



The Workplace Chemical List

Standards for the Workplace Chemical List (WCL):

§502.005 of the Texas Hazard Communication Act requires public employers to compile and maintain a workplace chemical list (WCL) of each hazardous chemical normally present in the workplace in excess of 55 gallons or 500 pounds. The weight of the chemical is determined using the aggregate amount of the chemical in the entire workplace. The WCL may be prepared for the workplace as a whole or for each work area within a specified workplace. If the WCL is prepared by work area and the total combined amount of a hazardous chemical exceeds 55 gallons or 500 pounds for the workplace as a whole, that chemical will need to be listed on the WCL for each work area in which it is used or stored. In addition, employers must make the WCL readily available to employees and their representatives, update the WCL at least annually, and maintain the WCL in the workplace for 30 years.

Preparing the Workplace Chemical List:

The WCL should include the following information for each hazardous chemical listed and for each workplace or work area for which it is prepared:

- The identity of the hazardous chemical as it appears on the Safety Data Sheet (SDS) and container label.
- The work area(s) in which the chemical is normally present.
- The name and signature of the person who prepared the WCL.
- The date on which the WCL was prepared.

Questions About the Workplace Chemical List?

If you have questions about the workplace chemical list or other requirements of the Texas Hazard Communication Act, please contact the Hazard Communication Worker Right-to-Know Program at:

Email: TXHazComHelp@dshs.texas.gov

Phone: 512-834-6787

Fax: 512-483-3414

Mail: Texas Department of State Health Services
Consumer Protection Division
Environmental Operations Branch
Hazard Communication Program
P.O. Box 149347, MC 2835
Austin, TX 78714-9347

Workplace Chemical List

Name of Workplace, Work Area, or Temporary Workplace:

Identity Used on the Safety Data Sheet & Container Label	Work Area	Quantity (optional)	Unit Size (optional)

Workplace Chemical List Prepared By: _____

Name (Printed)

Signature (Required)

Date of Preparation: _____ (This form must be revised annually.)