



PALO ALTO FIRE DEPARTMENT FIRE PREVENTION BUREAU

HAZARDOUS MATERIALS DISCLOSURE CHECKLIST

Business or Facility Name _____ Street Address, Suite or Bldg. # _____

Hazardous Materials include but are not limited to: fuels, virgin or waste oil, chlorine, cosmetics, pharmaceuticals, waste perfume, solvents, paints, and liquefied petroleum gases (LPG). If the classification of Hazardous Materials is known, circle below:

- | | |
|------------------------------------|--------------------------|
| 1. Explosives | 7. Highly Toxic/Toxic |
| 2. Compressed Gases | 8. Radioactives |
| 3. Flammable & Combustible Liquids | 9. Corrosives |
| 4. Flammable Solids | 10. Cryogenics |
| 5. Oxidizers/Organic Peroxides | 11. Water Reactives |
| 6. Pyrophorics | 12. Other Health Hazards |

| | YES | NO |
|---|--------------------------|--------------------------|
| Does the operation of this facility involve Hazardous Materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does this facility currently have a Hazardous Materials Storage permit? | <input type="checkbox"/> | <input type="checkbox"/> |

WILL THIS PROJECT:

- | | | |
|---|--------------------------|--------------------------|
| 1. Involve closures of present Hazardous Materials Storage Facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Involve the storage or use of Hazardous Materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Generate Hazardous Materials waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Involve the disposal of transformers with oils or pressure treated wood? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Involve energy storage systems (ESS), uninterruptible power supply (UPS), backup batteries, generators, inverters, IT rooms, or beverage dispensing systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Involve EPA listed Extremely Hazardous Substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Require the installation or removal of aboveground or underground storage tanks or sumps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Involve HazMat related improvements (ex: fume hoods, storage cabinets)? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, provide brief explanation in note section below and either complete attached HazMat Inventory, or submit electronically through CERS (<https://cersbusiness.calepa.ca.gov/Account/SignIn?ReturnUrl=%2f>).

I hereby certify under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief. Intentional exclusion of any relevant information may be punishable under provisions set forth in Palo Alto Municipal Code, Title 17, Chapter 17.48. If you have any questions, please call the Palo Alto Fire Prevention Bureau at (650) 329-2184 or email fire@cityofpaloalto.org for further assistance.

Signature _____ Date _____ Phone Number _____

Print Name/Title _____ Firm Name _____

Notes:

This continuation page is provided for use with the Unidocs Hazardous Materials Registration Form or Hazardous Materials Business Plan (HMBP) in jurisdictions where local ordinance or code requires disclosure of hazardous materials handled in quantities below State HMBP reporting thresholds. Do not list hazardous wastes or HMBP-reportable materials on this form.

Site Address: _____ City: _____

Non-Waste Inventory Information (Continued)

| Hazard Class | Chemical/Common Name | Max. Qty. (at any one time) | Container Size (single largest container) | Location(s) (Same as on Site Plan/Storage Map) |
|--------------|----------------------|--|--|---|
| | | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | |
| | | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | |
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Site Address: _____ City: _____

Hazardous Waste Inventory Information (Continued)

| Hazard Class | Name of Hazardous Waste | Treatment/Disposal Method(s) (Definitions provided on bottom of page) | Max. Qty. (at any one time) | Annual Qty. Generated | Location(s) (Same as on Site Plan/Storage Map) |
|--------------|-------------------------|---|--|--|---|
| | | <input type="checkbox"/> Recycled on-site <input type="checkbox"/> Treated on-site <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | |
| | | <input type="checkbox"/> Recycled on-site <input type="checkbox"/> Treated on-site <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. | |
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