



City of Anthony

820 HWY 478
Anthony, New Mexico 88021
(575) 882-2983 Office / (575) 882-2978 Fax
www.cityofanthonym.com

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 575-647-7900.

A. FACILITY NAME: _____ OWNER/MANAGER _____

TYPE OF BUSINESS: _____

ADDRESS (Physical): _____ PHONE NO.: _____

ADDRESS (Mailing): _____ PHONE NO.: _____

24 HOUR CONTACT NAME: _____ 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.

Chemical Name/CAS Number (If Possible) _____

Maximum Amount Stored Annually: _____

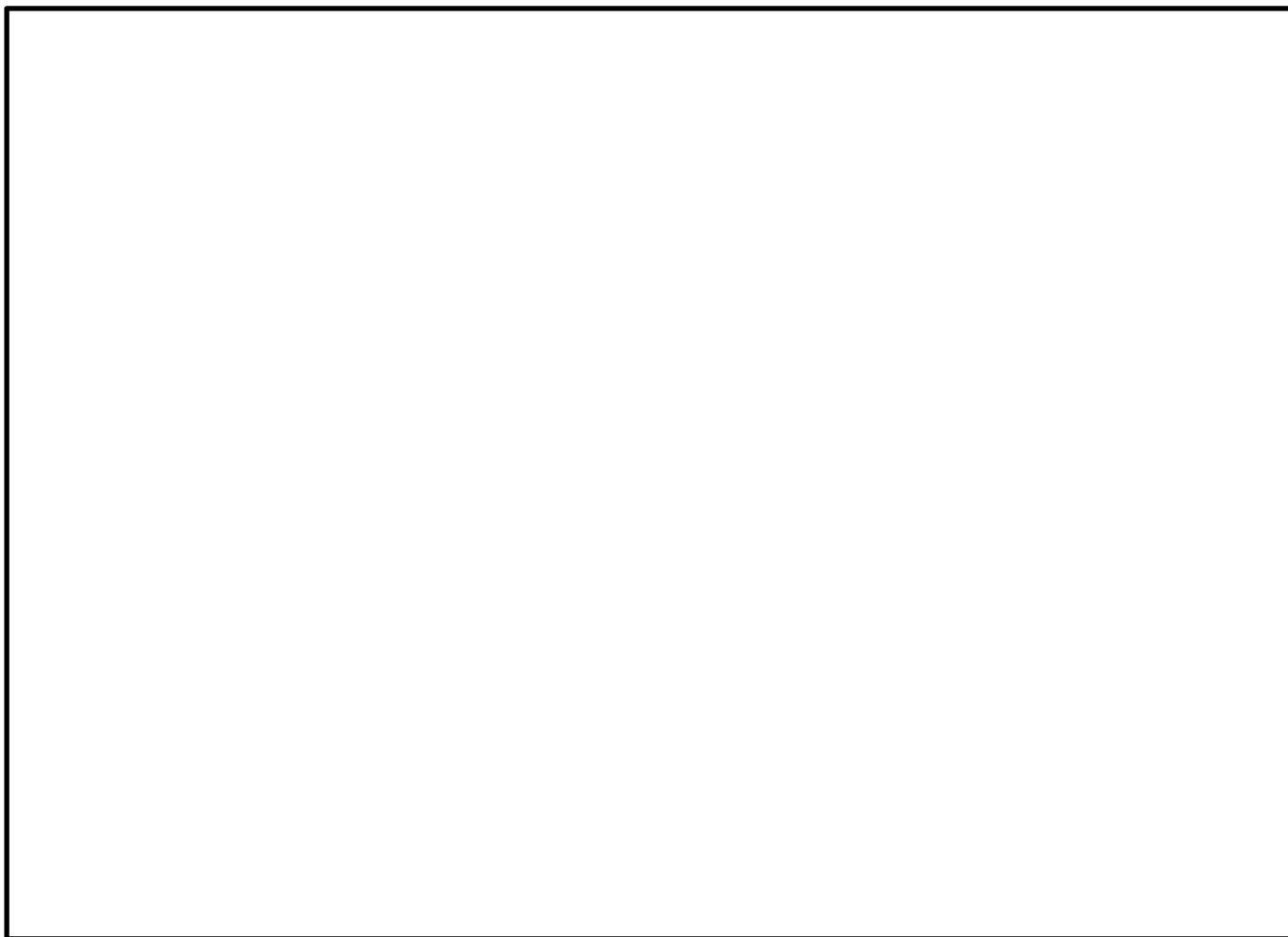
Gasoline: _____ Gallons Diesel: _____ Gallons
() Aboveground () Underground () Aboveground () Underground

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

| Name | Feet | Name | Feet |
|------------------|-------|----------------|-------|
| School _____ | _____ | Hospital _____ | _____ |
| Restaurant _____ | _____ | Store _____ | _____ |
| Residence _____ | _____ | Other _____ | _____ |

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 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.)



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: City of Anthony

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Deadline: January 31st

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