

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

Reporting Period: January 1 to December 31, 20

Tier Two				<i>For Official Use Only</i>			
Emergency and Hazardous Chemical Inventory				State ID#:			
<i>Specific Information by Chemical</i>				Date Received			
Facility Identification							
Name		Maximum No. of Occupants:		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned			
		<input type="checkbox"/> N/A					
Street		County		City			
				State Zip			
Latitude		Longitude		NAICS Code Phone Number (optional)			
Dun & Bradstreet Number		TRI Facility ID:		RMP Facility ID:			
		<input type="checkbox"/> N/A		<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				
()		()	()				
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				
<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>			Weight Range in pounds				
			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			
<p>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</p>							

address.

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.		No. of days on site:				
Non-EHS(s) Name (optional):		Maximum Amount of EHS in the Mixture Code:				

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