

Tier One	EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	FOR OFFICIAL USE ONLY	ID# _____
	<i>Aggregate Information by Hazard Type</i>		Date Received _____

Important: Read instructions before completing form

Reporting Period From January 1 to December 31, 20__

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Facility Identification</th> </tr> <tr> <td style="width:50%;">Name _____</td> <td style="width:50%;">Name _____</td> </tr> <tr> <td>Street _____</td> <td>Title _____</td> </tr> <tr> <td>City _____ County _____ State _____ Zip _____</td> <td>Phone (____) _____</td> </tr> <tr> <td>NAICS Code <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></td> <td>24 hour Phone (____) _____</td> </tr> <tr> <td>Dun & Brad Number <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> - <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> - <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></td> <td> </td> </tr> </table>	Facility Identification		Name _____	Name _____	Street _____	Title _____	City _____ County _____ State _____ Zip _____	Phone (____) _____	NAICS Code <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	24 hour Phone (____) _____	Dun & Brad Number <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> - <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> - <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Emergency Contacts</th> </tr> <tr> <td style="width:50%;">Name _____</td> <td style="width:50%;">Name _____</td> </tr> <tr> <td> </td> <td>Title _____</td> </tr> <tr> <td> </td> <td>Phone (____) _____</td> </tr> <tr> <td> </td> <td>24 hour Phone (____) _____</td> </tr> </table>	Emergency Contacts		Name _____	Name _____		Title _____		Phone (____) _____		24 hour Phone (____) _____
Facility Identification																							
Name _____	Name _____																						
Street _____	Title _____																						
City _____ County _____ State _____ Zip _____	Phone (____) _____																						
NAICS Code <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	24 hour Phone (____) _____																						
Dun & Brad Number <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> - <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> - <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>																							
Emergency Contacts																							
Name _____	Name _____																						
	Title _____																						
	Phone (____) _____																						
	24 hour Phone (____) _____																						
Owner/Operator																							
Name _____	Name _____																						
Mail Address _____	Title _____																						
Phone _____	Phone (____) _____																						
	24 hour 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	<input type="checkbox"/> Check if site plan is attached
Physical Hazards	Fire	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		
	Sudden Release of Pressure	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		
	Reactivity	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		
Health Hazards	Immediate (acute)	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		
	Delayed (acute)	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	<input style="width:20px; height:20px; border: 1px solid black;" type="text"/>		

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Certification <i>(Read and sign after completing all sections)</i></th> </tr> <tr> <td colspan="2">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.</td> </tr> <tr> <td colspan="2">_____ Name and official title of owner/operator OR owner/operator's authorized representative</td> </tr> <tr> <td>Signature _____</td> <td>Date Signed _____</td> </tr> </table>	Certification <i>(Read and sign after completing all sections)</i>		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 _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">* Reporting Ranges Weight Range in pounds</th> </tr> <tr> <th style="text-align: left;">Range Code</th> <th style="text-align: left;">From.....</th> <th style="text-align: left;">To.....</th> </tr> <tr> <td>01</td> <td>0</td> <td>99</td> </tr> <tr> <td>02</td> <td>100</td> <td>999</td> </tr> <tr> <td>03</td> <td>1000</td> <td>9,999</td> </tr> <tr> <td>04</td> <td>10,000</td> <td>99,999</td> </tr> <tr> <td>05</td> <td>100,000</td> <td>999,999</td> </tr> <tr> <td>06</td> <td>1,000,000</td> <td>9,999,999</td> </tr> <tr> <td>07</td> <td>10,000,000</td> <td>49,999,999</td> </tr> <tr> <td>08</td> <td>50,000,000</td> <td>99,999,999</td> </tr> <tr> <td>09</td> <td>100,000,000</td> <td>499,999,999</td> </tr> <tr> <td>10</td> <td>500,000,000</td> <td>999,999,999</td> </tr> <tr> <td>11</td> <td>1 billion</td> <td>Higher than 1 billion</td> </tr> </table>	* Reporting Ranges Weight Range in pounds			Range Code	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
Certification <i>(Read and sign after completing all sections)</i>																																																
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 Weight Range in pounds																																																
Range Code	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																																														