS
AJAX (Calcium Carbonate)			
BATH PLUS/TILEX (Ammonium Bifluoride)			
BLEACH (Sodium Hypochloride/CA2)			
DETERGENT (LAUD) (Sodium Metasilicate)			
DISINFECTANTS (Sodium Ortho Benzyl/Para- chlorophenate)			
DUST MOP TREATMENT			
RING B GONE (Calcium Carbonate)			
WINDEX (Anionic Detergent)			
WAX (Zinc Oxide)			
WAX STRIPPER (Sodium Xylene Sulfonate)			

MONTHLY CHECK APPROVED: **Yes** **No** (Please note reason below)

COMMENT: _____

SIGNATURE: _____ **DATE:** _____