

Hazardous Materials Inventory Declaration

Facility Information

Facility Name:

Address:

City:

State/Province:

Zip/Postal Code:

Contact Name:

Phone:

Email:

Hazardous Materials Inventory

Material Name	Chemical Abstracts Service (CAS) Number	Quantity	Unit	Physical State	Storage Location	Hazard Classification

Additional Information

Notes / Special Instructions:

Prepared By:

Date: