

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

Reporting Period: January 1 to December 31, 20

Confidential Location Information Sheet
Tier Two
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

For Official Use Only
State ID#: _____
Date Received _____

Facility Identification				
Name	Maximum No. of Occupants: <input type="checkbox"/> N/A	<input type="checkbox"/> Manned	<input type="checkbox"/> Unmanned	
Street	County	City	State Zip	
Latitude	Longitude	NAICS Code	Phone Number (optional)	
Dun & Bradstreet Number	TRI Facility ID: <input type="checkbox"/> N/A	RMP Facility ID: <input type="checkbox"/> N/A		
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?			<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	
Owner or Operator Information		Parent Company Information (optional)		
Name	Name	Dun & Bradstreet Number:		
Address	Address			
Phone Number ()	Email	Phone Number ()	Email	
Facility Emergency Coordinator (if applicable)		Tier II Information Contact		
Name	Title	Name	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			
Certification (Read and sign after completing all sections)		Reporting Ranges Weight Range in pounds		
<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 _____ Date Signed _____</p>		Range Code	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

The public reporting and recordkeeping burden for this collection of information is estimated to range from 6 to 120 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this

address.

EPA Form No. 8700-30

OMB Control No. 2050-0072

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Chemical Description	Physical and Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Chemical Name: CAS No. EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> <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"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Code: Average Daily Amount Code: No. of days on site:			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Mixture or Product Name: CAS No. <input type="checkbox"/> Not Available <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret EHS: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount (Total Mixture) Code: Average Daily Amount (Total Mixture) Code: No. of days on site:			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
EHS(s) Name (if applicable): CAS No.						
Non-EHS(s) Name (optional):						

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