Dona Ana County Registered Businesses
Storage of Hazardous Materials/Chemicals
Facility Inventory Form

Failure to complete and submit this document will result in the denial of business registration. If you require additional information in completing the form, please call the Office of Emergency Management at 647-7900.

A. FACILITY NAME_________________________________________________________ OWNER/MANAGER_________________________________________________________

TYPE OF BUSINESS___________________________________________________________________________________

ADDRESS (Physical)_________________________________________ PHONE NO._________________________________________

ADDRESS (Mailing)_________________________________________ PHONE NO._________________________________________

24 HOUR CONTACT NAME___________________________________ PHONE NO._____________________________________

ALTERNATE CONTACT_____________________________________ PHONE NO._____________________________________

COUNTY FIRE DISTRICT NAME AND NUMBER (IF KNOWN)__________________________________________________

B. 1. Does your business have an Evacuation Plan? Yes □ No □

2. Does your business have an OSHA Hazard Communication Standard Program? Yes □ No □

3. Does your business use, store, manufacture, dispose or dispense hazardous materials/chemicals? Yes □ No □

If yes, complete entire form. If no, go to Section D.

4. Does your business dispose of hazardous materials/chemicals? Yes □ No □

If yes, give method of disposal and final disposal destination. ______________________________________

5. Is your business required to submit an EPA Risk Management Plan? Yes □ No □

C. Please list all chemicals or hazardous materials which are used, sold, or stored at your business. Attach additional sheet if necessary.

<table>
<thead>
<tr>
<th>Chemical Name/CAS Number (If Possible)</th>
<th>Maximum Amount Stored Annually</th>
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</tbody>
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Gasoline:_____________________Gallons Diesel:_______________________ Gallons

Aboveground □ Underground □ Aboveground □ Underground □

Provide the name and how close in feet your chemical storage area is to any:

<table>
<thead>
<tr>
<th>Name</th>
<th>Feet</th>
<th>Name</th>
<th>Feet</th>
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</thead>
<tbody>
<tr>
<td>School</td>
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<td>Hospital</td>
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<tr>
<td>Restaurant</td>
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<td>Store</td>
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<tr>
<td>Residence</td>
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<td>Other</td>
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</table>
PLEASE COMPLETE OTHER SIDE

Please draw a diagram as clearly as possible of your facility reflecting the location of any hazardous material or chemical storage area. THIS INFORMATION IS CRITICAL TO PROVIDE AN AWARENESS TO EMERGENCY FIRST RESPONDERS IN THE EVENT OF AN ACCIDENT OR INCIDENT WHICH MAY OCCUR AT YOUR FACILITY. Try to include any significant landmarks in your diagram (name of streets or roads, location of fire extinguishers, drainage ditches, trees, houses, ADA access, etc.)

N ↑

Protective equipment available:

☐ Fire extinguisher  ☐ Face shield/goggles
☐ Cartridge respirator  ☐ Supplied air breathing apparatus

☐ NFPA 704 Placard required? Yes ☐ No ☐ If yes, where are NFPA 704 placards displayed (N, S, E, W of facility?)

D. Owner/Manager/Occupant Signature ___________________________ Date______________________________

Return to: Office of Emergency Management
1170 North Solano, Ste. O
Las Cruces, NM 88001
(575) 647-7900 office
(575) 647-7996 fax

DEADLINE: MARCH 15th