



CRITICAL/HAZARDOUS MATERIAL FORM

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Complete form with any and all materials proposed to be stored on-site that are listed in [SVMC 21.40.062](#). If none are proposed, fill in "not applicable (N/A)," sign and date form. Attach additional pages and/or add explanatory notes, if appropriate.

PROJECT INFORMATION

COMPANY NAME: _____ CONTACT NAME: _____
ADDRESS: _____ CITY: _____ ZIP: _____
EMAIL: _____ CONTACT PHONE: _____

PRODUCT/ CHEMICAL 1

PRODUCT/CHEMICAL NAME: _____
MAX QTY. (GAL/KG): _____
MATERIAL CLASSIFICATION: _____ SDS SHEET(S) PROVIDED: YES NO
FOR CLASSIFICATION TYPES, SEE HERE: [\[IBC TABLE 307.1\(1\) & \(2\)\]](#)
AREA STORED/USED: _____
METHOD OF STORAGE: _____

PRODUCT/ CHEMICAL 2

PRODUCT/CHEMICAL NAME: _____
MAX QTY. (GAL/KG): _____
MATERIAL CLASSIFICATION: _____ SDS SHEET(S) PROVIDED: YES NO
FOR CLASSIFICATION TYPES, SEE HERE: [\[IBC TABLE 307.1\(1\) & \(2\)\]](#)
AREA STORED/USED: _____
METHOD OF STORAGE: _____

PRODUCT/ CHEMICAL 3

PRODUCT/CHEMICAL NAME: _____
MAX QTY. (GAL/KG): _____
MATERIAL CLASSIFICATION: _____ SDS SHEET(S) PROVIDED: YES NO
FOR CLASSIFICATION TYPES, SEE HERE: [\[IBC TABLE 307.1\(1\) & \(2\)\]](#)
AREA STORED/USED: _____
METHOD OF STORAGE: _____

**** NOTE: USE A SEPARATE SHEET OF PAPER TO PROVIDE ANY ADDITIONAL PRODUCTS IS APPLICABLE ****

THE ABOVE IS A TRUE AND CORRECT ACCOUNTING OF THE CHEMICALS INTENDED TO BE USED AND/OR STORED AT THE REFERENCED FACILITIES.

SIGNED BY: OWNER AUTHORIZED REPRESENTATIVE OTHER: _____