

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: ___/___/___

Business Name: (Same as Facility Name or DBA)						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page ___ of ___ (One page per building or area)				
Chemical Location: (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # (Agency Use Only)							
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily		Largest Cont.	Storage Pressure	
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*					
					<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
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- * **Code Storage Type** **Code Storage Type** **Code Storage Type** **Code Storage Type** **Code Storage Type** **Code Storage Type**
- A Aboveground Tank D Steel Drum G Carboy J Bag M Glass Bottle or Jug P Tank Wagon
- B Belowground Tank E Plastic/Non-metallic Drum H Silo K Box N Plastic Bottle or Jug Q Rail Car
- C Tank Inside Building F Can I Fiber Drum L Cylinder O Tote Bin R Other

If EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

All non-waste hazardous materials stored at the facility must be listed on the Non-Waste Hazardous Materials Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org)]. This form allows you to report up to six chemicals on a single page. Do not list hazardous wastes on this form.

You must complete a separate inventory line for each individual hazardous material that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect **all** hazardous materials at your facility, reported **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret materials must be listed on separate pages. Where the aggregate quantities of some hazardous materials are below the Business Plan threshold reporting quantity, report the general hazard class of the materials (e.g. "Misc. Flammable Liquids"), rather than the Common Name, and the aggregate quantity of all hazardous materials having this hazard class which individually are below the threshold reporting quantity. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous materials reported on this page are handled. A chemical stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the material being reported on each line.
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous material is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
11. COMMON NAME, CAS NUMBER, & EHS - In Column 3, enter the following information:
 - COMMON NAME - The Common Name or Trade Name of the hazardous material or mixture (e.g. Gasoline, Acme Super Solvent).
 - EHS - If the material is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A, check the EHS box.
 - CAS NUMBER - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section, below.
12. HAZARDOUS COMPONENTS - (Note: If the material is not a mixture, skip Column 4 and go directly to Column 5.) In column 4, enter the following information regarding Hazardous Components that make up the material listed in Column 3:
 - CHEMICAL NAME - If the Chemical Name is the same as the Common or Trade Name shown in Column 3, you may leave this space blank. If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the material type and physical state by checking the "pure" or "mixture box and the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the material is handled at the location.
 - CURIES - If the material is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g. 365) during the year that the material is on site.
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the material is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 7.
15. UNITS - In column 7, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the material is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
16. STORAGE CODES - In the appropriate spaces within Column 8, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
17. HAZARD CATEGORIES - In column 9, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure