



# HAZARDOUS MATERIALS INFORMATION

The following information is submitted for determination of occupancy group classification. Any deviations may require reclassification of this building.

COMPANY NAME: <input style="width: 95%;" type="text"/>	PLAN CHECK #: <input style="width: 95%;" type="text"/>
ADDRESS: <input style="width: 95%;" type="text"/>	TELEPHONE #: <input style="width: 95%;" type="text"/>
CONTACT PERSON: <input style="width: 95%;" type="text"/>	

List all flammable & combustible liquids, explosives, compressed gases, flammable solids, organic peroxides, oxidizers, pyrophorics, unstable (reactive) materials, water-reactives, cryogenics, highly toxic or toxic materials, radio actives, corrosives, carcinogens, other health hazards.

**Show the Maxium Amounts To Be Stored and/or Used**  
**Provide Material Safety Data Sheets (MSDS) For Each Listed Material**

MATERIAL NAME & CONCENTRATION	STORAGE QTY (lbs-gal-cu ft)	USE-CLOSED SYSTEMS QTY (lbs-gal-cu ft)	USE-OPEN SYSTEMS QTY (lbs-gal-cu ft)	SIZE(S) OF CONTAINER(S)	Fire Department Use Only		
					FLASH POINT	PHSYICAL HAZARD	HEALTH HAZARD

Indicate Process Involved (Spraying, Dipping, etc.): \_\_\_\_\_

Indicate Method of Storage: \_\_\_\_\_

I hereby certify that the use, storage or process of hazardous materials will be limited as indicated above. \_\_\_\_\_

Building Owner/Occupant

Date

Fire Department Use Only

Occupancy Classification:	By:	Date:
---------------------------	-----	-------