# HAZARDOUS MATERIALS INVENTORY STATEMENT

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PERSON COMPLETING FORM:_____PHONE: _____

*Use the table below to list any and all hazardous materials that your business will store, handle, and/or use. Examples of hazardous materials may include, but is not limited to, gasoline, diesel, black powder, acids, blasting caps, oxygen, helium, acetylene, etc. Attach additional copies of this page if needed. If possible, please also provide safety data sheets (SDS) for each chemical.*

| SUBSTANCE NAME | PHYSICAL STATE (solid, liquid, gas) | MAXIMUM DAILY QUANTITY | DESCRIBE USE AND STORAGE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |