

STATE OF HAWAII
CHEMICAL INVENTORY FORM (TIER II)

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 <small>(Please provide a primary <u>and</u> a secondary emergency contact)</small>				
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 CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential Chemical Name: <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS </div> </div>	<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)				
		Avg. Daily Amount (code)				
		No. of Days On-site (days)				
		<input type="checkbox"/> Below Reporting Threshold				

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
<div style="display: flex; justify-content: space-between;"> <div>Name and official title of owner/operator OR operator's authorized representative</div> <div>Signature</div> <div>Date</div> </div>	

DATE PAYMENT RECEIVED:	FOR DOH HEER USE ONLY	REVIEWED BY:
CHECK NO:		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	
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