



Hazardous Material Information Submittal Checklist

Plan Check Number: _____

- ☐ 3 complete sets of plans including hazardous materials information sheet (1 digital or paper copy of material safety data sheets)

Information Sheet:

- ☐ Page 1 of 2 - Project information and summary sheet completed (completely filled in)
- ☐ Page 2 of 2 – Size, Number of Control Areas, Sprinkler System Density, Occupant Signature and Date, each column of table completed.
- ☐ Signature and Date at bottom.

Plan:

- ☐ Fire Alarm Contractor Title Block – Name, Address, Phone Number, License Number
- ☐ Project Address
- ☐ Floor Plan.
- ☐ North Arrow

Material Safety Data Sheets:

- ☐ 1 copy digital or paper copy

If all items are present, attach to submittal for plan checker's review.

Initial _____ **Date** _____