

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

Tier One
Emergency and Hazardous Chemical Inventory
Aggregate Information by Hazard Type

Reporting Period: January 1 to December 31, 20__

Facility Identification					
Name		TRI Facility ID		RMP 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		Email			
Facility Emergency Coordinator			Tier II Information Contact		
Name		Title	Name		Title
Email Address			Email Address		
Phone Number ()		24-hour Phone ()		Phone Number ()	
Emergency Contacts					
Name			Name		
Title			Title		
Phone Number ()		24-hour Phone ()		Phone Number ()	
24-hour Phone ()		24-hour Phone ()			
Email Address			Email Address		
Subject to Emergency Planning under Section 302 of EPCRA? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Certification: (Read and sign after completing all sections)					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 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.					
_____ Name and official title of owner/ operator OR owner/operator's authorized representative		_____ Signature		_____ Date signed	
Optional Attachments					
<input type="checkbox"/> I have attached a site plan		<input type="checkbox"/> I have attached a list of site coordinate abbreviations			
<input type="checkbox"/> I have attached a description of dikes and other safeguards measures					

Hazard Type	Max Amount	Average Daily Amount	Number of Days On-Site	General Location
Fire				
Sudden Release of Pressure				
Reactivity				
Immediate (acute)				
Delayed (acute)				

REPORTING RANGES

WEIGHT RANGE IN POUNDS		
Range Codes	From	To
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