



CITY OF ORLANDO

Please remit the completed form and payment to:

City of Orlando Fire Department
Fiscal Management Division, 7th FL
400 S. Orange Ave.
Orlando, FL 32801-2846

The City of Orlando Fire Prevention code requires all facilities within this jurisdiction that use, store, handle, transport or dispense hazardous materials in any quantity to report such activity to the Orlando Fire Department. This includes: Hazardous materials which, when mixed, react violently or emit toxic vapors or gases or which, in combination, become hazardous by reason of toxicity, oxidizing power, flammability or other properties shall be separated from each other in storage by distance, partitions or other approved manner so as to preclude accidental contact between them and shall be stored, handled, manufactured, transported and used in accordance with the codes and standards listed in this Code.

SUBJECT: RENEWAL OF HAZARDOUS MATERIALS PLAN (HMBP)

Time to renew Our records show that the annual update of your Hazardous Materials Plan is due. You are required by law to provide a current plan, or a certification of your existing plan, in order to renew the Permit(s) issued by this office.

Renewal packet We are providing a renewal packet containing a Hazardous Materials Business Plan Annual Renewal Certification Form, Business Activities Statement, Owner/Operator Identification Form and one copy of the Hazardous Materials Inventory Form.

If you...	Then...
have no changes to your plan submitted last year,	fill out and submit the: <ul style="list-style-type: none">• Hazardous Materials Business Plan Annual Renewal Certification Form,• Business Activities Statement, and• Owner/Operator Identification Forms only, and• \$50.00 renewal fee. Keep copies for your records.
have changes to your inventory only,	fill out and submit the: <ul style="list-style-type: none">• Hazardous Materials Business Plan Annual Renewal Certification Form,• Business Activities Statement,• Owner/Operator Identification Forms,• updated inventory forms, and• \$50.00 renewal fee Keep copies for your records.
need to change your contingency plan or site map,	call 407.246.2386 and request a complete Hazardous Materials Business Plan (HMBP) packet. Then, fill out and submit the: <ul style="list-style-type: none">• Hazardous Materials Plan Annual Renewal Certification Form,• Business Activities Statement,• Owner/Operator Identification Forms,• revised contingency plan and/or site map, and• \$50.00 renewal fee. Keep copies for your records.
Did you know?	You may also download all HMBP forms from our web site at www.cityoforlando.net .
have closed your business,	call 407.246.2386 to notify our office.
would like to submit your data on disk,	call 407.246.2386 for instructions.

Questions / need help? If you have any questions or need assistance, please call one of our Hazardous Materials Specialists at 407.246.2386.

Regulatory Authority Chapter 24. 28 City Fire Prevention Code
NFPA 1, Florida Fire Prevention Code

Hazardous Materials Business Plan (HMBP)

Annual Renewal Certification Form

<p>Important Note:</p>	<p>Facilities subject to SARA requirements are not eligible for routine HMBP renewal and instead <u>must submit</u> their HMBP chemical inventory annually.</p>
<p>Pursuant to City of Orlando Fire Prevention Code Section 24.28(c), this Hazardous Materials Plan (HMBP) annual renewal certification is being submitted for:</p>	
<p>Facility Name: _____</p>	
<p>Enter one of the following:</p>	<p>Facility Address: _____</p>
	<p>Facility ID Number: _____ <small>(see your original HMBP mailing label; an example is FA0000000)</small></p>

