

**REPORTING YEAR:**

**FACILITY NAME:**

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes			Locations (Non-Confidential)
			Container Type	Pressure	Temp	
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year  CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential  Chemical Name:	<input type="checkbox"/> Fire  <input type="checkbox"/> Sudden release of pressure  <input type="checkbox"/> Reactivity  <input type="checkbox"/> Immediate (acute)  <input type="checkbox"/> Delayed (chronic)	Max Daily Amount (code)				
		Avg. Daily Amount (code)				
		No. of Days On-site (days)				
		<input type="checkbox"/> Below Reporting Threshold				
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS						
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