Form Approved OMB No. 2050-0072

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name _____

Street _____

City _____ County _____ State _____ Zip _____

SIC Code _____ Dun & Brad Number _____

FOR OFFICIAL USE ONLY

ID #

Date Received

Owner/Operator Name

Name _____ Phone ( ) _____

Mail Address _____

Emergency Contact

Name _____ Title _____

Phone ( ) _____ 24 Hr. Phone ( ) _____

Name _____ Title _____

Phone ( ) _____ 24 Hr. Phone ( ) _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 ____

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

Chemical Description

CAS _____ Trade Secret _____

Chem. Name _____

Check all that apply [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS

EHS Name _____

Physical and Health Hazards *(check all that apply)*

[ ] Fire
[ ] Sudden Release of Pressure
[ ] Reactivity
[ ] Immediate (acute)
[ ] Delayed (chronic)

Inventory

Max. Daily Amount (code) ____

Avg. Daily Amount (code) ____

No. of Days On-site (days) ____

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)

Max. Daily Amount (code) ____

Avg. Daily Amount (code) ____

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)

Max. Daily Amount (code) ____

Avg. Daily Amount (code) ____

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