

Critical and Hazardous Materials List

Please fill out the following list as per instructions, return to the Building and Planning Department, and retain a copy at your place of business. Feel free to make copies, attach additional pages, and/or add explanatory notes, if appropriate.

Company Name: _____

Property Address: _____

PRODUCT 1

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu.Ft): _____

Material Classification (UBC Table 3D, 3E): _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 2

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu.Ft): _____

Material Classification (UBC Table 3D, 3E): _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 3

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu.Ft): _____

Material Classification (UBC Table 3D, 3E): _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 4

Product and/or Chemical Name:

Maximum Quantity (Gals, Lbs, Cu.Ft):

Material Classification (UBC Table 3D, 3E):

MSDS Sheet etc.:

Area Stored and/or Used:

Proposed Method of Storage:

PRODUCT 5

Product and/or Chemical Name:

Maximum Quantity (Gals, Lbs, Cu.Ft):

Material Classification (UBC Table 3D, 3E):

MSDS Sheet etc.:

Area Stored and/or Used:

Proposed Method of Storage:

PRODUCT 6

Product and/or Chemical Name:

Maximum Quantity (Gals, Lbs, Cu.Ft):

Material Classification (UBC Table 3D, 3E):

MSDS Sheet etc.:

Area Stored and/or Used:

Proposed Method of Storage:

PRODUCT 7

Product and/or Chemical Name:

Maximum Quantity (Gals, Lbs, Cu.Ft):

Material Classification (UBC Table 3D, 3E):

MSDS Sheet etc.:

Area Stored and/or Used:

Proposed Method of Storage:

PRODUCT 8

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu.Ft): _____

Material Classification (UBC Table 3D, 3E): _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

The above is a true and correct accounting of the chemicals intended to be used and/or stored at the referenced facilities.

Signed by: _____

Date: _____

FOR OFFICE USE ONLY

Activity SIC Code: _____

Designation: _____ Critical Use Activity _____ Not a Critical use Activity _____

Reviewed By: _____ Date: _____