

Corson-Mudd Chemical Intake Form

Please place a barcode sticker on your chemical bottle.

Fill out the below regarding the new chemical:

Barcode # _____

Chemical Supplier _____

Chemical Name _____

CAS # _____

Product # _____

Amount _____

C-M Location _____

Faculty Name _____

Name/NetID _____

Questions?

Manley Gavich-EEB (mtg68)

Lori Maine-NBB (Imm8)

Chad Westmiller (cew22)

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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?*

Corson-Mudd Location: *The room/area the chemical will be stored in.*

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

Example:

Barcode # 015962

Chemical Supplier: VWR

Chemical Name: Sodium phosphate dibasic anhydrous

CAS # 7558-79-4

Product # 0404

Amount: 12kg bucket

Corson-Mudd Location: CM-W233

Faculty Name: Bass

Name /NetID: Kelly Hanley (klh54)