

HAZARDOUS MATERIALS MANAGEMENT PLAN

IMPORTANT INFORMATION

Annual permits are required according to Section 105 in the Minnesota State Fire Code for the storage, use, or handling of hazardous materials in quantities exceeding the permit amount. **In addition to this form, a site plan must be completed and attached.** See site plan instructions for more information

Do not send a fee with this permit application. An invoice will be sent after the application and site plan are reviewed and accepted.

This form must be submitted annually. If there are no changes to the chemical inventory or site plan, indicate so below.

GENERAL INFORMATION

BUSINESS NAME
NATURE OF BUSINESS
BUSINESS ADDRESS
APPLICANT NAME
APPLICANT TITLE
EMAIL ADDRESS
PHONE #

PERMIT INFORMATION

Check all boxes that apply. To classify a hazard, see Safety Data Sheets and the online resources.

<input type="checkbox"/> Aerosols	<input type="checkbox"/> Explosives & Fireworks	<input type="checkbox"/> Organic Peroxides
<input type="checkbox"/> Combustible Dust	<input type="checkbox"/> Flammable Gases	<input type="checkbox"/> Oxidizers
<input type="checkbox"/> Combustible Fibers	<input type="checkbox"/> Flammable & Combustible Liquids	<input type="checkbox"/> Pyrophoric Materials
<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Flammable Solids	<input type="checkbox"/> Pyroxylin Plastics
<input type="checkbox"/> Corrosive Materials	<input type="checkbox"/> Highly Toxic & Toxic Materials	<input type="checkbox"/> Unstable (Reactive) Materials
<input type="checkbox"/> Cryogenic Fluids	<input type="checkbox"/> Liquefied Petroleum Gases	<input type="checkbox"/> Water-Reactive Materials

OTHER

I completed a management plan last year and there have been no changes to the chemical inventory or storage/use arrangement.

AGREEMENT

I acknowledge that the information provided in this document is accurate and agree to comply with city and state codes and ordinances. I agree to allow the Fire Marshal entry to the premises at reasonable hours to complete periodic inspections. I understand that the fire department is not required to clarify every code requirement prior to approval. I understand that errors in accepted documents do not exempt me from future corrections.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____

CHEMICAL INFORMATION

CHEMICAL NAME _____ CAS # _____ Solid Liquid Gas
 LOCATION _____ AMOUNT _____ lbs gal ft³

SITUATION Storage Use – open system Use - closed system

PRESSURE Ambient Greater than ambient Less than ambient

TEMPERATURE Ambient Greater than ambient Less than ambient but not cryogenic Cryogenic

HAZARD CLASSIFICATION(S)

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