

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

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

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

**For Official Use Only**  
**State ID#:**  
**Date Received**

Facility Identification				
Name	Maximum No. of Occupants: <input type="checkbox"/> N/A	<input type="checkbox"/> Manned	<input type="checkbox"/> Unmanned	
Street	Borough (if applicable)	City	State	Zip
Latitude	Longitude	NAICS Code	Phone Number (optional)	
Dun & Bradstreet Number	TRI Facility ID: <input type="checkbox"/> N/A	RMP Facility ID: <input type="checkbox"/> N/A		
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
Owner or Operator Information		Parent Company Information (optional)		
Name		Name	Dun & Bradstreet Number:	
Address		Address		
Phone Number	Email	Phone Number	Email	
Facility Emergency Coordinator (if applicable)		Tier II Information Contact		
Name	Title	Name	Title	
Email Address		Email Address		
Phone Number	24-hour Phone	Phone Number		
Emergency Contacts				
Name		Name		
Title		Title		
Phone Number	24-hour Phone	Phone Number	24-hour Phone	
Email Address		Email Address		
Certification (Read and sign after completing all sections)		Reporting Ranges Weight Range in pounds		
<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 _____ Date Signed _____</p>		Range Code	From	To
		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	Greater than 10 million

Chemical Description	Physical Hazards	Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. EHS: Yes No <b>Mixture or Product Name:</b>  <b>CAS No.</b> <input type="checkbox"/> Not Available  <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input type="checkbox"/> Trade Secret  EHS(s) Name (if applicable):  CAS No.  Non-EHS(s) Name (optional):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard Not Otherwise Classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity(single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified	Max Daily Amount (Total Mixture) [Pounds]:  Average Daily Amount (Total Mixture) [Pounds]:  No. of days on site:  Maximum Amount of each EHS in the Mixture [Pounds]:			Confidential: Yes No	<input type="checkbox"/> Below Reporting Thresholds (optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. EHS: Yes No <b>Mixture or Product Name:</b>  <b>CAS No.</b> <input type="checkbox"/> Not Available  <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  <input type="checkbox"/> Trade Secret  EHS(s) Name (if applicable):  CAS No.  Non-EHS(s) Name (optional):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard Not Otherwise Classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity(single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant <input type="checkbox"/> Hazard Not Otherwise Classified	Max Daily Amount (Total Mixture) [Pounds]:  Average Daily Amount (Total Mixture) [Pounds]:  No. of days on site:  Maximum Amount of each EHS in the Mixture [Pounds]:			Confidential: Yes No	<input type="checkbox"/> Below Reporting Thresholds (optional)

**Required Attachments:**

I have attached a site plan

I have attached a list of site coordinate abbreviations, if applicable

**Optional Attachment:**

I have attached a description of dikes and other safeguard measures