



Hazardous Materials Online Inventory Project

Facility File Format

Facility import files must follow the following format:

The uploaded file must be a **tab-delimited text file**, with the following information about each facility in this order:

1. **FACILITY_ID** - The Facility ID for this facility (for example, "43-006-123456").
(*REQUIRED*)
2. **NAME** - Enter the complete facility name. (*REQUIRED*)
3. **STREET_ADDRESS** - Enter the street address where the facility is located, including building number, if applicable. (*REQUIRED*)
4. **CITY** - Enter the city or unincorporated area in which the facility is located.
(*REQUIRED*)
5. **ZIP** - Enter the 5 or 9 digit zip code for the facility.
6. **COUNTY** - Enter the name of the county in which the facility is located.
7. **PHONE** - Enter the phone number for the facility, including area code and any extension.
8. **BUSINESS_OPERATOR_NAME** - Enter the name of the facility operator.
9. **BUSINESS_OPERATOR_PHONE** - Enter the operator's phone number, including area code and any extension.
10. **DUN_AND_BRADSTREET** - If the business has a D&B number, enter it here.
11. **SIC_CODE** - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
12. **OWNER_NAME** - Enter the name of the facility owner.
13. **OWNER_PHONE** - Enter the owner's phone number, including area code and any extension.
14. **OWNER_MAIL** - Enter the owner's street or P.O. box mailing address.
15. **OWNER_CITY** - Enter the name of the city for the owner's mailing address.
16. **OWNER_STATE** - Enter the 2 character state abbreviation for the owner's mailing address.
17. **OWNER_ZIP** - Enter the 5 or 9 digit zip code for the owner's mailing address.
18. **CONTACT_NAME** - Enter the name of the person who will receive all environmental correspondence and will respond to enforcement activity.
19. **CONTACT_PHONE** - Enter the environmental contact's phone number, including area code and any extension.
20. **CONTACT_MAIL** - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent.
21. **CONTACT_CITY** - Enter the name of the city for the environmental contact's mailing address.
22. **CONTACT_STATE** - Enter the 2 character state abbreviation for the environmental contact's mailing address.
23. **CONTACT_ZIP** - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
24. **PRIMARY_NAME** - Enter the name of a representative (i.e. Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person should have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
25. **PRIMARY_TITLE** - Enter the title of the primary Emergency Coordinator.
26. **PRIMARY_BUSINESS_PHONE** - Enter the primary Emergency Coordinator's business

- phone number, including area code and any extension.
27. **PRIMARY_24HOUR_PHONE** - Enter a phone number that will be answered 24 hours a day with the ability to contact the primary Emergency Coordinator.
 28. **PRIMARY_PAGER** - Enter the pager number for the primary Emergency Coordinator, if available.
 29. **SECONDARY_NAME** - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator is not available.
 30. **SECONDARY_TITLE** - Enter the title of the secondary Emergency Coordinator.
 31. **SECONDARY_BUSINESS_PHONE** - Enter the secondary Emergency Coordinator's business phone number, including area code and any extension.
 32. **SECONDARY_24HOUR_PHONE** - Enter a 24 hour phone number for the secondary Emergency Coordinator.
 33. **SECONDARY_PAGER** - Enter the pager number for the secondary Emergency Coordinator, if available.
 34. **ADDITIONAL_INFO** - Enter any additional collected information here.

If you want to see an example file, download "[example facility file.xls](#)," which you may use as a template if you desire. If you are using Excel, make sure to save your file as type "**Text (Tab delimited) (*.txt)**".

If there are facilities currently in the database with the same facility ID's as those in your import file, the facility information for those facilities will be updated to reflect the information in the upload file. In addition, you can only upload facilities that are within your jurisdiction.

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For comments or questions regarding the HMIS project, contact the [Online Database Administrator](#).

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