

REPORTING YEAR 2006

TORRANCE FIRE DEPARTMENT HAZARDOUS MATERIALS REPORTING PACKET

December 2005

Dear Business Owner:

Enclosed are the **Year 2006 Hazardous Materials Reporting Forms**. Every Business in Torrance that handles hazardous materials in amounts equal to or greater than 55 gallons of liquids, 200 cubic feet of compressed gases or 500 pounds of solids must complete the following forms:

1. **BUSINESS OWNER/OPERATOR IDENTIFICATION** (*Required every year*).
2. **YEAR 2006 EMERGENCY RESPONSE BUSINESS PLAN (ERBP)** form (If there are no changes in the plan from 2005, and you have a copy of your 2005 ERBP at your business you do not have to fill out a plan for 2006, just complete the 2006 EMERGENCY RESPONSE BUSINESS PLAN CERTIFICATION CHECKLIST).
3. **HAZARDOUS MATERIALS INVENTORY FORM** (If there are no changes in your inventory from 2005, and you have a copy of your 2005 ERBP and inventory at your business you do not have to fill out the inventory form for 2006, just send in the 2006 EMERGENCY RESPONSE BUSINESS PLAN CERTIFICATION CHECKLIST with the inventory checked).
4. **2006 EMERGENCY RESPONSE BUSINESS PLAN CERTIFICATION CHECKLIST** (use this form only if there are no changes in your ERBP and chemical inventory from 2005 and you have a copy of your 2005 ERBP and inventory at your business).

If you wish to submit an electronic copy you must make arrangements with the Hazardous Materials Division. Downloadable copies of the Reporting Packet are available on the Torrance Fire Department web page at <http://www.tfd.tornet.com/HazPack.html>. The Torrance Fire Department accepts all State approved Hazardous Materials Reporting forms. If you would like a Word for Windows version please send an email to jkulluk@tornet.com.

All completed forms are to be returned to the Torrance Fire Department Hazardous Materials Division on or before **Wednesday March 1, 2006** at the address shown below. If you have any questions please call 310-618-2973.

TORRANCE FIRE DEPARTMENT

Hazardous Materials Administration

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID#

BEGINNING DATE

ENDING DATE

BUSINESS NAME		BUSINESS PHONE
SITE ADDRESS(6)		
TORRANCE	CA	ZIP
DUN & BRADSTREET	SIC CODE (4 DIGIT #)	
OPERATOR NAME	OPERATOR PHONE	

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE	
OWNER MAILING ADDRESS		
CITY	STATE	ZIP

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE	
MAILING ADDRESS		
CITY)	STATE	ZIP

PRIMARY

IV. EMERGENCY CONTACTS

SECONDARY

PRIMARY	SECONDARY
NAME:	NAME:
TITLE	TITLE
BUSINESS PHONE)	BUSINESS PHONE
24-HOUR PHONE	24-HOUR PHONE
PAGER #	PAGER #

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

TORRANCE BUSINESS LICENSE NUMBER:	ON SITE REGULATED SUBSTANCES <input type="checkbox"/> Yes <input type="checkbox"/> No	
BILLING CONTACT		
BILLING ADDRESS		
CITY	STATE	ZIP CODE



Hazardous Materials Inventory - Chemical Description Page

(1) ADD DELETE REVISE Reporting Year(1) **2006** PAGE(2) OF (3)

I. FACILITY INFORMATION

BUSINESS NAME (4)											
CHEMICAL LOCATION (5)								CHEMICAL LOCATION CONFIDENTIAL EPCRA		<input type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY ID #				MAP # (OPTIONAL) 6)				GRID # (OPTIONAL)(7)			

CHEMICAL NAME(8)	TRADE SECRET(11)	<input type="checkbox"/> Y <input type="checkbox"/> N
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COMMON NAME(9)	Regulated Substance(12)	<input type="checkbox"/> Y <input type="checkbox"/> N
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CAS # (10)	IF BOX IS "Y" ALL AMOUNTS MUST BE IN LBS.
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FIRE CODE(13) HAZARD CLASSES	FIRE	HEALTH	REACTIVITY
------------------------------	------	--------	------------

