

EMD USE ONLY
_____ Application
_____ Supplemental
_____ Renewal
Registration No. _____
Receipt No. _____
Date _____
Category _____

BEAUFORT COUNTY HAZARDOUS MATERIALS INITIAL REGISTRATION FORM

(Authority – Beaufort County Code of Ordinances, Chapter 46
Health and Sanitation, Article V – Hazardous Materials)

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SECTION I FACILITY INFORMATION

Facility Name _____

Physical Address: Building No. _____ Street Name _____ Suite No. _____
City _____ State _____ Zip Code _____

Mailing Address: P.O Box or Route No. _____
City _____ State _____ Zip Code _____

Business Phone: _____ Fire Department Jurisdiction: _____

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SECTION II EMERGENCY CONTACT INFORMATION

Facility Emergency Coordinator (Name): _____

Mailing Address: _____

Home Phone: _____ Emergency Contact Phone: _____

Alternate Emergency Contact (Name): _____

Mailing Address: _____

Home Phone: _____ Emergency Contact Phone: _____

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SECTION III HAZARDOUS MATERIALS IDENTIFICATION (Safety Data Sheet Required for Each Material Listed) (use additional sheets as necessary)

Location of Safety Data Sheets at Facility (SDS): _____

COMMON NAME	MAX AMT	UNIT	CONTAINER TYPE	PHYSICAL STATE

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SECTION IV TARGET HAZARDS (to be completed by Fire Department Official)

SECTION V
CONTAINMENT CAPABILITIES OF THE FACILITY

1) List material and/or equipment available on-site to contain spill, leak or release of the listed hazardous material(s).

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SECTION VI
HAZARDOUS WASTE

Does your facility generate any waste? Y / N
If yes, what is your EPA ID #: SC _____
If yes, answer questions below.

If no, go to Section VII.

Describe Waste	Method of Disposal	Is It Hazardous Y / N

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SECTION VII
DIRECTIONS TO THE FACILITY

Give directions to the facility: _____

SECTION VIII
DIAGRAM OF FACILITY

Draw a layout of your facility showing where the hazardous materials will be found (refer to instruction sheet):

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SECTION IX
CERTIFICATION

Read and Sign After Completing ALL Sections

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. This facility adheres to all applicable safety rules, regulations and procedures.

Printed Name & Official Title of Owner
Or Owner's Authorized Representative

Signature

Date Signed

Phone Number

Email Address