# REPORTING YEAR:

**$200.00 FILING FEE PER FACILITY**

**STATE OF HAWAII CHEMICAL INVENTORY FORM (TIER II)**

# ATTACHMENT 5-A-1

Refer to Attachment 5 for instructions on completing this form

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FACILITY IDENTIFICATION** | | | | | | | | | | **OWNER/ OPERATOR IDENTIFICATION** | | | | | | | |
| NAME: | | | | | | | | | | NAME: | |  |  |  |  |  | TITLE: |
| HEPCRA FACILITY IDENTIFICATION NUMBER: | | | | | | | | | |  | |  |  |  |  |  | |
| STREET ADDRESS: | | | | | | | | | | PHONE: | |  |  |  |  | ALTERNATE PHONE: | |
| CITY: |  |  |  |  | STATE: HI | |  | ZIP: |  | MAILING ADDRESS: | | | | | | | |
| LATITUDE: |  |  | LONGITUDE: | | |  |  | COUNTRY: US | | CITY: | |  |  |  |  | STATE: | ZIP: |
| Is this facility manned? MANNED UNMANNED | | | | | | | Maximum Number of Occupants: | |  | E-MAIL: | | | | | | | |
| RMP: YES NO | | |  |  | EPCRA: YES NO | | | |  | **EMERGENCY CONT ACTS *(Please provide a primary and a secondary emergency contact)*** | | | | | | | |
| SIC CODE: | | | | | | | | | | NAME: | |  |  |  |  | TITLE | : |
| DUN & BRAD NUMBER: | | |  |  |  | NAICS: | |  | | PHONE: | |  |  |  |  | 24-HR PHONE: | |
| State I. D. Number | | | | | | | | | | EMAIL: | | | | | | | |
| MAILING ADDRESS:  *(If different from facility address)* | | | | | | | | | | NAME: | |  |  |  |  | TITLE | : |
| CITY: |  |  |  |  | STATE: | |  | ZIP: |  | PHONE: | |  |  |  |  | 24-HR PHONE: | |
| COUNTY: | | | | | | | | | | EMAIL: | | | | | | | |
| **Chemical Description** | | | | | | | **Physical and Health Hazards** | | **Inventory** | | | **Storage Type** | | | | **Locations (Non-Confidential)** | |
| Container | Pressure | | Temp |
| * Check if all of the information for this chemical is   Identical to the information submitted last year | | | | | | |  | Fire | Max Daily Amount (code) | |  |  |  | |  |  | |
| CAS |  |  |  | * Trade secret * Confidential | | |  | Sudden release of pressure | Avg. Daily Amount (code) | |  |  |  | |  |  | |
| Chemical Name: | | | | | | |  | Reactivity | No. of Days On- site (days) | |  |  |  | |  |  | |
|  |  |  |  |  |  |  |  | Immediate (acute) | * Below Reporting Threshold | | |  |  | |  |  | |
| Check all  that apply |  |  |  |  |  |  |  |  |
| Pure | Mix | Solid | Liquid | Gas | EHS |  | Delayed (chronic) |  |  | |  |  | |
| **Certification (Read and sign after completing all sections)** | | | | | | | | | | | | | | Optional Attachments | | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate and complete. | | | | | | | | | | | | | | * I have attached a site plan * I have attached a list * I have attached a description of dikes and other safeguard measures | | | |
| **Name and official title of owner/operator OR operator’s authorized representative** | | |  |  |  | **Signature** | |  |  |  | **Date** |  |  |
| DATE PAYMENT RECEIVED: | | | |  |  |  | **FOR DOH HEER USE ONLY** | | |  |  | REVIEWED BY: | | | |  | DATE: |
| CHECK NO: | | | | | | | | | | | | | | | | | |
| DATE HCIF RECEIVED: | | |  |  |  |  | FACILITY ID: | |  |  |  | DOCUMENT NUMBER: rev 1/2019 | | | | | |