TYPE(14)	<input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input type="checkbox"/> N
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PHYSICAL (17) STATE	<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS	CURIES(16)	
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HAZARD CATEGORIES(18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE(19)		UNITS (22)	<input type="checkbox"/> GAL <input type="checkbox"/> LBS <input type="checkbox"/> CU FT <input type="checkbox"/> TONS	MAX DAILY AMT. [What is the largest amount you could have on any day] (23)	
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DAYS ON SITE(20)		<i>IF REGULATED SUBSTANCE AMOUNTS MUST BE IN LB.</i>	AVG. DAILY AMT.(24)	
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LARGEST CONTAINER(21)		ANNUAL WASTE AMT. (25)	
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STORAGE CONTAINER(26)	<input type="checkbox"/> ABOVE GROUND TANK <input type="checkbox"/> CAN <input type="checkbox"/> BOX <input type="checkbox"/> TANK WAGON <input type="checkbox"/> UNDERGROUND TANK <input type="checkbox"/> CARBOY	<input type="checkbox"/> TANK INSIDE BUILDING <input type="checkbox"/> SILO <input type="checkbox"/> GLASS BOTTLE <input type="checkbox"/> PLASTIC BOTTLE <input type="checkbox"/> STEEL DRUM <input type="checkbox"/> FIBER DRUM <input type="checkbox"/> CYLINDER	<input type="checkbox"/> PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> TOTE BIN <input type="checkbox"/> BAG <input type="checkbox"/> RAIL CAR <input type="checkbox"/> _____
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STORAGE PRESSURE(27)	<input type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT
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STORAGE(28) TEMPERATURE	<input type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC
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% WT(29)	HAZARDOUS COMPONENT(30)	EHS(31)	CAS #(32)
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	



2006 EMERGENCY RESPONSE BUSINESS PLAN CERTIFICATION CHECKLIST

THE FOLLOWING AREAS MUST BE **CERTIFIED** AS CORRECT. IF **ANY CHANGES** ARE NEEDED IN YOUR BUSINESS PLAN YOU MUST ENTER THE CORRECTIONS ON THE YEAR 2006 BUSINESS PLAN FORM. IF ANY AREA IS NOT APPLICABLE CHECK N/A.

SECTION I: BUSINESS IDENTIFICATION DATA

FACILITY ADDRESS: _____

FACILITY NAME: _____

CHECK LINES THAT ARE CURRENT

Torrance Business License #

YES	NO	N/A
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL APPLICABLE HAZARDOUS MATERIALS PERMITS / LICENSES LISTED
BUSINESS OWNERSHIP UNCHANGED FROM 2004

SECTION II: EMERGENCY RESPONSE PLANS AND PROCEDURES

_____	_____	_____	COMPANY HAS ON-SITE RESPONSE TEAM IN PLACE, MEMBERS IDENTIFIED
_____	_____	_____	PRIVATE COMPANY SPILL RESPONSE TEAM IDENTIFIED
_____	_____	_____	PRIVATE WASTE HAULER USED AND LISTED
_____	_____	_____	AMOUNT OF RELEASE THAT WILL TRIGGER RESPONSE TEAM LISTED
_____	_____	_____	EARTHQUAKE RESPONSE PLAN IN PLACE

SECTION III: EMPLOYEE TRAINING PROGRAM

_____	_____	_____	TRAINING PROGRAM IS IN PLACE
_____	_____	_____	RECORDS KEPT FOR EACH EMPLOYEE
_____	_____	_____	TRAINING DONE WITH EMERGENCY RESPONSE EQUIPMENT
_____	_____	_____	REFRESHER TRAINING DONE PERIODICALLY
_____	_____	_____	MSDS SHEETS AVAILABLE FOR EMPLOYEES

