Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Max No. of Occupants: _____

☐ Manned

☐ Unmanned

Name _____

Street _____

City _____ Borough _____ State _____ Zip _____

Latitude _____ Longitude _____

NAICS Code _____ Dun & Brad Number _____

Email _____ TRI Facility ID: _____ ☐ N/A

Phone (optional) _____ RMP Facility ID: _____ ☐ N/A

Parent Company Information (optional)

Name _____

Street _____

City _____ Borough _____ State _____ Zip _____

Email _____ Dun & Brad Number _____

Owner/Operator Name

Name _____ Phone ( ) _____

Mail Address _____

Email _____

Emergency Contacts

Name _____ Title _____

Phone ( ) _____ 24 Hr. Phone ( ) _____

Email _____

Name _____ Title _____

Phone ( ) _____ 24 Hr. Phone ( ) _____

Email _____

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

FOR OFFICIAL USE ONLY

ID #

DATE REC'D

Facility Emergency Coordinator (if applicable)

Name _____ Title _____

Phone ( ) _____ 24 Hr. Phone ( ) _____

Email _____

Tier II Information Contact

Name _____ Title _____

Phone ( ) _____

Email _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 20 ____

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

Chemical Description	Physical and Health Hazards *(check all that apply)*	Inventory		Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential) *Storage Locations*	Optional
CAS _____ Trade Secret ____ Chem. Name _____ *Check all that apply* [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS EHS Name _____	[ ] Fire [ ] Sudden Release of Pressure [ ] Reactivity [ ] Immediate (acute) [ ] Delayed (chronic)	GAL/LBS / CODE Max. Daily Amount Avg. Daily Amount Max. Amt. Per Container No. of Days On-site (days)						[ ]
CAS _____ Trade Secret ____ Chem. Name _____ *Check all that apply* [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS EHS Name _____	[ ] Fire [ ] Sudden Release of Pressure [ ] Reactivity [ ] Immediate (acute) [ ] Delayed (chronic)	GAL/LBS / CODE Max. Daily Amount Avg. Daily Amount Max. Amt. Per Container No. of Days On-site (days)						[ ]

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 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.

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____

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 safeguards measures