

Name: _____

Date: _____

Organic or Inorganic Substance?

Identify the substance below by giving a checklist in the organic or inorganic column

No.	Designated Substance	type of substance	
		Organic	inorganic
1	CH ₄		
2	HCOOH		
3	CS ₂		
4	CaCO ₃		
5	CH ₃ OH		
6	KCN		
7	CO ₂		
8	CH ₃ OCH ₃		
9	COCl ₂		
10	NH ₄ OCN		