SECTION IV: SITE PLOT PLANS

_____	_____	_____	8.5" X 11" SITE MAP(S) INCLUDED WITH BUSINESS PLAN
_____	_____	_____	ALL STORM DRAINS, WATER CHANNELS, PUBLIC ROADWAYS IDENTIFIED
_____	_____	_____	ALL UNDERGROUND TANKS IDENTIFIED
_____	_____	_____	MAJOR CHEMICAL STORAGE AREAS IDENTIFIED

CHEMICAL INVENTORY FOR YEAR 2006

_____	_____	_____	CHEMICAL INVENTORY IS SAME AS SUBMITTED IN 2004
_____	_____	_____	LIQUEFIED COMPRESSED GASES LISTED IN POUNDS
_____	_____	_____	ALL MATERIALS NO LONGER USED/ OR NEW IDENTIFIED ON INVENTORY PAGE
_____	_____	_____	ALL REGULATED SUBSTANCES LISTED IN POUNDS

CERTIFICATION

I certify that the areas checked above were reviewed in our Business Plan **and that all** necessary changes have been made and copies sent to the Torrance Fire Department, Hazardous Materials Administrative Division.

DEADLINE: WEDNESDAY MARCH 1, 2006

SIGNATURE

DATE

NAME [PRINT]

TITLE



Torrance Fire Department

YEAR 2006 HAZARDOUS MATERIALS

EMERGENCY RESPONSE BUSINESS PLAN

Please read the instructions prior to completing and returning this packet
ALL ITEMS MUST BE LEGIBLE

A COPY OF THIS CURRENT EMERGENCY RESPONSE BUSINESS PLAN SHALL BE
KEPT ON SITE AND AVAILABLE TO ALL EMPLOYEES.

I CERTIFY THAT THE ENCLOSED INFORMATION IS ACCURATE AND MEETS THE REQUIREMENTS OF ARTICLE 1, CHAPTER 6.95 OF THE CALIFORNIA HEALTH AND SAFETY CODE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED TO DETERMINE MY BUSINESS'S STATUS WITH REGARD TO THE HEALTH AND SAFETY CODE DISCLOSURE REQUIREMENTS.

BUSINESS NAME

TORRANCE BUSINESS LICENSE NUMBER

SIGNATURE

DATE

NAME

TITLE

OFFICIAL USE ONLY

DATE RECEIVED:

PACKET ENTERED
INTO DATABASE:

VERIFIED:



SECTION B. STATE, COUNTY OR LOCAL LICENSES OR PERMITS

DOES YOUR BUSINESS HAVE LICENSES / PERMITS FOR THE FOLLOWING?

YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	LOS ANGELES COUNTY CUPA UNIFIED PERMIT	#	
		HAZARDOUS WASTE	YES	NO
		TIERED PERMIT HAZARDOUS WASTE TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>
		PERMIT BY RULE	<input type="checkbox"/>	<input type="checkbox"/>
		HAZARDOUS MATERIALS INVENTORY	<input type="checkbox"/>	<input type="checkbox"/>
		RISK MANAGEMENT PLAN	<input type="checkbox"/>	<input type="checkbox"/>
		UNDERGROUND STORAGE TANKS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	STATE/FEDERAL PERMIT TO HANDLE RADIOACTIVE MATERIALS	#	
<input type="checkbox"/>	<input type="checkbox"/>	SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT PERMIT	#	
<input type="checkbox"/>	<input type="checkbox"/>	TORRANCE FIRE DEPARTMENT PERMITS	#	
		<i>(LIST TYPES SUCH AS WELDING, FLAMMABLE LIQUIDS, CRYOGENICS, ETC.)</i>	#	
			#	
			#	

