

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

Reporting Period: January 1 to December 31, 20__

Tier One Emergency and Hazardous Chemical Inventory <i>Aggregate Information by Hazard Type</i>	For Official Use Only State ID #: Date Received:
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Facility Identification

Name	Maximum No. of Occupants:	<input type="checkbox"/> Manned	<input type="checkbox"/> N/A	<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?		<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 I 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)

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.

	Signature	Date signed
Name and official title of owner/ operator OR owner/operator's authorized representative		

The public reporting and recordkeeping burden for this collection of information is estimated to range from 10 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.

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	Hazard Type	Max Amount (Range Code)	Average Daily Amount (Range Code)	Number of Days On-Site	General Location
Physical Hazard	Fire				
	Sudden Release of Pressure				
	Reactive				
Health Hazard	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

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