Extremely Hazardous Substance/Regulated Toxic Substance Report for Risk Management Plan

Each concentration or physical state requires a separate i	report. Copy this form it necessary before completing it.
Company Name:	Facility ID:
Address:	•
	<u> </u>
Check One: Pure Mixture No of days On-site	Storage Codes: Pressure Temp. Container
EHS Name:	CAS NO.
Dec lead Manne	
Product Name:	named EHS? %
What is the concentration, in percent, of the	
What is the concentration, in percent, of the Other Major ingredients(attach an additional sheet if	fnecessary) Percentage CAS No.
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PHYSICAL STATE: check only one box per section.	If more than one box is needed, complete a separate
Report instead. Solid Liquid	\bigsqcup_{Gas}
IF SOLID	IF LIQUID
Solid in Solution Molten solid	Liquid near boiling point
Solid in Solidion — Molten solid	
Solid (other) – if you marked this box: what percent is	Liquid at ambient temperature
powder or dust (particle size less than 100 microns)?%	If the container is diked: What is the diked area? sq.ft.
REPORT ALL QUANTITIES	IN THE UNITS INDICATED
	gallons
1. What is the maximum amount of this substance present at any time? (all containers combined)	lb. <u>AND</u> <u>OR</u> cu. ft.
2. What is the average amount present?	lb.
3. What is the largest amount present in any one container or in	lb.
	ins 100lb and B contains 200 lb. If vessels A and B are <u>not</u> in the nical move from one vessel into the other, report '200 lb' as the
4. What is your total number of employees?	
5. What are your hours of operation?	
DELIVERY IN	
1. Frequency of delivery: (weekly, twice a year, etc.)	
2. Amount delivered each delivery 3. Mode of o	delivery (tank truck, drums on tuck, etc.)