SECTION II: EMERGENCY RESPONSE PLANS AND PROCEDURES

A. EMERGENCY NOTIFICATIONS

DISCUSS WITH YOUR EMPLOYEES

1. FOR EMERGENCY SITUATIONS CALL:

AGENCY: **TORRANCE FIRE DEPARTMENT**

PHONE: **9-1-1**

AUTHORIZED REPORTING PERSONNEL: _____

AGENCY: **TORRANCE POLICE DEPARTMENT**

PHONE: **9-1-1**

AUTHORIZED REPORTING PERSONNEL: _____

2. IN THE EVENT OF A RELEASE OF HAZARDOUS MATERIAL STATE LAW REQUIRES THAT YOU SHALL NOTIFY THE TORRANCE FIRE DEPARTMENT AND THE STATE OFFICE OF EMERGENCY SERVICES

AS SOON AS NOTIFICATION CAN BE MADE WITHOUT IMPEDING CONTROL OF THE RELEASE OR THREATENED RELEASE AND WITHOUT IMPEDING EMERGENCY MEDICAL MEASURES.

ADMINISTERING AGENCY: **TORRANCE FIRE DEPARTMENT**

PHONE: **310-781-7029 TORRANCE FIRE DEPARTMENT DISPATCH**

AUTHORIZED NOTIFYING / REPORTING PERSONNEL: _____

STATE OFFICE OF EMERGENCY SERVICES

PHONE: **800 852-7550 / 916 262-1621**

AUTHORIZED NOTIFYING / REPORTING PERSONNEL: _____

B. LOCAL EMERGENCY MEDICAL ASSISTANCE APPROPRIATE FOR POTENTIAL HAZARDOUS MATERIALS EXPOSURES IN YOUR BUSINESS

PRIMARY FACILITY _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____

HAS AN AGREEMENT BEEN SIGNED WITH PROVIDER.

YES NO

SECONDARY EMERGENCY MEDICAL AGENCY (IF NEEDED) _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____

C. MITIGATION, PREVENTION AND ABATEMENT OF HAZARDS

1. DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE RESPONSE TEAM TO RESPOND TO A HAZARDOUS MATERIALS RELEASE AT YOUR FACILITY?

YES NO

2. WHAT IS THE PROCEDURE TO NOTIFY THE TEAM IN THE EVENT OF AN INCIDENT AT YOUR BUSINESS?

3. WHO ARE THE MEMBERS OF THE TEAM? (LIST) WHO IS IN CHARGE? (INDICATE BY *)

4. WHAT ARE THE PROCEDURES OR PROGRAMS YOUR BUSINESS HAS IN PLACE FOR PREVENTION OF A HAZARDOUS MATERIALS RELEASE WHICH COULD INJURE PERSONS, OR THE ENVIRONMENT?

5. OUTLINE YOUR PROGRAMS OR PROCEDURES FOR THE MITIGATION AND CLEAN-UP OF A HAZARDOUS MATERIAL RELEASE.

6. AT WHAT AMOUNT (IN POUNDS, GALLONS, OR CUBIC FEET) OF A RELEASE OR POTENTIAL RELEASE OF A HAZARDOUS MATERIAL WOULD YOU NOTIFY THE **TORRANCE FIRE DEPARTMENT** FOR ASSISTANCE? HOW IS THAT DECISION MADE AND BY WHOM?

D. IMMEDIATE NOTIFICATION AND EVACUATION OF YOUR FACILITY

1. DO YOU HAVE AN EVACUATION PLAN FOR YOUR FACILITY?

YES NO

2. WHO IS RESPONSIBLE FOR DECLARING AN EMERGENCY EVACUATION?

3. HOW WILL THE EVACUATION PLAN BE EFFECTED?

4. HOW OFTEN DO YOU HAVE PRACTICE EVACUATION DRILLS?

E. DOES YOUR FACILITY HAVE A PROGRAM IN PLACE FOR SITE ASSESSMENT AFTER AN EARTHQUAKE?

F. PRIVATE WASTE HAULER(S) USED

NAME:

ADDRESS:

PHONE:

PERSON TO CONTACT:

CITY OF TORRANCE BUSINESS LICENSE NUMBER:

SECTION III. EMPLOYEE TRAINING PROGRAM

EVERY BUSINESS THAT HANDLES HAZARDOUS MATERIALS SHALL HAVE AN EMPLOYEE TRAINING PROGRAM APPROPRIATE FOR THE SIZE OF THE FACILITY.

