

REPORTING YEAR:

FACILITY NAME:

| Chemical Description   | Physical and Health Hazards   | Inventory  | Storage Codes  |          |      | Locations<br>(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<br><br>CAS <input type="checkbox"/> Trade secret<br><input type="checkbox"/> Confidential<br><br>Chemical Name: | <input type="checkbox"/> Fire<br><br><input type="checkbox"/> Sudden release of pressure<br><br><input type="checkbox"/> Reactivity<br><br><input type="checkbox"/> Immediate (acute)<br><br><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<br><input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                                    |   |  |                |          |      |                                 |
| <input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year<br><br>CAS <input type="checkbox"/> Trade secret<br><input type="checkbox"/> Confidential<br><br>Chemical Name: | <input type="checkbox"/> Fire<br><br><input type="checkbox"/> Sudden release of pressure<br><br><input type="checkbox"/> Reactivity<br><br><input type="checkbox"/> Immediate (acute)<br><br><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<br><input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                                    |   |  |                |          |      |                                 |
| <input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year<br><br>CAS <input type="checkbox"/> Trade secret<br><input type="checkbox"/> Confidential<br><br>Chemical Name: | <input type="checkbox"/> Fire<br><br><input type="checkbox"/> Sudden release of pressure<br><br><input type="checkbox"/> Reactivity<br><br><input type="checkbox"/> Immediate (acute)<br><br><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<br><input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                                    |   |  |                |          |      |                                 |