



**DONA ANA COUNTY REGISTERED BUSINESSES**  
**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 647-7900.**

A. FACILITY NAME \_\_\_\_\_ OWNER/MANAGER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

ADDRESS (Physical) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRERSS (Mailing) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

24 HOUR CONTACT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ 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.

<u>Chemical Name/CAS Number (If Possible)</u> _____	<u>Maximum Amount Stored Annually</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Gasoline: \_\_\_\_\_ Gallons  
 Aboveground  Underground

Diesel: \_\_\_\_\_ Gallons  
 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 AN 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.)

N ↑



Protective equipment available:

- Fire extinguisher
- Cartridge respirator
- Face shield/goggles
- 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: Office of Emergency Management  
1170 North Solano, Ste. O  
Las Cruces, NM 88001  
(575) 647-7900 office  
(575) 647-7996 fax

**DEADLINE: MARCH 15<sup>th</sup>**