AURORA FIRE DEPARTMENT
HAZARDOUS MATERIAL INVENTORY STATEMENT

The following information is required for each hazardous material used in production or stored on site.

Business Name ______________________ Phone Number ______________

Address ____

Contact Person ______________ Email __________ Phone Number ______________

1. Floor plan showing location of below listed materials (max 8½ x 11)
2. Container

EXAMPLE

ID # 1075 Type Cylinder Size 30lbs Material Steel # of 10

Total Quantity 300 Common Name Propane

*CAS/DOT ID # ________ Type ________ Size _____ Material __________ # of ______

Total Quantity ______________ Common Name ________________

*CAS/DOT ID # ________ Type ________ Size _____ Material __________ # of ______

Total Quantity ______________ Common Name ________________

*CAS/DOT ID # ________ Type ________ Size _____ Material __________ # of ______

Total Quantity ______________ Common Name ________________

*CAS/DOT ID # ________ Type ________ Size _____ Material __________ # of ______

Total Quantity ______________ Common Name ________________

*CAS/DOT ID # ________ Type ________ Size _____ Material __________ # of ______

Total Quantity ______________ Common Name ________________

*CAS/DOT ID # ________ Type ________ Size _____ Material __________ # of ______

Total Quantity ______________ Common Name ________________

If more space is required, please attach a separate sheet.

***If CAS or DOT ID# is not available, the following additional information is required:**
Manufacturer's safety sata sheet or equivalent.

Check if no hazardous materials present ☐

Signature ______________________________ Date ______________

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