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## HAZARDOUS MATERIAL STORAGE PLAN GUIDE

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Making an informed decision on the purchase of a building which can either reduce or increase your company's liability is as important as recognizing the need to safely house your hazardous materials. Hazardous material storage technology, products, and third party testing agency certifications vary greatly. This Hazardous Material Storage Plan Guide will help you in selecting the best products to comply with specific needs and codes.

Decisions regarding the storage of hazardous materials can be made only after learning what materials are involved and in what quantities, types of containers employed, and usage procedures. Please take a few moments to complete this form. It will assist us in making the right recommendation to you on the product(s) that meet your exact needs.

**CUSTOMER:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

**SUMMARY OF APPLICATION:**

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**TIMING (Date when storage building should be in place):** \_\_\_\_\_

	<b>Material Type</b> (MEK, Isopropyl Alcohol, 39% Sulfuric Acid, Etc.)	<b>Hazard Class</b> (Flam-1A, 1B, 1C; combust II, IIIA, IIIB, corrosive; poison; oxidizers, etc.)	<b>Container Type</b> (55-gal. drums, 5-gal. pails, boxes, bottles, cylinders, pallets, etc.)	<b>Quantity of:</b> (Drums, pails, boxes, bottles, cylinders, pallets, etc.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

# APPLICATION REQUIREMENTS



## 1. LOCATION ON SITE:

0-10'     10'- 50'     50'+     Other: \_\_\_\_\_

Indoor – Describe Location. Any Restrictions?

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## 2. TEMP CONTROL REQUIREMENTS:    Yes    No

**Heating:**    Inside Temp: \_\_\_\_\_    Outside Temp: \_\_\_\_\_

**Cooling:**    Inside Temp. \_\_\_\_\_    Outside Temp: \_\_\_\_\_

## 3. ELECTRICAL REQUIREMENTS / POWER SUPPLY:

**Interior:**     Explosion-proof     Class I     Div. 1 (Standard)     Other: \_\_\_\_\_

**Exterior:**     NEMA 3R (Standard)     Other: \_\_\_\_\_

**Voltage:**     120V     208V     240V     480V     Single Phase     Three Phase

## 4. SEPARATION REQUIREMENTS / Mechanical Characteristics:

Do you need to separate any incompatible materials?     Yes     No

If yes, explain:

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Do any materials have unusual characteristics?     Yes     No

(Examples: water reactive, spontaneously combustible, etc.)

If yes, explain:

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## 5. OPERATIONAL REQUIREMENTS (Check all that apply):

Will any of the following operations be performed in this building:

Dispensing     Filling     Mixing     Lab Packing     Other: \_\_\_\_\_

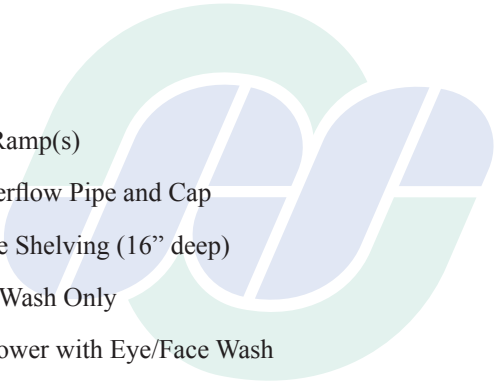
## 6. MATERIAL HANDLING REQUIREMENTS:

How are materials moved into storage?

Forklift/Pallets     Hand Truck     Other: \_\_\_\_\_

How are materials removed from storage?

Forklift/Pallets     Hand Truck     Other: \_\_\_\_\_



**7. GENERAL REQUIREMENTS (Check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Interior Lighting                       | <input type="checkbox"/> Loading Ramp(s)                  |
| <input type="checkbox"/> Exterior Lighting                       | <input type="checkbox"/> Sump Overflow Pipe and Cap       |
| <input type="checkbox"/> Electrical Outlets (Interior)           | <input type="checkbox"/> Adjustable Shelving (16" deep)   |
| <input type="checkbox"/> Electrical Outlets (Exterior)           | <input type="checkbox"/> Eye/Face Wash Only               |
| <input type="checkbox"/> Mechanical Ventilation                  | <input type="checkbox"/> Safety Shower with Eye/Face Wash |
| <input type="checkbox"/> Spill/Leak Detection                    | <input type="checkbox"/> Special Paint                    |
| <input type="checkbox"/> Fire Sprinkler Assembly                 | <input type="checkbox"/> Drawings (for Records)           |
| <input type="checkbox"/> Automatic Dry Chemical Fire Suppression | <input type="checkbox"/> Drawings (for Approval)          |
| <input type="checkbox"/> Remote Alarms (Fire)                    | <input type="checkbox"/> Drawings (for Permitting)        |
| <input type="checkbox"/> Remote Alarms (Spill/Leak)              | <input type="checkbox"/> Other                            |

If other, please describe:

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**8. CODE / REGULATORY REQUIREMENTS:**

Have you reviewed your storage needs with local building or fire departments?  Yes  No

If yes, are there any local codes, regulations or restrictions that must be considered? (please explain)

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**9. FUTURE REQUIREMENTS (Check all that apply):**

Are your future storage needs likely to entail any of the following?

- Relocation of storage facility
- Expansion of storage facility
- Changes in overall needs

**10. SPECIAL REQUIREMENTS / COMMENTS:**

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