|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility:** | | | | | **Date:** | | |
| **1) REGISTERED SUBSTANCES AND QUANTITIES**  List on the Following Table | | | | | | | |
| **Process No.** | **Process Description** | **Substance/Chemical Name** | **CAS #** | **Registered**  **Qty (lbs)** | | **Onsite Quantity** | |
|  |  |  |  |  | |  | |
|  |  |  |  |  | |  | |
|  |  |  |  |  | |  | |
|  |  |  |  |  | |  | |
| **How is the registered and on-site quantity determined?** *(Refer to SOP for inventory control procedures)* | | | | | | | |
| **2) CONFIDENTIAL INFORMATION** | | | | | | | **Resp. Code** |
| i. Has facility requested that any portion of its process be treated as confidential pursuant to NAC 459.95523? | | | | | | |  |
| ii. Has CAPP previously concurred that portions of the process are confidential pursuant to NAC 459.95523? | | | | | | |  |
| **Notes/Comments Pertaining to Issue 2):** | | | | | | | |
| **3) CONTACT INFORMATION** | | | | | | | **Resp.**  **Code** |
| i. Is the facility contact information the same as in last registration? (Owner/Operator, Primary, Emergency) | | | | | | |  |
| ii. Is the facility mailing address the same as in the last registration? | | | | | | |  |
| **List Pertinent Contact Information (Names, Titles, Addresses, Telephone #s, etc) if changed since last registration:** | | | | | | | |
| **4) REVIEW ITEMS SPECIFIC TO THIS FACILITY** | | | | | | | **Resp. Code** |
| i. Were accidents reported in registration investigated as incidents, if required? | | | | | | |  |
| ii. Are there any open or completed MOCs since the previous inspection, including staffing level or organizational changes? | | | | | | |  |
| iii. Are there any unresolved PHA recommendations and do they match the most current registration? | | | | | | |  |
| PHA date (5 year requirement): | |  | | | | |  |
| Unresolved Recommendations: | |  | | | | |  |
| iv. Is the Hazard Assessment Current? | | | | | | |  |
| Hazard Assessment Date (5 year requirement): | |  | | | | |  |
| v. Are there any unresolved recommendations from the Compliance Audit? | | | | | | |  |
| Compliance Audit Certification Date (3 year requirement): | |  | | | | |  |
| vi. Are there any planned modifications to the process that may require a permit? | | | | | | |  |
| **Notes/Comments Pertaining to Responses to Questions under Issue 4):** | | | | | | | |
| **General On-Site Inspection Notes/Comments:** | | | | | | | |