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Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: <b>LEAD ACID BATTERIES</b>  CAS #: 7664-93-9  EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input checked="" type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <div>Container Type</div> <div>Battery</div> </div> <div> <div>Pressure</div> <div>Ambient Pressure</div> </div> <div> <div>Temperature</div> <div>Ambient temperature</div> </div> <div> <div>Storage Location</div> <div>VARIOUS BATTERY BANKS</div> </div>			
Chemical Name: <b>TRANSFORMER OIL</b>  CAS #: NONE  EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified		<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified		<div> <div>Container Type</div> <div>Above Ground Tank</div> </div> <div> <div>Pressure</div> <div>Ambient Pressure</div> </div> <div> <div>Temperature</div> <div>Ambient temperature</div> </div> <div> <div>Storage Location</div> <div>Various Transformers</div> </div>			
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<div> <div>Container Type</div> <div>365</div> </div> <div> <div>Pressure</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Temperature</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Storage Location</div> <div>365 Number of Days on Site</div> </div>			
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<div> <div>Container Type</div> <div>194,982</div> </div> <div> <div>Pressure</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Temperature</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Storage Location</div> <div>194,982 Number of Days on Site</div> </div>			
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  EHS Name (if applicable):  EHS CAS # (if applicable):		<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret		<div> <div>Container Type</div> <div>Optional Report</div> </div> <div> <div>Pressure</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Temperature</div> <div>Average Daily Amount (lbs)</div> </div> <div> <div>Storage Location</div> <div>Optional Report</div> </div>			