



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD
 DELETE
 REVISE
 REPORTING YEAR _____ 200
 PAGE ___ OF ___

I. FACILITY INFORMATION

| | | | | | | | | | | | |
|--|---|---|--|--|--|--|------------------|--|--|---|-----|
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) | | | | | | | | | | 3 | |
| CHEMICAL LOCATION | | | | | 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) | | | | | 202 |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| FACILITY ID # | A | R | | | | | | | | | 1 |
| MAP# (optional) | | | | | | 203 | GRID# (optional) | | | | 204 |

II. CHEMICAL INFORMATION

| | | | | | | | | | | | | |
|---|-----|---|--|----------------------|--|---|--|----------------------------------|-------|---------------|------------------|-----|
| CHEMICAL NAME | | | | | 205 | TRADE SECRET (If Subject to EPCRA, refer to instructions) | | | | | 206 | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| COMMON NAME | | | | | 207 | EHS (RS)* | | | | | 208 | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| CAS# | | | | | 209 | *If EHS (RS) is "Yes", all amounts below must be in Lbs. | | | | | | |
| FIRE CODE HAZARD CLASSES (Complete if required by CUPA) | | | | | | | | | | | 210 | |
| HAZARDOUS MATERIAL TYPE (Check one item only) | | | | | 211 | RADIOACTIVE | | | 212 | CURIES | | 213 |
| <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| PHYSICAL STATE (Check one item only) | | | | | 214 | LARGEST CONTAINER | | | | | 215 | |
| <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS | | | | | | | | | | | | |
| FED HAZARD CATEGORIES (Check all that apply) | | | | | | | | | | | 216 | |
| <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH | | | | | | | | | | | | |
| AVERAGE DAILY AMOUNT | | | 217 | MAXIMUM DAILY AMOUNT | | | 218 | ANNUAL WASTE AMOUNT | | 219 | STATE WASTE CODE | 220 |
| UNITS* (Check one item only) * If EHS (RS), amount must be in pounds. | | | | | | | | | | | 221 | |
| <input type="checkbox"/> a. GALLONS | | | <input type="checkbox"/> b. CUBIC FEET | | | <input type="checkbox"/> c. POUNDS | | <input type="checkbox"/> d. TONS | | DAYS ON SITE: | | 222 |
| STORAGE CONTAINER | | | | | | | | | | | 223 | |
| <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON | | | | | | | | | | | | |
| STORAGE PRESSURE | | | | | | | | | | | 224 | |
| <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT | | | | | | | | | | | | |
| STORAGE TEMPERATURE | | | | | | | | | | | 225 | |
| <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC | | | | | | | | | | | | |
| % WT | | HAZARDOUS COMPONENT (For mixture or waste only) | | | | | EHS (RS) | | CAS # | | | |
| 226 | 227 | | | | | | 228 | 229 | | | | |
| 1 | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 230 | 231 | | | | | | 232 | 233 | | | | |
| 2 | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 234 | 235 | | | | | | 236 | 237 | | | | |
| 3 | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 238 | 239 | | | | | | 240 | 241 | | | | |
| 4 | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 242 | 243 | | | | | | 244 | 245 | | | | |
| 5 | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. | | | | | | | | | | | | |
| ADDITIONAL LOCALLY COLLECTED INFORMATION | | | | | | | | | | | 246 | |
| If EPCRA, Please Sign Here _____ (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.) | | | | | | | | | | | | |

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