

FIGURE A-H-1 (Continued)

HAZARDOUS MATERIALS MANAGEMENT PLAN
SECTION I: FACILITY DESCRIPTION

PART A - GENERAL INFORMATION

1. Business Name: _____ Phone: _____

Address: _____

2. Person Responsible for the Business:

Name	Title	Home Number	Work Number

3. Emergency Contacts: _____

4. Person Responsible for the Application/Principal Contact:

Name	Title	Phone

5. Property Owner:

Name	Address	Phone

6. Principal Business Activity: _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1															1
2															2
3															3
4															4
5															5
6															6
7															7
8															8
9															9
10															10
11															11
12															12
13															13
14															14
15															15
16															16
17															17
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	

BUSINESS NAME	DATE
ADDRESS CITY	PAGE _____ OF _____