

REPORTING YEAR:  
\$200.00 FILING FEE PER FACILITY

STATE OF HAWAII  
CHEMICAL INVENTORY FORM (TIER II)

Attachment 4-A Page 1  
Refer to Attachment 5 for instructions on completing this form

Page 1 of \_

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? <input type="checkbox"/> MANNED <input type="checkbox"/> UNMANNED Maximum Number of Occupants:		E-MAIL:				
RMP: <input type="checkbox"/> YES <input type="checkbox"/> NO EPCRA: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY CONTACTS <i>(Please provide a primary and a secondary emergency contact)</i>				
SIC CODE:		NAME: TITLE:				
DUN & BRAD NUMBER: NAICS:		PHONE: 24-HR PHONE:				
State I. D. Number		EMAIL:				
MAILING ADDRESS: <small>(If different from facility address)</small>		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	
<input type="checkbox"/> Check if all of the information for this chemical is Identical to the information submitted last year	<input type="checkbox"/> Fire	Max Daily Amount (code)				
CAS  Chemical Name:	<input type="checkbox"/> Sudden release of pressure	Avg. Daily Amount (code)				
	<input type="checkbox"/> Reactivity	No. of Days On-site (days)				
	<input type="checkbox"/> Immediate (acute)	<input type="checkbox"/> Below Reporting Threshold				
	<input type="checkbox"/> Delayed (chronic)					
	<input type="checkbox"/> Check all that apply Pure Mix Solid Liquid Gas EHS					
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.					<input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list <input type="checkbox"/> 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: CHECK NO:		FOR DOH HEER USE ONLY		REVIEWED BY:		DATE:
DATE HCIF RECEIVED:		FACILITY ID:		DOCUMENT NUMBER:		rev 11/2025

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		<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)						
CAS	<input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential		Avg. Daily Amount (code)						
			No. of Days On-site (days)						
Chemical Name:  Check all that apply			<input type="checkbox"/> Below Reporting Threshold						
				Pure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Solid		<input type="checkbox"/>					
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year		<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)						
CAS	<input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential		Avg. Daily Amount (code)						
			No. of Days On-site (days)						
Chemical Name:  Check all that apply			<input type="checkbox"/> Below Reporting Threshold						
				Pure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Solid		<input type="checkbox"/>					
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year		<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)						
CAS	<input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential		Avg. Daily Amount (code)						
			No. of Days On-site (days)						
Chemical Name:  Check all that apply			<input type="checkbox"/> Below Reporting Threshold						
				Pure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Solid		<input type="checkbox"/>					