A. DESCRIBE YOUR TRAINING PROGRAM FOR SAFELY HANDLING HAZARDOUS MATERIALS.

B. DESCRIBE YOUR PROCEDURES FOR COORDINATING ACTIVITIES WITH EMERGENCY RESPONSE AGENCIES:

C. PROPER USE OF ON-SITE SAFETY EQUIPMENT BY EMPLOYEES:

1. WHAT EMERGENCY RESPONSE SUPPLIES AND EQUIPMENT DOES YOUR FACILITY HAVE?
(LIST)

2. WHAT TRAINING DO YOUR EMPLOYEES RECEIVE IN USE OF THIS EQUIPMENT?

3. TO WHAT LEVEL ARE YOUR EMPLOYEES TRAINED IN RECOGNIZING OR RESPONDING TO
HAZARDOUS MATERIALS RELEASES?

D. THE BUSINESS PLAN SHALL INCLUDE PROVISIONS FOR ENSURING THAT APPROPRIATE
PERSONNEL RECEIVE INITIAL AND REFRESHER TRAINING (TITLE 19, SECTION 2732b). IS
THIS BEING DONE AT YOUR SITE?

1. PLEASE DESCRIBE HOW THIS TRAINING IS BEING CARRIED OUT.

2. HOW IS THE ABOVE IMPLEMENTED AND HOW ARE RECORDS OF TRAINING KEPT?



-
-
-
3. WHERE ARE THE MATERIAL SAFETY DATA SHEETS FOR YOUR FACILITY KEPT, AND ARE THEY AVAILABLE FOR THE EMPLOYEES?

