

HAZARDOUS MATERIALS BUSINESS PLAN

Business Name: _____ Date: _____

Site Address: _____ Business Phone: () _____

Contact Name: _____ Title: _____
(PLEASE PRINT) (PLEASE PRINT)

Hazardous Materials on site? No Yes *(continue below)*

An inspection will be required for materials stored in excess of those allowed in the Fire Code. Businesses, storing non-exempt amount, will be subject to the City of Sonora Fire Department's "User Fees/Service Charges".

A site plan/storage map and MSDS sheets are required to be available on site.

Annual Hazardous Materials Inventory Information Stored on Premises: (Circle type of measurement used)

Hazard Class	Chemical – Common Name	Maximum Qty. (At any one time)	Container Size (Single largest container)	Location(s) (Same as Site Plan/Storage Map)
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	
		<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	<input type="checkbox"/> gal/liter <input type="checkbox"/> lbs/kilo <input type="checkbox"/> cu. ft./dec	

Contact Signature: _____ Date: _____ Page _____ of _____