

- 7. Number of Employees: _____
- 8. Number of Shifts: _____
- 9. Hours of Operation: _____
- 10. SIC Code: _____
- 11. Dunn and Bradstreet Number: _____

12. Declaration

I certify that the information above and on the following parts is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(must be signed by owner/operator or designated representative)

PART B - GENERAL FACILITY

DESCRIPTION/SITE PLAN

(1) HAZARD CLASS	(2) COMMON/ TRADE NAME	(3) CHEMICAL NAME, COMPONENTS AND CONCENTRATION	(4) CHEMICAL ABSTRACT SERVICE NO.	(5) PHYSICAL STATE	(6) MAXIMUM QUANTITY ON HAND AT ANY TIME	(7) UNITS	(8) DAYS ON SITE	(9) STORAGE CODE (TYPE, PRES., TEMP.)	(10) SARA CLASS	(11) ANNUAL WASTE THROUGHPUT
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(Use grid format above)

Special land uses within 1 mile (1,609 km): _____

PART C - FACILITY MAP

(Use grid format above)

SECTION II: HAZARDOUS MATERIALS INVENTORY STATEMENT

PART A - DECLARATION

1. Business Name: _____

2. Address: _____

3. Declaration: _____

Under penalty of perjury, I declare the above and subsequent information, provided as part of the hazardous materials inventory statement, is true and correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by owner/operator or designated representative.)