

<b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name _____ Street _____ City _____ County _____ State _____ Zip _____  SIC Code _____ Dun & Brad Number _____ NAICS # _____	<b>Owner/Operator Name</b> Name _____ Phone ( ) _____ Mail Address _____
	<b>FOR OFFICIAL USE ONLY</b>	<b>Emergency Contact</b> 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, 20 \_\_\_\_  Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)  <i>Storage Locations</i>	Optional																												
CAS _____ Trade Secret _____ Chem. Name _____  Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<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)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									_____ _____ _____ _____ _____	<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.

\_\_\_\_\_  
 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