HMIS - Hazardous Material Inventory Sheet

Date*: _____

Business Name*: _____ **Address*:** _____ **Store #*:** _____

Complete By*: _____ **Telephone*:** _____

On-Site Generator* – If Yes, enter fuel qty & type. **Fuel Qty:** _____ **Fuel Type:** _____

On-Site Fuel Pump* – If Yes, enter fuel qty & type. **Fuel Qty:** _____ **Fuel Type:** _____

Indoor Storage*	Outdoor Storage*	Chemical or Trade Name*	Conc. %	CAS Number	Physical State*	Total Amt on Property*	NFPA 704 RATING			Tank(s)* (Above Ground Only)
Mark with an "X"					List: (Solid, Liquid or Gas)	List: (Pounds, Gallons or Cubic ft).	H	F	R	Enter Number

Insert additional lines as needed. * = Required