



**STATE OF CONNECTICUT**  
**Department of Administrative Services, Office of State Fire Marshal**

**MANUFACTURING EMPLOYER  
 HAZARDOUS MATERIALS SURVEY**

<p align="center"><b>MANUFACTURING FACILITY LOCATION</b></p> Name _____ Street _____ City _____ State _____ Zip _____	<p align="center"><b>MANUFACTURING OWNER/OPERATOR</b></p> Name _____ Mail Address _____ Phone Number _____
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**FACILITY EMERGENCY CONTACT PERSON**

 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_ 24 HOUR EMERGENCY PHONE NUMBER \_\_\_\_\_

DOES THIS FACILITY USE, STORE, OR PRODUCE ANY QUANTITY OF HAZARDOUS MATERIAL AS DEFINED IN THE CONNECTICUT GENERAL STATUTES 29-307a (2) <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" sign the certification below. If "yes", complete the form accordingly.	<b>Enter Amounts          of Material          Accordingly</b>
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HAZARDOUS MATERIALS DESCRIPTIVE NAME AND SPECIFIC LOCATION AT FACILITY	HAZARD CLASS	UN/NA ID NUMBER	QUANTITY	UNIT
Material: _____ Location: _____				<input type="checkbox"/> GALLONS <input type="checkbox"/> CUBIC FT. <input type="checkbox"/> POUNDS
Material: _____ Location: _____				<input type="checkbox"/> GALLONS <input type="checkbox"/> CUBIC FT. <input type="checkbox"/> POUNDS
Material: _____ Location: _____				<input type="checkbox"/> GALLONS <input type="checkbox"/> CUBIC FT. <input type="checkbox"/> POUNDS

<u><b>CHECK HERE IF INFORMATION IS CONTINUED ON REVERSE SIDE</b></u> <input type="checkbox"/>	<u><b>LOCATION OF MATERIALS MUST BE LISTED ON ATTACHED SITE PLAN</b></u>
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<p align="center"><b>CERTIFICATION OF COMPANY OFFICIAL</b></p> I hereby certify that all statements made by me are true complete and correct to the best of my knowledge. Signature _____ Date ____/____/____ Print Name _____ Title _____	<p><b><u>IMPORTANT</u></b></p> RETURN ORIGINAL TO YOUR LOCAL FIRE MARSHAL'S OFFICE
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**FIRE MARSHAL USE ONLY**

Received by Fire Marshal on ____/____/____	Received by Fire Chief on ____/____/____
_____ Fire Marshal Signature	_____ Fire Chief Signature

