

STATE OF HAWAII
 CHEMICAL INVENTORY FORM (TIER II)

FACILITY IDENTIFICATION		OWNER/OPERATOR IDENTIFICATION	
NAME:		NAME: TITLE:	
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 <small>Maximum Number of Occupants:</small>		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:	
MAILING ADDRESS: <i>(If different from facility address)</i>		EMAIL:	
CITY: STATE: ZIP:		NAME: TITLE:	
COUNTY:		PHONE: 24-HR PHONE:	
EMAIL:		NAME: TITLE:	

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: Check all that apply: <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"/> 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) 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.		Optional Attachments <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 PAYMENT RECEIVED:		FOR DOH HEER USE ONLY	
CHECK NO:		REVIEWED BY:	
DATE HCIF RECEIVED:		DATE:	
FACILITY ID:		DOCUMENT NUMBER:	

DATE PAYMENT RECEIVED:	FOR DOH HEER USE ONLY	REVIEWED BY:	DATE:
CHECK NO:	FACILITY ID:	DOCUMENT NUMBER:	20150113

REPORTING YEAR:

FACILITY NAME:

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 CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential Chemical Name:	<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)				
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