

# ANCHORAGE FIRE DEPARTMENT TRANSSHIPMENT FACILITY REPORT FORM

**A. FACILITY IDENTIFICATION:**

Name of Business: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone ( ) \_\_\_\_\_  
 SIC Code     Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**B. OWNER/OPERATOR NAME:**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
City State Zip

**C. EMERGENCY CONTACT:**

1) Name: \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ): \_\_\_\_\_ 24-Hour Phone: ( ): \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ): \_\_\_\_\_ 24-Hour Phone: ( ): \_\_\_\_\_

**E. INVENTORY QUANTITY**

**(Estimate):** \_  
 (Report in pounds only)

FOR  
OFFICIAL  
USE  
ONLY

ID#

Date received

**D. HAZARD CLASS (check all that apply)**

Hazard Class means that class of hazardous material defined in 49 Code of Federal Regulations or International Civil Aviation Organization/International Maritime Organization equivalents.

Reporting Period From January 1 to December 31, \_\_\_\_\_

Check if information below is identical to information submitted last year

**CLASS 1  
EXPLOSIVES**

- Div 1.1 & 1.2
- Div 1.3
- Div 1.4

**CLASS 2  
COMPRESSED GASES**

- Div 2.1 Flammable Gas
- Div 2.2 Non-Flammable Gas
- Div 2.3 Poison Gas

**CLASS 3  
FLAMMABLE/COMBUSTIBLE LIQUIDS**

- Flammable Liquid
- Combustible Liquid

**CLASS 4  
FLAMMABLE SOLIDS**

- Div 4.1 Flammable Solid
- Div 4.2 Spontaneously Combustible
- Div 4.3 Dangerous When Wet

**CLASS 5  
OXIDIZING SUBSTANCES**

- Div 5.1 Oxidizers
- Div 5.2 Organic Peroxides

**CLASS 6**

- Div 6.1 Poisons

**CLASS 7**

- Radioactive

**CLASS 8**

- Corrosive

**CLASS 9**

- Miscellaneous
- ORM D** Consumer Commodity

**F. CERTIFICATION:** (Read and sign after completing all sections.)

I certify under penalty of law that I have personally examined and am familiar with information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining information, I believe that the information is true, accurate and complete.

\_\_\_\_\_  
Name and Official title of Owner/Operator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**G. ATTACHMENTS:**

- Site plan
- List of site coordinate abbreviations
- Description of dikes and other safeguard measures
- MSDS Sheets