

Check if information below is identical to the information submitted last year.

Tier Two
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

Reporting Period: January 1 to December 31, 20__

Facility Identification

Name		TRI Facility ID		RMP Facility ID	
Street	County	City	State	Zip	Phone Number ()
Latitude		Longitude		NAICS Code	
Dun & Brad Number		FTE			

Owner or Operator		Parent Company	
Name		Name	
Address		Dun & Brad Number	
Address		Address	
Phone Number ()	Email	Phone Number ()	Email

Facility Emergency Coordinator		Tier II Information Contact	
Name		Name	
Title		Title	
Email Address		Email Address	
Phone Number ()	24-hour Phone ()	Phone Number ()	24-hour Phone ()

Emergency Contacts			
Name		Name	
Title		Title	
Phone Number ()	24-hour Phone ()	Phone Number ()	24-hour Phone ()
Email Address		Email Address	

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? Yes No

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? Yes No

Certification (Read and sign after completing all sections)	Reporting Ranges Weight Range in pounds		
	Range Code	To	From
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.</p> <p>_____ Name and official title of owner/operator OR owner/operator's authorized representative</p> <p>_____ Signature</p> <p>_____ Date Signed</p>	01	0	99
	02	100	499
	03	500	999
	04	1,000	4,999
	05	5,000	9,999
	06	10,000	24,999
	07	25,000	49,999
	08	50,000	74,999
	09	75,000	99,999
	10	100,000	499,999
	11	500,000	999,999
	12	1,000,000	9,999,999
	13	10,000,000	Greater than 10 million

Optional Attachments: I have attached a site plan I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Chemical Description	Physical and Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations
Chemical Name: EHS Yes <input type="checkbox"/> No <input type="checkbox"/> CAS No. <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Daily Code: Average Daily Code: No. of days on site:			
Chemical Name: EHS Yes <input type="checkbox"/> No <input type="checkbox"/> CAS No. <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Daily Code: Average Daily Code: No. of days on site:			
Mixture Name: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret EHS(s) Name: Non-EHS(s) Name: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Daily (Total Mixture) Code: Average Daily (Total Mixture) Code: Maximum Daily (EHS) Code: Average Daily (EHS) Code: No. of days on site:			
Mixture Name: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret EHS(s) Name: Non-EHS(s) Name: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Daily (Total Mixture) Code: Average Daily (Total Mixture) Code: Maximum Daily (EHS) Code: Average Daily (EHS) Code: No. of days on site:			

