

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

**Tier Two**  
**Emergency and Hazardous Chemical Inventory**  
*Specific Information by Chemical*

Reporting Period: January 1 to December 31, 20\_\_

**Facility Identification**

Name		TRI Facility ID	RMP Facility ID	
Street	County	City	State	Zip
Latitude		Longitude		NAICS Code
Dun & Brad Number		FTE		

<b>Owner or Operator</b>		<b>Parent Company</b>		
Name		Name		
Address		Dun & Brad Number		
Address		Address		
Phone Number	Email	Phone Number	Email	
( )		( )		

<b>Facility Emergency Coordinator</b>		<b>Tier II Information Contact</b>		
Name	Title	Name	Title	
Email Address		Email Address		
Phone Number	24-hour Phone	Phone Number	24-hour Phone	
( )	( )	( )	( )	

<b>Emergency Contacts</b>				
Name		Name		
Title		Title		
Phone Number	24-hour Phone	Phone Number	24-hour Phone	
( )	( )	( )	( )	
Email Address		Email Address		

**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

<p><b>Certification</b> (Read and sign after completing all sections)</p> <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</p> <p>_____          Date Signed</p>	Reporting Ranges Weight Range in pounds																																									
	<table border="1"> <thead> <tr> <th>Range Code</th> <th>To</th> <th>From</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	To	From	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
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**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

Chemical Description	Physical and Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations
<b>Chemical Name:</b>  <b>EHS</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>CAS No.</b>  <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Daily Code: _____  Average Daily Code: _____  No. of days on site: _____			
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