

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

Reporting Period: January 1 to December 31, 20__

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"/> 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)
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Name	Name	Dun & Bradstreet Number:
Address	Address	
Phone Number	Email	Phone Number
()		()

Facility Emergency Coordinator (if applicable)	Tier II Information Contact
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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
()	()
Email Address	Email Address

Certification (Read and sign after completing all sections)	Reporting Ranges Weight Range in pounds
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<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>	<table border="1"> <thead> <tr> <th>Range Code</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>01</td><td>0</td><td>99</td></tr> <tr><td>02</td><td>100</td><td>499</td></tr> <tr><td>03</td><td>500</td><td>999</td></tr> <tr><td>04</td><td>1,000</td><td>4,999</td></tr> <tr><td>05</td><td>5,000</td><td>9,999</td></tr> <tr><td>06</td><td>10,000</td><td>24,999</td></tr> <tr><td>07</td><td>25,000</td><td>49,999</td></tr> <tr><td>08</td><td>50,000</td><td>74,999</td></tr> <tr><td>09</td><td>75,000</td><td>99,999</td></tr> <tr><td>10</td><td>100,000</td><td>499,999</td></tr> <tr><td>11</td><td>500,000</td><td>999,999</td></tr> <tr><td>12</td><td>1,000,000</td><td>9,999,999</td></tr> <tr><td>13</td><td>10,000,000</td><td>Greater than 10 million</td></tr> </tbody> </table>	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
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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 370.42). 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 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, Regulatory Support 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.

Chemical Description	Physical Hazards	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"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard Not Otherwise Classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity(single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified	Maximum Amount Range Code: Average Daily Amount Range 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"/> EHS(s) Name (if applicable): CAS No. Non-EHS(s) Name (optional):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard Not Otherwise Classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity(single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified	Maximum Amount (Total Mixture) Range Code: Average Daily Amount (Total Mixture) Range Code: No. of days on site: Maximum Amount of each EHS in the Mixture Range Code:			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements

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