REPORTING YEAR: FACILITY NAME:

ATTACHMENT 5 -A-2

Page of **Storage Codes** Physical and Locations **Chemical Description** Inventory **Health Hazards** (Non-Confidential) Pressure Check if all of the information for this chemical is Max Daily Fire Amount identical to the information submitted last year (code) Avg. Daily □ Trade secret Sudden release CAS Amount of pressure □ Confidential (code) No. of Chemical Reactivity Davs On-Name: site (days) Immediate П (acute) Check all ☐ Below Reporting Pure Solid Liquid Gas that apply Threshold Delayed (chronic) Max Daily Check if all of the information for this chemical is Fire Amount identical to the information submitted last year (code) Avg. Daily ☐ Trade secret Sudden release CAS Amount ☐ Confidential of pressure (code) No. of Chemical Reactivity Days On-Name: site (days) Immediate (acute) Check all ☐ Below Reporting Gas **EHS** Solid Liquid that apply Threshold Delayed (chronic) Check if all of the information for this chemical is Max Daily Fire Amount identical to the information submitted last year (code) Avg. Daily ☐ Trade secret Sudden release CAS Amount of pressure ☐ Confidential (code) No. of Chemical Reactivity Days On-Name: site (days) Immediate (acute) ☐ Below Reporting Check all Mix Gas EHS Solid Liquid that apply Threshold Delayed (chronic)