**Hazardous Materials Disclosure Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Business Information** | | | | | | |
| Business Name: |  | | | | | |
| Type of Business: |  | | | | | |
| Business Phone: |  | | | | | |
| Business Address: |  | | | | | |
| Property Owner: |  | | | | Phone: | |
| Does this business use or manufacture substances that require an SDS? | | | | | Yes  No | |
| What is the status of the facility and its operations? | | | | | Active  Inactive | |
| How many employees work at this facility? | | | | |  | |
| How many facilities does the holding company operate within this state? | | | | |  | |
| **Emergency Service Information** | | | | | | |
| **Facility Primary Contact** | | | | | | |
| Name: | | | Email: | | | Phone: |
| **Facility Secondary Contact** | | | | | | |
| Name: | | | Email: | | | Phone: |
| **Spill Cleanup Service Provider** | | | | | | |
| Name: | | | | 24 Hour Phone Number: | | |
| **Hazardous Substances Information** | | | | | | |
| Select all the ways hazardous substances are handled throughout the facility: | | | | | | |
| Manufacture | | Dispose | | Package | | Use |
| Store | | Release | | Form | | Process |

On the following page, please disclose the various hazardous substances within the facility.

|  |  |  |
| --- | --- | --- |
| **Hazardous Substance Inventory Log** | | |
| **Substance Name** | **Serial/ID/Container Number** | **Quantity (with metrics)** |
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