# 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 allthat 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 |