

Emergency and Hazardous Chemical Inventory

HD 0030 Avera Hand County Memorial Hospital

Reporting Period: January 1 to December 31, 2015

Emergency Contacts:			
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<p>Chemical Description:</p> <p>Name: Heating Fuel</p> <p>CAS #: 0 0 0 0 0 0 0 - 0 0 - 0</p> <p><input type="checkbox"/> Pure or <input checked="" type="checkbox"/> Mixture</p> <p><input type="checkbox"/> Solid or <input checked="" type="checkbox"/> Liquid or <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p> <p><input type="checkbox"/> Chemical is or contains Extremely Hazardous Substance (EHS)</p> <p>EHS Name:</p> <p>If mixture, weight of EHS portion (range code):</p> <p><input type="checkbox"/> Ingredient in product made or mixed on-site</p> <p>Non-EHS Names:</p>	<p>Physical & Health Hazards:</p> <p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden release of pressure</p> <p><input type="checkbox"/> Reactive</p> <p><input checked="" type="checkbox"/> Acute (immediate)</p> <p><input type="checkbox"/> Delayed (chronic)</p> <p>Measure:</p> <p>GAL</p>	<p>Inventory:</p> <p>Maximum (range code): 08</p> <p>Maximum: 9400</p> <p>Average (range code): 07</p> <p>Average: 6000</p> <p>Days on-site: 365</p> <p>Max Per Container: 9600</p>	<p>Storage:</p> <p>Type: B Temperature: 4</p> <p>Pressure: 1 Confidential: <input type="checkbox"/></p> <p>Location: north of boiler room in parking lot</p>
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Comments:

<p>Chemical Description:</p> <p>Name: Oxygen</p> <p>CAS #: 0 0 0 7 7 8 2 - 4 4 - 7</p> <p><input checked="" type="checkbox"/> Pure or <input type="checkbox"/> Mixture</p> <p><input type="checkbox"/> Solid or <input checked="" type="checkbox"/> Liquid or <input checked="" type="checkbox"/> Gas</p> <p><input type="checkbox"/> Trade Secret</p> <p><input type="checkbox"/> Chemical is or contains Extremely Hazardous Substance (EHS)</p> <p>EHS Name:</p> <p>If mixture, weight of EHS portion (range code):</p> <p><input type="checkbox"/> Ingredient in product made or mixed on-site</p> <p>Non-EHS Names:</p>	<p>Physical & Health Hazards:</p> <p><input checked="" type="checkbox"/> Fire</p> <p><input checked="" type="checkbox"/> Sudden release of pressure</p> <p><input type="checkbox"/> Reactive</p> <p><input type="checkbox"/> Acute (immediate)</p> <p><input type="checkbox"/> Delayed (chronic)</p> <p>Measure:</p> <p>LBS</p>	<p>Inventory:</p> <p>Maximum (range code): 04</p> <p>Maximum: 2000</p> <p>Average (range code): 04</p> <p>Average: 1200</p> <p>Days on-site: 365</p> <p>Max Per Container: 550</p>	<p>Storage:</p> <p>Type: C Temperature: 6</p> <p>Pressure: 2 Confidential: <input type="checkbox"/></p> <p>Location: Oxygen room outside Wellness area</p> <p>Type: C Temperature: 4</p> <p>Pressure: 1 Confidential: <input type="checkbox"/></p> <p>Location: room accross from Electical rooms at west end of building</p>
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Comments:

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Attachments:

- Site Plan
- List of site coordinate abbreviations
- Descriptions of dikes & other safety measures
- Facility map
- Other: _____

Amount Stored - Range Codes		
Code	From	To
01	0 lb.	99 lb.
02	100 lb.	499 lb.
03	500 lb.	999 lb.
04	1,000 lb.	4,999 lb.
05	5,000 lb.	9,999 lb.
06	10,000 lb.	24,999 lb.
07	25,000 lb.	49,999 lb.
08	50,000 lb.	74,999 lb.
09	75,000 lb.	99,999 lb.
10	100,000 lb.	499,999 lb.
11	500,000 lb.	999,999 lb.
12	1,000,000 lb.	9,999,999 lb.

Types of Storage - Codes			
Code	Description	Code	Description
A	Above ground tank	N	Plastic bottles/jugs
B	Underground tank	O	Tote bin
C	Tank inside building	P	Tank wagon
D	Steel drum	Q	Rail car
E	Plastic/non-metal drum	R	Other
F	Can	S	Battery
G	Carboy		
H	Silo		
I	Fiber Drum		
J	Bag		
K	Box		
L	Cylinder		

Storage Conditions - Codes			
Code	Pressure	Code	Temperature
1	Ambient	4	Ambient
2	Greater than ambient	5	Greater than ambient
3	Less than ambient	6	Less than ambient but not cryogenic
		7	Cryogenic

Certification (read and sign after completing all sections):

I certify under penalty of law that I have personally examined and am familiar with all information submitted in pages 1 through 4. Based on my inquiry of the individuals responsible for obtaining this data, I believe the submitted information is true, accurate, and complete.

Name and Title, Owner/Operator or owner/operator's authorized representative

Thomas Lichty

12/21/2015 12:24:10PM

Signature