

Colorado Springs Fire Department Division of the Fire Marshal



HAZ-MAT/PROCESSES/OPERATIONS TRIAGE AND CERTIFICATION

Do you have the following in the facility you are representing? Check the appropriate box for each of the processes/ operations and any chemicals/materials you may have. This is not an all inclusive list, so if your process/operation or material/ chemical are not listed, please add it or provide additional forms.

*******NOTE THAT THIS FORM HAS CHANGED! CAREFULLY READ NEW REQUIREMENTS*******

HAZARDOUS MATERIALS DECLARATION (Choose one and ensure all items listed are provided. <u>Plans will be disapproved for incomplete submittals.</u>)					
<input type="checkbox"/> NO HAZMAT AT ALL. I certify and declare that this building/facility does not store, dispense, use, handle or transport any material/processes listed below. <ul style="list-style-type: none"> <input type="checkbox"/> Check "No" in all areas below and sign the back of this form. <input type="checkbox"/> If submitting construction or permit plans, attach this signed form to the plans. 					
<input type="checkbox"/> HAZMAT NOT EXCEEDING PERMIT AMOUNTS. I certify and declare that this building or facility does store, dispense, use, handle or transport one or more materials/processes listed below, but do not exceed permit amounts. <ul style="list-style-type: none"> <input type="checkbox"/> Check "Yes" for any/all materials, chemicals and/or processes, operations listed below and sign the back of this form and attach to the plans. <input type="checkbox"/> Review the "Hazardous Materials Plan Review Submittal Document" <p>***CHOOSE EITHER OPTION BELOW***</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a Hazardous Materials Management Plan/Chemical Inventory Application On-Line at the HAMMERS website. This is required in order to complete your construction or permit plan review and prior to issuance of a Certificate Occupancy. <input type="checkbox"/> Submit an accurate and complete Hazardous Materials Inventory Statement (HMIS) utilizing one of the approved formats found on the CSFD website. Note that failure to utilize these forms will result in plan disapproval. <input checked="" type="checkbox"/> A Hazardous Materials plan review is required. <input checked="" type="checkbox"/> An Annual Operational Hazardous Material Permit is not required. 					
<input type="checkbox"/> HAZMAT EXCEEDING PERMIT AMOUNTS. I certify and declare that this building or facility does store, dispense, use, handle or transport one or more of the materials/processes listed below and does exceed permit amounts. <ul style="list-style-type: none"> <input type="checkbox"/> Check "Yes" for any/all materials, chemicals and/or processes, operations listed below and sign the back of this form and attach to the plans. <input type="checkbox"/> Submit an accurate and complete Permit Application with the plans. <input type="checkbox"/> Review the "Hazardous Materials Plan Review Submittal Document" <p>***CHOOSE EITHER OPTION BELOW***</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a Hazardous Materials Management Plan/Chemical Inventory Application On-Line at the HAMMERS website. This is required in order to complete your construction or permit plan review and prior to issuance of a Certificate Occupancy. <input type="checkbox"/> Submit an accurate and complete Hazardous Materials Inventory Statement (HMIS) utilizing one of the approved formats found on the CSFD website. Note that failure to utilize these forms will result in plan disapproval. <input checked="" type="checkbox"/> A Hazardous Materials plan review is required. <input checked="" type="checkbox"/> An Annual Operational Hazardous Materials Permit is required. 					
Process/Operation ¹	Yes	No	Process/Operation ¹	Yes	No
Batteries/UPS			Swimming Pool/Spa		
Medical Office (Surgery Center, Dental, Veterinary, etc)			Motor Fuel Dispensing (list fuels)		
Beverage Dispensing			Nursery/Grow Operations		
Auto Repair/Maintenance			Laboratories (Science, R&D Labs, etc.)		
Welding/Torch Cutting			Car Wash		
Machine Shop			Refrigeration/Coolers/Freezer		
Emergency Generator (list fuel)			LPG Storage/Resale (Propane, Butane)		
Industrial Oven (list fuel)			Spray Finishing (paint booth, powder coating, floor surfacing)		
Dry Cleaning Operations			Dipping/Quenching		
Metal Plating/Etching			CO ₂ /O ₂ /Ozone Gas Generation		
Brewery or Distillery			Marijuana Extraction		
Aerosol Storage/Display			Woodworking		
Electronics Manufacturing			Tire Rebuild/Retread		
Dust Collection			Thermal Fogging/Fumigation		
Storage Tanks (list chemicals stored)			Hash Oil Extraction		
² Other:			² Other:		
Material/Chemical ¹	Yes	No	Material/Chemical ¹	Yes	No
Acids (Hydrochloric, Sulfuric, Nitric, Hydrofluoric)			Compressed Gases (oxygen, helium, nitrogen, hydrogen, argon, acetylene, etc)		
Medical Gases (Oxygen, Nitrogen, etc)			Carbon Dioxide (If yes, complete CO2 Questionnaire)		
Oil/Antifreeze			Fertilizers/Pesticides/Fumigants		
Diesel/Motor Fuels			Pool Chemicals		
Concentrates/Irritants (soaps, shampoos, cleaners)			Combustible Metals		
Refrigerants (food storage, ammonia, Freon)			LPG (Propane, Butane)		
Alcoholic Beverages			Solvents		
Paints			Compressed Natural Gas Storage and Dispensing for Automotive use		
Combustible Dust/Fibers (grains, textiles)			² Other:		

¹ If the facility will utilize Carbon Dioxide (CO2), please complete and submit the CO2 Questionnaire. ² Attach additional sheets as necessary

Describe how this scope of work impacts the process or operation noted on the previous page if at all:

Describe the processes/operations noted on the previous page and how any materials/chemicals are used in each process or operation:

This application is for a Hazardous Material Permit for the activities indicated below as required by the 2009 International Fire Code, Chapter 1, as adopted by the City of Colorado Springs. Contact the Colorado Springs Division of the Fire Marshal at 719-385-5978 with questions.

FACILITY/SITE INFORMATION (Print clearly or type)

Facility/Company	Phone	Cell
Local Contact Name/Title	Fax	Email
Street Address	City	State CO Zip Code

PROPERTY OWNER INFORMATION (Print clearly or type)

Property Owner/Company	Phone	Cell
Responsible Party Name/Title	Fax	Email
Street Address	City	State Zip Code

OCCUPANT/BUSINESS OWNER (Print clearly or type)

Company Name	Phone	Cell
Responsible Party Name/Title	Fax	Email
Street Address	City	State Zip Code

BILLING INFORMATION (Print clearly or type)

Company Name	Phone	Cell
Responsible Party Name/Title	Fax	Email
Street Address	City	State Zip Code

SIGNATURE BLOCK

Signature	Date
Print Name	
Relationship to Project	

ADDITIONAL INFORMATION

Scan the QR Code to download required forms or click links to the right.



Hazardous Materials Permit Application <http://bit.ly/HazmatPermit>
Hazardous Materials Plan Review Submittal Document:
<http://bit.ly/HMSubmittalDoc>
Hazardous Materials Permit Amounts: <http://bit.ly/HMPermitAmounts>
Hammers Website: <https://hammers.springsgov.com/>
Hammers Guidance Document: <http://bit.ly/HammersGuide>