**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.

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