



Option 2: Pure Chemical/Component

Emergency and Hazardous Chemical Inventory Form

4.1 Facility Name **Lambeau Industries, Inc.** City **Favreburg** County **Pack**
 Exact Street Location (no box #'s) **4 Green Bay Drive** Zip Code **0 1 9 6 3**

4.2 For Filing Date: 03/01/ 1 1

4.4 Check if Revision

4.5 I Have Attached a Facility Map

4.3 Check here if storage location and facility map are Confidential and shall not be disclosed to any person who is not an officer of employee of the state or political subdivision, print "CONFIDENTIAL FORM" here: _____

5.0		Chemical Description										Hazard Class					Location of Chemicals						Amount			
1	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION-CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
																										1
2	1330-20-7	Xylene			X			X			X		X			B-MAIN	102	1	E	1,4		2,688	1,560	P	365	
3	7697-37-2	Nitric Acid			X	X		X			X					B-MAIN	103	1	V05	1,4		400	400	P	365	
4	7697-37-2	Nitric Acid			X	X		X			X					B-MAIN	103	1	V05	1,4		150	150	P	365	
5																										

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH _____, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Jane Cheesehead, Safety Administrator

February 23, 2011

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED