

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification										Owner/Operator Name																																											
	Name																				Name										Phone																							
	Street																				Mail Address																																	
	City						County		Harford		State		MD		Zip																																							
	SIC Code						Dun & Brad Number																																															
	FOR OFFICIAL USE ONLY																				Emergency Contact																																	
<div style="display: flex; justify-content: space-between;"> <div>ID #</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Date Received</div> <div></div> </div>																				Name										Title																								
																				Phone										24 Hr. Phone																								
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Important: Read all instructions before completing form										Reporting Period from January 1 to December 31, 19										98		<input type="checkbox"/>		Check if information is identical to the information submitted last year.																														
Confidential Location Information Sheet																		Container Type		Pressure		Temperature		Storage Codes and Locations (Confidential) <i>Storage Locations</i>										Optional																				
																		CAS# <div style="display: flex; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: flex; border-bottom: 1px solid black; width: 50px;"></div> <div style="display: flex; border-bottom: 1px solid black; width: 50px;"></div> Chem. Name																																				<input type="checkbox"/>
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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.																		Optional Attachments																																				
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Name and official title of owner/operator OR owner/operator's authorized representative</div> <div>Signature</div> <div>Date signed</div> </div>																		<input type="checkbox"/>		I have attached a site plan																																		
																		<input type="checkbox"/>		I have attached a list of site coordinate abbreviations																																		
																		<input type="checkbox"/>		I have attached a description of dikes and other safeguards measures																																		