FTCKY HAZMAT INVENTORY FORM

Ft. Campbell Environmental Division Pollution Prevention Branch

Date: ____/____/____ Page ____ of ____

Unit (Bde, Bn, Co): _____ Bldg #: _____ State: _____ POC: _____ Phone #: _____

Bldg Description: _____ HazMat Storage Location:_____
(i.e. motor pool, aviation hangar, office building, etc.) (i.e. flammable wall locker, supply closet, etc.)

NSN (If unknown, attach MSDS)	**Manufacturer Name**	**Material Name**	**Material Use** (i.e. Intermediate/Depot Level Maintenance, Weapons Cleaning, Etc.)	**Disposal Procedure** (i.e. Consumed, DPW, DRMO, Recycled, Etc.)	**Maximum # Containers Kept On Hand**	**Weight/Volume Per Container** (i.e. 1 qt, 5 gl, 16 oz, 1 ea, etc.)	**Cntrs Used Per Month (Approx.)**
Example: 6810-00-281-2785	*CSD INC.*	*MEK*	*Degreaser*	*Turned in for HazWaste Disposal*	*1 Can*	*1 Gal.*	*1*

Note:* *The above information is requested in compliance with Executive Order 12856 and the Emergency Planning and Community Right-To-Know Act. Please provide complete and accurate information for each product listed on this form.

Updated 9/98