



CHESTERTON
Global Solutions, Local Service.

HAZARD IDENTIFICATION LABEL

Please Type or Print Clearly

1 MUST BE FILLED OUT FOR ALL NON-HAZARDOUS AND HAZARDOUS PRODUCTS

Company Name: _____

Address: _____

Telephone Number: () _____ Ext. _____

2 COMPLETE FOR HAZARDOUS PRODUCTS

HAZARDOUS

According to OSHA Hazard Communications 29 CFR 1910.1200 • Check all that apply

- | | | | |
|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Irritant | <input type="checkbox"/> Reactive/Oxidizer | <input type="radio"/> SDS Enclosed |
| <input type="checkbox"/> Carcinogen | <input type="checkbox"/> Sensitizer | <input type="checkbox"/> Use Ventilation | <input type="radio"/> Sent Separately |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Toxic/Poison | | <input type="radio"/> Sent Previously |
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Other (Specify) _____ | | |

Safety Sheet

Chemical Identity Name: _____
(Same as on Safety Data Sheet)

3 COMPLETE FOR NON-HAZARDOUS PRODUCTS

NON-HAZARDOUS

Use of Product: _____

Signature: _____

I certify that this product is not contaminated with any hazardous chemical substance according to the OSHA Hazard Communication Standard 29 CFR 1910.1200

Name: _____

Title: _____

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FROM _____



CHESTERTON
Global Solutions, Local Service.

CUSTOMER P.O. _____
DISTRIBUTOR P.O. _____

ATTENTION: SEAL REPAIR DEPT.
A. W. CHESTERTON COMPANY
5808 GENOA – RED BLUFF
PASADENA, TX 77507

A	SEAL ANALYSIS	B	SEAL REPAIR
	<input type="checkbox"/> REQUIRED		REPAIR _____ <input type="checkbox"/>
			OTHER _____ <input type="checkbox"/>
			DRAWING NO. _____

PURCHASE ORDER NUMBER MUST BE ENCLOSED WITH SEALS