

Hazardous Waste Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: ___/___/___

Business Name: (Same as Facility Name or DBA)										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ___ of ___ (One page per building or area)	
Chemical Location: (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No				Facility ID # (Agency Use Only)							
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components				5. Type and Physical State	6. Quantities			7. Annual Waste Amount	8. Units	9. Storage Codes		10. Hazard Categories
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.	
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:				
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:				

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| * Code Storage Type | * Code Storage Type | * Code Storage Type | * Code Storage Type | * Code Storage Type | * Code Storage Type |
| A Aboveground Tank | D Steel Drum | G Carboy | J Bag | M Glass Bottle or Jug | P Tank Wagon |
| B Belowground Tank | E Plastic/Nonmetallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other |

If EPCRA, sign below:

Hazardous Waste Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

All hazardous wastes handled at the facility must be listed on the Hazardous Waste Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org)]. This form allows you to report up to six wastes on a single page. Do not list non-waste hazardous materials on this form.

You must complete a separate inventory line for each individual hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect **all** hazardous wastes at your facility, reported **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret wastes must be listed on separate pages. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the waste is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous wastes reported on this page are handled. A waste stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the waste being reported on each line.
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous waste is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous waste. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
11. WASTE STREAM NAME & MANAGEMENT METHOD - In Column 3, enter the following information:
 - WASTE STREAM NAME - The Common Name of the hazardous waste (e.g. Used Oil, Spent Solvent).
 - MANAGEMENT METHOD - Check the appropriate box(es) to indicate how you manage the waste.
12. HAZARDOUS COMPONENTS - In column 4, enter the following information regarding Hazardous Components that make up the waste listed in Column 3:
 - CHEMICAL NAME - List the chemical name of each hazardous component in the mixture ranked by percent weight. All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the physical state by checking the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous waste handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous waste or mixture in this building or outside area. If this is a waste that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the waste is handled at the location.
 - CURIES - If the waste is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g. 365) during the year that the waste is on site. (Note: This does not refer to the accumulation time limit for individual waste containers.)
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the waste is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 8.
15. ANNUAL WASTE AMOUNT - Enter the total quantity of this waste generated annually. Use the same unit of measure as that indicated in Column 8.
16. UNITS - In column 8, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the waste is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
17. STORAGE CODES - In the appropriate spaces within Column 9, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the waste is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the waste is stored.
18. HAZARD CATEGORIES - In column 10, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous waste.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure