

<b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  <b>Specific Information By Chemical</b>	<b>Facility Identification</b>						<b>Owner/Operator Name</b>					
	Name _____						Name _____ Phone _____					
	Street _____						Mail Address _____					
	City _____ County _____ State _____ Zip _____						<b>Emergency Contact</b>					
	SIC Code _____ Dun & Brad Number _____						Name _____ Title _____					
	<b>FOR OFFICIAL USE ONLY</b>		<b>ID #</b>						Phone _____ 24 Hr. Phone _____			
			<b>Date Rcvd.</b>						Name _____ Title _____		Phone _____ 24 Hr. Phone _____	

<b>Important: Read all instructions before completing form</b>				Reporting Period From January 1 to December 31, 20 <input type="checkbox"/>				<input type="checkbox"/> Check if information below is identical to the information submitted last year.			
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Chemical Description								Physical And Health Hazards (check all that apply)		Inventory				Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)	Optional
																	Storage Locations	
CAS				Trade Secret					Fire			Max. Daily Amount (code)					<input type="checkbox"/>	
Chem. Name									Sudden Release of Pressure									
Check all That apply								Reactivity			Avg. Daily Amount (code)							
	Pure	Mix	Solid	Liquid	Gas	EHS		Immediate (acute)										
EHS Name									Delayed (chronic)				No. of Days On-site (days)					
CAS				Trade Secret					Fire			Max. Daily Amount (code)					<input type="checkbox"/>	
Chem. Name									Sudden Release of Pressure									
Check all That apply								Reactivity			Avg. Daily Amount (code)							
	Pure	Mix	Solid	Liquid	Gas	EHS		Immediate (acute)										
EHS Name									Delayed (chronic)				No. of Days On-site (days)					
CAS				Trade Secret					Fire			Max. Daily Amount (code)					<input type="checkbox"/>	
Chem. Name									Sudden Release of Pressure									
Check all That apply								Reactivity			Avg. Daily Amount (code)							
	Pure	Mix	Solid	Liquid	Gas	EHS		Immediate (acute)										
EHS Name									Delayed (chronic)				No. of Days On-site (days)					

<b>Certification (Read and sign after completing all sections)</b> I certify under penalty of law that I have personally examined and am familiar with this 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												<b>Optional Attachments</b>			
												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			
_____ Signature												_____ Date Signed			