

CITY OF ONTARIO BUREAU OF FIRE PREVENTION 425 EAST B STREET, ONTARIO, CA 91764 PHONE: (909) 395-2029 FAX: (909) 395-2585



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 _____