Certification: *Choose the appropriate option and check the relevant box (es):*

Option 1	<input type="checkbox"/> I have personally reviewed the HMBP currently on file with your agency, dated _____, and hereby certify, <i>under penalty of perjury</i> , that: <ul style="list-style-type: none"> the information contained in the most recent HMBP submission is complete, accurate and up to date, a copy of the facility's most current HMBP Business Activities and Owner / Operator Identification Pages is being submitted with this certification form, there have been no significant changes (100% increase or decrease) in the quantities of any previously reported hazardous materials/hazardous wastes as shown on current Hazardous Materials Inventory Forms, the facility has not begun handling any hazardous materials/hazardous wastes in reportable quantities that are not currently listed in the submitted Hazardous Materials Inventory, and there have been no significant changes in the facility's personnel or operations that would require revision of the current HMBP.
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Option 2	<input type="checkbox"/> HMBP revisions, amendments or additions are necessary and are being submitted with this document. The following areas of the HMBP are affected: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Entire HMBP revision</td> <td><input type="checkbox"/> Site Map</td> </tr> <tr> <td><input type="checkbox"/> Business Activities Page</td> <td><input type="checkbox"/> Consolidated Contingency Plan</td> </tr> <tr> <td><input type="checkbox"/> Owner / Operator Identification Page</td> <td><input type="checkbox"/> UST Written Monitoring Plan</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Materials Inventory</td> <td><input type="checkbox"/> Other (Specify): _____</td> </tr> </table>	<input type="checkbox"/> Entire HMBP revision	<input type="checkbox"/> Site Map	<input type="checkbox"/> Business Activities Page	<input type="checkbox"/> Consolidated Contingency Plan	<input type="checkbox"/> Owner / Operator Identification Page	<input type="checkbox"/> UST Written Monitoring Plan	<input type="checkbox"/> Hazardous Materials Inventory	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Entire HMBP revision	<input type="checkbox"/> Site Map								
<input type="checkbox"/> Business Activities Page	<input type="checkbox"/> Consolidated Contingency Plan								
<input type="checkbox"/> Owner / Operator Identification Page	<input type="checkbox"/> UST Written Monitoring Plan								
<input type="checkbox"/> Hazardous Materials Inventory	<input type="checkbox"/> Other (Specify): _____								

I understand that whenever there are changes in address, ownership, business name, or operations (closure, addition of undisclosed reportable hazardous materials or hazardous wastes, or significant changes to inventory quantities and/or contingency planning provisions), a notification of such must be made to the Hazardous Materials Division within 30 days of the change.

Name of Owner/ Operator/Authorized Representative (<i>Print</i>):	Signature of Owner/ Operator Authorized Representative:	
Title:	Phone Number:	Date:

**CITY OF ORLANDO FIRE DEPARTMENT
HAZARDOUS MATERIAL FACILITY INFORMATION FORM
BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page ____ of ____

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		BEGINNING DATE	ENDING DATE
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		BUSINESS PHONE	
BUSINESS SITE ADDRESS			
CITY	FL	ZIP CODE	
TYPE OF BUSINESS			
COUNTY			
BUSINESS OPERATOR NAME		BUSINESS OPERATOR PHONE	

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE	
OWNER MAILING ADDRESS		
CITY	STATE	ZIP CODE

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE	
CONTACT MAILING ADDRESS		
CITY	STATE	ZIP CODE

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	NAME
TITLE	TITLE
BUSINESS PHONE	BUSINESS PHONE
24-HOUR PHONE*	24-HOUR PHONE*
PAGER #	PAGER #

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: _____ Phone No.: _____

Billing Address: _____

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	

* See Instructions on next page.

Hazardous Materials Inventory Statement

Non-Waste

Date: ___/___/___

Business Name: (Same as Facility Name or DBA)						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ___ of ___ (One page per building or area)			
Chemical Location: (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # (Agency Use Only)							
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*				

- | | | | | | |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| * Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type |
| A Aboveground Tank | D Steel Drum | G Carboy | J Bag | M Glass Bottle or Jug | P Tank Wagon |
| B Belowground Tank | E Plastic/Non-metallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other |

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement Instructions (Hazardous Materials Inventory - Chemical Description Page)

All non-waste hazardous materials stored at the facility must be listed on the Non-Waste Hazardous Materials Inventory Statement. This form allows you to report up to six chemicals on a single page. Do not list hazardous wastes on this form.

You must complete a separate inventory line for each individual hazardous material that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect **all** hazardous materials at your facility, reported **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret materials must be listed on separate pages. Where the aggregate quantities of some hazardous materials are below the Business Plan threshold reporting quantity, report the general hazard class of the materials (e.g. "Misc. Flammable Liquids"), rather than the Common Name, and the aggregate quantity of all hazardous materials having this hazard class which individually are below the threshold reporting quantity. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous materials reported on this page are handled. A chemical stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the material being reported on each line.
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous material is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
11. COMMON NAME, CAS NUMBER, & EHS - In Column 3, enter the following information:
 - COMMON NAME - The Common Name or Trade Name of the hazardous material or mixture (e.g. Gasoline, Acme Super Solvent).
 - EHS - If the material is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A, check the EHS box.
 - CAS NUMBER - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section, below.
12. HAZARDOUS COMPONENTS - (Note: If the material is not a mixture, skip Column 4 and go directly to Column 5.) In column 4, enter the following information regarding Hazardous Components that make up the material listed in Column 3:
 - CHEMICAL NAME - If the Chemical Name is the same as the Common or Trade Name shown in Column 3, you may leave this space blank. If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the material type and physical state by checking the "pure" or "mixture box and the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the material is handled at the location.
 - CURIES - If the material is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g. 365) during the year that the material is on site.
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the material is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 7.
15. UNITS - In column 7, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the material is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
16. STORAGE CODES - In the appropriate spaces within Column 8, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
17. HAZARD CATEGORIES - In column 9, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure

