

## C&D Station Supply Inventory Log

Minimum 4 day supply, maintain in good condition, inventory every 6 months

Premises ID: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supplies	Inventory Date	Current Amount/ Sizes	Supply Order Invoice #	Purchased From	Additional Info (make, model#)	Initials
Rubber Gloves						
Waterproof outerwear						
Safety glasses/ goggles/ face shields						
Protective footwear						
Water storage						
Pressure washer & fuel/propane						
Timer						
Waste Receptacle						
Long handle brush						
Disinfectant						
Light source with power cord						
Signage						
Barrier Gate(s)						