

HAZARDOUS MATERIALS INVENTORY STATEMENT

O'FALLON FIRE PROTECTION DISTRICT

FIRE PREVENTION BUREAU

Phone 636-272-3493 Fax 636-240-5312



Section 1

Facility Name: _____ Date: ____/____/____

Address: _____

Plan Reviewer: _____

Section 2

- Explosive
- Compressed Gases
- Flamm/Comb Liquids
- Flamm Solid
- Oxidizer
- Pyrophoric Materials
- Unstable (reactive) Materials

Hazardous Materials Classification

- Water-reactive Materials
- Cryogenic Fluids
- Highly Toxic/Toxic Materials
- Radioactive Materials
- Corrosives
- Irritants
- Sensitizers
- Other Health Hazards

Section 3

Section 4 & 5

Section 6

Section 7

Chemical Name (Common or Trade)	Solid Lbs	Gas Cu ft	Liquid Gal	Sub Class	Type of Storage	NFPA 704	NFPA 704	NFPA 704	NFPA 704
					<input type="checkbox"/> Box <input type="checkbox"/> Container <input type="checkbox"/> Bag <input type="checkbox"/> Bulk <input type="checkbox"/> Tank <input type="checkbox"/> Pressure Container (>15 psi) Capacity:	HEALTH	FLAMM	REACT	SP HZ
					<input type="checkbox"/> Box <input type="checkbox"/> Container <input type="checkbox"/> Bag <input type="checkbox"/> Bulk <input type="checkbox"/> Tank <input type="checkbox"/> Pressure Container (>15 psi) Capacity:	HEALTH	FLAMM	REACT	SP HZ
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Section 8	TOTAL								

Affidavit: Must be signed by executive officer or his/her authorized representative.

Under penalty of perjury, I declare that the information provided as part of this Hazardous Materials Inventory Statement is true and correct to the best of my knowledge.

Signature _____ Title: _____

Print Name _____ Date ____/____/____ Contact Number _____

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