



HAZARDOUS MATERIALS INVENTORY STATEMENT

SECTION 1

Facility Name: _____ Date: ___/___/___

Address: _____

File # _____ Plan Reviewer: _____

SECTION 2

Hazardous Materials Classification

- | | |
|--|---|
| <input type="checkbox"/> Explosive/Blasting Agent | <input type="checkbox"/> Water-reactive Materials |
| <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Cryogenic Fluids |
| <input type="checkbox"/> Flamm/Comb Liquids | <input type="checkbox"/> Highly Toxic/Toxic Materials |
| <input type="checkbox"/> Flamm Solids | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Corrosives |
| <input type="checkbox"/> Organic Peroxide | <input type="checkbox"/> Irritants |
| <input type="checkbox"/> Pyrophoric Materials | <input type="checkbox"/> Sensitizers |
| <input type="checkbox"/> Unstable (reactive) Materials | <input type="checkbox"/> Other Health Hazards |

SECTION 3	SECTION 4 & 5				SECTION 6	SECTION 7			
Chemical Name (Common or Trade)	Solid Lbs	Gas Cu ft	Liquid Gal	Sub Class	Type of Storage	NFPA 704	NFPA 704	NFPA 704	NFPA 704
					<input type="checkbox"/> Box <input type="checkbox"/> Container <input type="checkbox"/> Bag <input type="checkbox"/> Bulk <input type="checkbox"/> Tank <input type="checkbox"/> Pressure Container (>15psi) Capacity:	HEALTH	FLAMM	REACT	SP HZ
					<input type="checkbox"/> Box <input type="checkbox"/> Container <input type="checkbox"/> Bag <input type="checkbox"/> Bulk <input type="checkbox"/> Tank <input type="checkbox"/> Pressure Container (>15psi) Capacity:	HEALTH	FLAMM	REACT	SP HZ
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SECTION 8	TOTAL								

Affidavit: Must be signed by executive officer or his/her authorized representative.

Under penalty of perjury, I declare that the information provided as part of this Hazardous Materials Inventory Statement is true and correct to the best of my knowledge.

Siganture _____ Title: _____

Print Name _____ Date ___/___/___ Contact Number _____

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