🞎 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:* | 🞎 Manned 🞎Unmanned |
|  | 🞎 N/A |  |
| *Street* | *County* | *City* | *State* | *Zip*  |
|  |  |  |  |  |  |
| *Latitude* | *Longitude* | *NAICS Code Phone Number (optional)* |
|  |  |  |
| *Dun & Bradstreet Number* | *TRI Facility ID:* | *RMP Facility ID:* |
|  | 🞎 N/A | 🞎 N/A |
| 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  |
| **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****Weight Range in pounds** |
|  |  |  | **Range Code** |  **From** |  **To** |
|  | 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. |  | 01020304050607080910111213 | 01005001,0005,00010,00025,00050,00075,000100,000500,0001,000,00010,000,000 | 994999994,9999,99924,99949,99974,99999,999499,999999,9999,999,999Greater than 10 million |
|  |  |  |
|  | Name and official title of owner/operator OR owner/operator’s authorized representative |  |
|  |  |  |  |  |
|  | Signature |  | Date Signed |  |
|  |  |
| 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** |  | **Page 1 of \_\_\_** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EPA Form No. 8700-30** | **OMB Control No. 2050-0072** |  | **Page \_\_ of \_\_\_** |  |
| **Chemical Description** | **Physical and Health Hazards** | **Inventory** | **Type of Storage** | **Storage Conditions****(Pressure, Temperature)** | **Storage Locations** | **Additional Reporting****Information (Optional)** |
| 🞎 Check if information below is identical to the information submitted last year.**Chemical Name:** CAS No.EHS: Yes 🞏 No 🞏🞏 Solid 🞏 Liquid 🞏 Gas 🞏 Trade Secret | * Fire
* Sudden Release of Pressure
* Reactive
* Immediate

(Acute)* Delayed (Chronic)
 | Maximum Amount **Code:** |  |  | Confidential: 🞎 Yes 🞎 No | 🞎 Below Reporting Thresholds (optional)🞎 State or Local Requirements |
|   |  |
| Average Daily Amount **Code:** |
|   |  |
| No. of days on site: |
|  |
|  |  |
| 🞎 Check if information below is identical to the information submitted last year.**Mixture or Product Name:****CAS No. 🞎 Not Available**🞏 Solid 🞏 Liquid 🞏 Gas 🞏 Trade SecretEHS: Yes 🞏 No 🞏 | * Fire
* Sudden Release of Pressure
* Reactive
* Immediate (Acute)
* Delayed (Chronic)
 | Maximum Amount (Total Mixture) **Code:** |  |  | Confidential: 🞎 Yes 🞎 No | 🞎 Below Reporting Thresholds (optional)🞎 State or Local Requirements |
| Average Daily Amount (Total Mixture) **Code:** |
| EHS(s) Name (if applicable):  | No. of days on site: |
| CAS No.  | Maximum Amount of EHS in the Mixture**Code:**   |
| 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