

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)	
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	
<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>		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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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