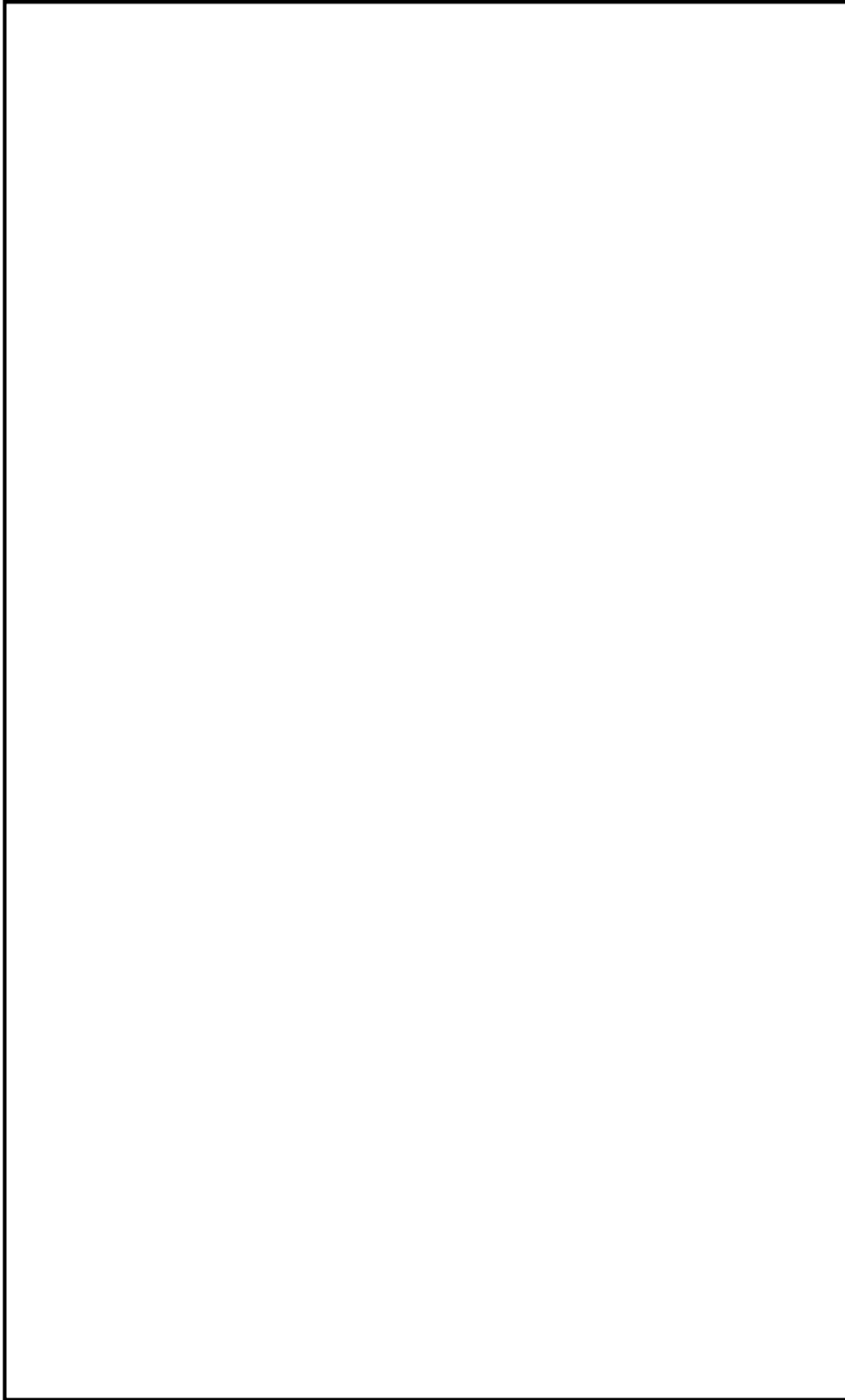
A COPY OF THIS CURRENT EMERGENCY RESPONSE BUSINESS PLAN IS TO BE KEPT ON SITE AND AVAILABLE TO ALL EMPLOYEES.



CALIFORNIA ANNOTATED SITE MAP

Business Name: _____

Site Address _____



For Site Map include:

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:

1" = Ft.

Use arrow to indicate North



Instructions for Completing the **BUSINESS OWNER/OPERATOR IDENTIFICATION Page**

NOTE: This page must be filled out yearly even if no changes have occurred.

FACILITY ID#: This is the CUPA number found on your most recent CUPA permit.

BEGINNING DATE: Is the date for this reporting year.

ENDING DATE: Is the date that this reporting year ends.

BUSINESS NAME: Give the name of your business as on your Torrance Business License.

DUN & BRADSTREET: This is a number obtained from the Dun and Bradstreet listing company. If you do not have one indicate so.

SIC CODE: This is the Standard Industrial Code which is a 4 digit number that identifies what your business does. There are lists of these numbers available

OPERATOR NAME: Give the name of the operator of your facility.

OPERATOR PHONE: Give the phone number of your operator.

OWNER NAME: Give the name of the owner, if a separate corporation or company give that here.

OWNER PHONE: List the phone number of the owner or parent corporation or company.

OWNER MAILING ADDRESS: List the mailing address of the owner, parent corporation or company.

CITY, STATE, ZIP: Give the City, State and ZIP for the owner or parent corporation or company.

SECTION III. ENVIRONMENTAL CONTACT

CONTACT NAME: Give the name of the person or company that would respond to a release of hazardous materials at your site.

CONTACT PHONE: List the phone number for the company or person above.

MAILING ADDRESS, CITY, STATE ZIP: Give the mailing address for the environmental company.

