

# HAZARDOUS MATERIALS INVENTORY STATEMENT



**Section 1**

Facility Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_  
 File # \_\_\_\_\_ Plan Reviewer: \_\_\_\_\_

**Section 2**

Hazardous Materials Classification

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

**Section 3**

**Section 4 & 5**

**Section 6**

**Section 7**

Chemical Name (Common or Trade) Print as many pages as needed:	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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<b>Section 8</b>					<b>TOTAL</b>				

**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.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Contact Number \_\_\_\_\_