 Check if information below is identical to the information submitted last year. **Reporting Period:** January 1 to December 31, 20

**Facility Identification**

**Tier One**

**Emergency and Hazardous Chemical Inventory**

*Aggregate Information by Hazard Type*

 ***For Official Use Only***

***State ID #:***

***Date Received:***

*Name Maximum No. of Occupants:*  Manned

 N/A  Unmanned

*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?  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 I 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)***

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

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2050-0072). Responses to this collection of information are mandatory (40 CFR 370.41). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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 this formation, 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, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 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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 Check if information below is identical to the information submitted last year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HazardTypes** | **Max Amount (Range Code)** | **Average Daily Amount (Range Code)** | **Number of DaysOn-Site** | **General Location** |
| **Physical Hazard** | Explosive |  |  |  |  |
| Flammable (gases, aerosols, liquids, or solids) |  |  |  |  |
| Oxidizer (liquid, solid or gas) |  |  |  |  |
| Self-reactive |  |  |  |  |
| Pyrophoric (liquid or solid) |  |  |  |  |
| Pyrophoric Gas |  |  |  |  |
| Self-heating |  |  |  |  |
| Organic peroxide |  |  |  |  |
| Corrosive to metal |  |  |  |  |
| Gas under pressure (compressed gas) |  |  |  |  |
| In contact with water emits flammable gas |  |  |  |  |
| Combustible Dust |  |  |  |  |
| Hazard Not Otherwise Classified |  |  |  |  |
| **Health Hazard** | Acute toxicity (any route of exposure) |  |  |  |  |
| Skin corrosion or irritation |  |  |  |  |
| Serious eye damage or eye irritation |  |  |  |  |
| Respiratory or skin sensitization |  |  |  |  |
| Germ cell mutagenicity |  |  |  |  |
| Carcinogenicity |  |  |  |  |
| Reproductive toxicity |  |  |  |  |
| Specific target organ toxicity(single or repeated exposure) |  |  |  |  |
| Aspiration hazard |  |  |  |  |
| Simple Asphyxiant |  |  |  |  |
| Hazard Not Otherwise Classified |  |  |  |  |

**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