Sweetwater County, Wyoming
Hazardous Chemical Inventory - Local Emergency Planning Committee
(307) 922-5370

Facility Location	**Owner/Operator**
Name & Address	Name & Address
Phone	Phone

Emergency Contact (Local)	**Emergency Contact (Local)**
Name, Title & Phone	Name, Title & Phone
24 Hour Phone	24 Hour Phone

For the safety of our First Responders, the Local Emergency Planning Committee requests that you advise us of any hazardous materials that are used, stored, manufactured, or transported to or from your facility that are in quantities more than 10 gallons or 50 pounds.

Date of Report: _____ **Check One:** ___ **Initial Report** ___ **Update Report**

___ **No Hazardous Chemicals on Premise.**

Chemical Description	Inventory (Specify amounts listed in pounds or gallons)	Storage Locations & Container Type (Attaching site plan is optional)
Hazard Class: _____ (taken from package label) UN Number: _____ (if on label) Chemical Name: _____ Product Name: _____	Max. Daily Amt: _____ Avg. Daily Amt.: _____ Number of days per year on site: _____	Container Type: _____ Location: _____ _____ _____
Hazard Class: _____ (taken from package label) UN Number: _____ (if on label) Chemical Name: _____ Product Name: _____	Max. Daily Amt: _____ Avg. Daily Amt.: _____ Number of days per year on site: _____	Container Type: _____ Location: _____ _____ _____

If needed, please copy this page for additional chemicals.

Certification: I certify that I have personally examined and am familiar with the information submitted in pages one through _____, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and correct.

_____	_____	_____
Printed Name & Official Title of Owner/Operator OR Owner/Operator's Authorized Representative	**Signature**	**Date Signed**