Hazardous Waste Inventory Statement

Waste

Date: ___/___/___

Business Name: (Same as Facility Name or DBA)										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ___ of ___ (One page per building or area)	
Chemical Location: (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No				Facility ID # (Agency Use Only)							
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components			5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Storage Codes		10. Hazard Categories		
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Units		Storage Pressure	Storage Temp.
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>	<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					

- * **Code Storage Type** **Code Storage Type** **Code Storage Type** **Code Storage Type** **Code Storage Type** **Code Storage Type**
- A** Aboveground Tank **D** Steel Drum **G** Carboy **J** Bag **M** Glass Bottle or Jug **P** Tank Wagon
- B** Belowground Tank **E** Plastic/Nonmetallic Drum **H** Silo **K** Box **N** Plastic Bottle or Jug **Q** Rail Car
- C** Tank Inside Building **F** Can **I** Fiber Drum **L** Cylinder **O** Tote Bin **R** Other

If EPCRA, sign below:

Hazardous Waste Inventory Statement Instructions (Hazardous Materials Inventory - Chemical Description Page)

All hazardous wastes handled at the facility must be listed on the Hazardous Waste Inventory Statement. This form allows you to report up to six wastes on a single page. Do not list non-waste hazardous materials on this form.

You must complete a separate inventory line for each individual hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect **all** hazardous wastes at your facility, reported **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret wastes must be listed on separate pages. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the waste is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous wastes reported on this page are handled. A waste stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the waste being reported on each line.
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous waste is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous waste. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
11. WASTE STREAM NAME & MANAGEMENT METHOD - In Column 3, enter the following information:
 - WASTE STREAM NAME - The Common Name of the hazardous waste (e.g. Used Oil, Spent Solvent).
 - MANAGEMENT METHOD - Check the appropriate box(es) to indicate how you manage the waste.
12. HAZARDOUS COMPONENTS - In column 4, enter the following information regarding Hazardous Components that make up the waste listed in Column 3:
 - CHEMICAL NAME - List the chemical name of each hazardous component in the mixture ranked by percent weight. All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the physical state by checking the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous waste handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous waste or mixture in this building or outside area. If this is a waste that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the waste is handled at the location.
 - CURIES - If the waste is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g. 365) during the year that the waste is on site. (Note: This does not refer to the accumulation time limit for individual waste containers.)
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the waste is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 8.
15. ANNUAL WASTE AMOUNT - Enter the total quantity of this waste generated annually. Use the same unit of measure as that indicated in Column 8.
16. UNITS - In column 8, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the waste is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
17. STORAGE CODES - In the appropriate spaces within Column 9, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the waste is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the waste is stored.
18. HAZARD CATEGORIES - In column 10, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous waste.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure

Facility Site Plan/Storage Map
(Hazardous Materials Business Plan Module)

Site Address:

Date Map Drawn: ____/____/____.

Map Scale: _____ Page ____
of ____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Instructions are printed on the following page.

**Facility Site Plan and Storage Map Instructions
(Hazardous Materials Business Plan Module)**

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the previous page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

- 1. Site Plan (public document):** This drawing shall contain, at a minimum, the following information:
 - a. An indication of North Direction;
 - b. Approximate scale (*e.g.* “1 inch = 10 feet”.);
 - c. Date the map was drawn;
 - d. All streets bordering the facility;
 - e. Locations of all buildings and other structures;
 - f. Parking lots and internal roads;
 - g. Hazardous materials loading/unloading areas;
 - h. Outside hazardous materials storage or use areas;
 - i. Storm drain and sanitary sewer drain inlets;
 - j. Wells for monitoring of underground tank systems;
 - k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

- 2. Storage Map (confidential):** The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (*e.g.* “Office Area”, “Manufacturing Area”, *etc.*);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g.* *individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory - Chemical Description pages of the Business Plan.
 - c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank.
 - d. Entrances to and exits from each building and hazardous material/waste room/area;
 - e. Location of each utility emergency shut-off point (*i.e.* *gas, water, electric.*);
 - f. Location of each monitoring system control panel (*e.g.* *underground tank monitoring, toxic gas monitoring, etc.*).