Stocking Chemical Intake Form

Please place a barcode sticker on your chemical bottle. Fill out the following fields regarding the new chemical:

Barcode #________________________________
Chemical Supplier __________________________
Chemical Name ____________________________
CAS # ____________________________________
Product #_________________________________
Amount__________________________________
Stocking Location_____________________
Faculty Name_____________________________
Name/NetID________________________________

Questions?
cals-chemicals@cornell.edu
Thanks!
Barcode #: *The # on the barcode sticker.*

Chemical Supplier: *Sigma, VWR, Fluka, etc.*

Chemical Name: *Exactly as it is written on the bottle.*

CAS #: *Please include the CAS# if it is noted on the bottle.*

Product #: *catalog/product # of the chemical. NOT THE LOT##!!*

Amount: *How much is in the bottle? 5g? 200ml?*

Stocking Location: *The room/area the chemical will be stored in. The Location is exactly what is in Vertere and was defined with direct input from lab members. Any questions or changes to these designations please contact Kelly Hanley (klh54) or 607-255-0955.*

Name /NetID: *Name/NET ID of the person filling out this form*

**Example:**

Bar-code # 015962

Chemical Supplier: VWR

Chemical Name: Sodium phosphate dibasic anhydrous

CAS # 7558-79-4

Product # 0404

Amount: 12kg bucket

Stocking Location: STOCK-131

Faculty Name: Acree

Name /NetID: Kelly Hanley (klh54)