Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name _____

Street _____

City _____ County _____ State _____ Zip _____

SIC Code ☐☐☐☐ Dun & Bradstreet Number ☐☐-☐☐☐-☐☐☐☐

FOR OFFICIAL USE ONLY

ID # _____

Date Received _____

Owner/Operator Name

Name _____ Phone ( )

Mail Address _____

Emergency Contact

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, 19____

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

Chemical Description

CAS ☐☐☐☐☐☐☐☐☐ Trade Secret ☐

Chem. Name _____

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name _____

Physical and Health Hazards

(check all that apply)

- ☐ Fire
- ☐ Sudden Release of Pressure
- ☐ Reactivity
- ☐ Immediate (acute)
- ☐ Delayed (chronic)

Inventory

- ☐☐ Max. Daily Amount (code)
- ☐☐ Avg. Daily Amount (code)
- ☐☐☐ No. of Days On-site (days)

Storage Codes and Locations (Non-Confidential)

Container Type ☐☐ Temperature ☐ Pressure ☐

Storage Locations _____

Optional ☐

CAS ☐☐☐☐☐☐☐☐☐ Trade Secret ☐

Chem. Name _____

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name _____

- ☐ Fire
- ☐ Sudden Release of Pressure
- ☐ Reactivity
- ☐ Immediate (acute)
- ☐ Delayed (chronic)

- ☐☐ Max. Daily Amount (code)
- ☐☐ Avg. Daily Amount (code)
- ☐☐☐ No. of Days On-site (days)

Container Type ☐☐ Temperature ☐ Pressure ☐

Storage Locations _____

Optional ☐

CAS ☐☐☐☐☐☐☐☐☐ Trade Secret ☐

Chem. Name _____

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name _____

- ☐ Fire
- ☐ Sudden Release of Pressure
- ☐ Reactivity
- ☐ Immediate (acute)
- ☐ Delayed (chronic)

- ☐☐ Max. Daily Amount (code)
- ☐☐ Avg. Daily Amount (code)
- ☐☐☐ No. of Days On-site (days)

Container Type ☐☐ Temperature ☐ Pressure ☐

Storage Locations _____

Optional ☐

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 safeguard measures