



**TRUCKEE MEADOWS FIRE PROTECTION  
DISTRICT**

**HAZARDOUS MATERIALS  
MANAGEMENT PLAN (HMMP)**



# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

## *Hazardous Materials Management Plan*

### Section 1 Part A – General Facility Information

No changes since last report \_\_\_\_\_

<b>Business Name:</b>		<b>Phone:</b>
<b>Address:</b>		
<b>Person Responsible for Business:</b>		<b>Phone:</b>
<b>Emergency Contact 1:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Emergency Contact 2:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Emergency Contact 3:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Person Responsible for Application:</b>		<b>Phone:</b>
<b>Property Owner:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Principal Business Activity:</b>		
<b>No. of Employees:</b>	<b>No. of Shifts:</b>	<b>Hours of Operation:</b>
<b>Declaration:</b> I certify that the information above and on the following parts is true and correct to the best of my knowledge. (Note: Must be signed by owner / operator or designated representative.)		
<b>Signature:</b>		<b>Date:</b>
<b>Print Name:</b>		<b>Title:</b>



# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

## *Hazardous Materials Management Plan*

### Section I Part B - General Facility Site Plan

	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													

<b>Business Name:</b>	<b>Date:</b>
<b>Address:</b>	p. _____ of _____



# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

## *Hazardous Materials Management Plan*

### Section I Part C - Facility Storage and Use Map

A      B      C      D      E      F      G      H      I      J      K      L      M

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
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14  
15  
16  
17  
18

<b>Business Name:</b>	<b>Date:</b>
<b>Address:</b>	p. _____ of _____

# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT



## *Hazardous Materials Management Plan*

### Section II: Hazardous Materials Inventory Statement

#### Part A – Declaration

- 1) Business Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Declaration:

Under penalty of perjury, I declare the above and subsequent information, provided as part of the hazardous materials inventory statement is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

## *Hazardous Materials Management Plan*

### HAZARDOUS MATERIAL INVENTORY STATEMENT

**Business Name:** \_\_\_\_\_ **Building #** \_\_\_\_\_ **PAC #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Facility Map P #:** \_\_\_\_\_ **Facility Map #:** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_

#	MSDS	Chemical Name & Concentration	CAS #	Physical State	Physical Class	Health Class	Container Size(s)	Storage Amount	Use Amount		N.F. P. A. 704			
									Open	Closed	H	F	R	O

**Completed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

