



HazMat Storage

Pre-quotation Questionnaire

In order to provide you with our best advice and recommendations for your requirements, and to prepare an accurate proposal, please provide the following information as completely as possible. **FAX back to: 502.933.1560**

Contact:

Company Name _____

Address: _____

Name _____

Phone: _____

Dept _____

Fax: _____

Title _____

Email: _____

What is the Purpose of the System?

- Storage Only of Flammables
- Storage Only of Combustibles
- Storage Only of Other Materials

- Dispensing/Mixing of Flammables
- Other _____

Materials being Stored

- Flammables
- Combustibles
- Caustics / Corrosives
- Oxidizers

Class: _____

Class: _____

pH: _____

- Org. Peroxide Class: _____
- Reactives _____
- Explosive Class: _____
- Other _____

Placement of the System?

- Inside the facility
- Outside / less than 10 feet from facility
- Outside / more than 10 feet, less than 75 feet
- Outside / more than 75 feet

Containers Being Used?

- Drums
- IBC / Totes
- Pales
- Other

Volume per Container (gal) _____

Number of Containers (pcs) _____

Size / Weight _____

Special Storage Temperatures Required?

- Minimum Product Temperatures _____ Lowest Ambient Temperatures _____
- Maximum Product Temperatures _____ Highest Ambient Temperatures _____

Other Comments: _____
