

Tier One

EMERGENCY AND HAZARDOUS
CHEMICAL INVENTORY

Aggregate Information by Hazard Type

FOR
OFFICIAL
USE
ONLY

ID # _____

Date Received _____

Important: Read instructions before completing form

Reporting Period

From January 1 to December 31, 19____

Facility Identification

Name _____
 Street _____
 City _____ County _____ State _____ Zip _____

SIC Code [][][][][][] Dun & Brad Number [][] - [][][][] - [][][][][]

Emergency Contacts

Name _____
 Title _____
 Phone () _____
 24 Hour Phone () _____

Name _____
 Title _____
 Phone () _____
 24 Hour Phone () _____

Owner/Operator

Name _____
 Mail Address _____
 Phone () _____

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

Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location
Fire	[][]	[][]	[][][]	_____
Sudden Release of Pressure	[][]	[][]	[][][]	_____
Reactivity	[][]	[][]	[][][]	_____

 Check if site plan is attached

Physical Hazards

Immediate (acute) [][] [][] [][][] _____

Delayed (Chronic) [][] [][] [][][] _____

Health Hazards

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 _____

* Reporting Ranges

Range Code	Weight Range in Pounds From...	To...
01	0	99
02	100	999
03	1000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	50,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	higher than 1 billion