



HAZARDOUS MATERIALS INFORMATION

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

COMPANY NAME:		PLAN CHECK #:	
ADDRESS:		TELEPHONE #:	
CONTACT PERSON:			

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

					Fire Department Use Only		
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)	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: