CITY OF FOLSOM FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
535 GLENN DRIVE
FOLSOM, CA 95630
(916) 984-2280

Hazardous Materials Disclosure Form
Home Occupation Permit

Instructions: Complete all parts of this form, initial each page, sign the form and attach copies of Material Safety Data Sheets for all products listed and a site plan.
Incomplete forms will not be processed.

Part A. General Information. (please type or print)

1. Business Name: _____
2. Contact Person: _____
3. Site Address: _____
4. Mailing Address: _____
5. Telephone Number: _____
6. Business License No.: _____

7. Complete description of business:

Initial _____

Part B. Statement of Disclosure.

Please check one.

_____ No hazardous materials to disclose. Proceed to part E.

_____ Individual hazardous materials to disclose.
Proceed to Part C and Part D

Part C. Questionaire:

	YES	NO
1. Will you use or store more than 5 gallons of flammable liquids?	____	____
2. Will you use or store more than 25 gallons of combustible liquids?	____	____
3. Will you use or store more than 200 cu. Ft. of compressed gas?	____	____
4. Will you use or store more than 55 gallons of corrosive liquids?	____	____
5. Will you use or store more than 1 gallon of cryogenic liquids?	____	____
6. Will you use or store more than 1 gallon/10 lbs. of oxidizers?	____	____
7. Will you use or store any flammable/combustible solids?	____	____
8. Will you use or store any explosives/pyrotechnic materials?	____	____
9. Will you use or store any toxic gases?	____	____
10. Will you use or store any organic peroxides?	____	____
11. Will you use or store any pyrophoric materials?	____	____
12. Will you use or store any radioactive materials?	____	____

Part D. Identity of hazardous materials by chemical; name. (type or print)

Instructions: List all hazardous materials to be stored or used in the business by their chemical name; the form of the material (liquid, gas, or solid); the maximum quantity in gallons, pounds, or cubic feet; and the manner of storage (original container, cabinets, drums, etc.)

Initial _____

Part D Continued:

Hazardous material name	Form	Quantity	Storage

Initial _____

Part E. Signature

I certify that the above information is true and correct to the best of my knowledge.

_____
Signature

_____
Name (type or print)

_____
Title

_____/_____/_____
Date

Required attachments:

Attach copies of MSDS for each chemical / material.

Attach copy of site and or floor plan indicating storage location on property.