IV. EMERGENCY CONTACTS

NAME, TITLE: List the name of the primary and secondary contacts. These are people who would be contacted after hours and provide access to the Fire Department and have authorization to call in a clean up crew.

BUSINESS PHONE: Give the business phone number for the emergency contacts.

24-HOUR PHONE: This is the phone number to reach the contact after business hours.

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

TORRANCE BUSINESS LICENSE NUMBER: Enter this number from you Torrance Business License.

ON SITE REGULATED SUBSTANCES: If you have regulated substances check the yes box.

BILLING CONTACT & BILLING ADDRESS: Give the name of the person responsible for paying the hazardous materials/ Fire Department bills along with the address of this person.



Instructions for Completing the Hazardous Materials Inventory – Chemical Description Page

You must complete a separate Chemical Description for each hazardous material or hazardous waste you handle at your facility in amounts equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas* or the federal threshold planning quantity for Extremely Hazardous Substances. Most of this information can be found on the Material Safety Data Sheet [MSDS].

1. Is the material being added to your last reporting year data, being deleted or revised.
 5. Location where this material is being used and/or stored.
 6. If more than one map is included, indicate map number
 7. For maps with grids, indicate the grid numbers to locate the hazardous material
 8. Chemical name, found on the MSDS only applies to pure compounds not mixtures.
 9. Common name, or trade name given by the manufacturer.
 10. CAS# [Chemical Abstracts Service number] for mixtures, enter the CAS # if it has one, otherwise leave this column blank and report the CAS # of the individual hazardous components in the appropriate section below [#32 below].
 11. Indicate if the information in this section is a trade secret, as defined in Chapter 6.95, Section 25511, Health and Safety Code. You must be able to substantiate this claim.
 12. Is this material an EHS, extremely hazardous substance, or a Regulated Substance, check the MSDS to determine this. Most commonly used materials are not in these categories.
 13. Indicate the Fire Code hazard classes, use numbers 1-4; these are the NFPA 704 Diamond numbers for each substance.
 14. Is the hazardous material a pure chemical, a mixture of various chemicals or a waste stream from your facility.
 15. Check if radioactive or not.
 16. Indicate the number of curies if radioactive.
 17. Is this material a gas, liquid or solid.
 18. Federal Hazard Category: consult your MSDS
 19. State 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest.
 20. Is this material used daily or is it stock piled during certain times of the year. Indicate the number of days that the material is on site.
 21. The total capacity of the largest container in which the material is stored.
 22. The unit of measure which is most appropriate for the material being inventoried, for extremely hazardous materials and regulated substances all amounts must be in pounds.
 23. Maximum daily amount: what is the largest amount of this material you could have on site at any one time. This is a projected amount for the current year.
 24. Average daily amount is the average amount of this materials normally found on site.
 25. Annual Waste Amount: if the hazardous material being inventoried is a waste, provide an estimate of the annual amount generated.
 26. Select the type of storage containers in which the hazardous material is stored.
 27. Check the box that best describes the pressure at which the hazardous material is stored.
 28. Check the box that best describes the temperature at which the hazardous material is stored.
- THE FOLLOWING APPLIES TO MIXTURES:**
29. Indicate the percent by weight of each component. If a range is given report the highest amount.
 30. Give the chemical name for each major component.
 31. Check if any component is an extremely hazardous substance or regulated substance.
 32. Include the CAS# [see item 10 from above].
 33. Provide the NFPA 704 diamond values in this table [see #13 above].
- *The following exemptions apply to the inventory reporting portion of the Emergency Response Business Plan:
1. Doctors, dentists, and veterinarians may store up to 1000 cubic feet of oxygen, nitrogen, and nitrous oxide in their offices with no reporting requirement.
 2. Businesses with less than 275 gallons of lubricating oil for internal combustion engines or related hydraulic systems are exempt if the total amount of all oils is less than 275 gallons and no more than 55 gallons of one type of oil is present.
 3. Hazardous materials normally kept and sold to the public in retail packaging.

