

**Paperwork Reduction Act** - The public reporting and recordkeeping burden for this collection of information is estimated to average 3.1 hours per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

<b>Tier One</b>	<b>EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  <i>Aggregate Information by Hazard Type</i>
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<b>FOR OFFICIAL USE ONLY</b>	ID# _____  Date Received _____
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*Important: Read instructions before completing form*

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

Facility Identification	
Name _____	Street _____
City _____ County _____ State _____ Zip _____	SIC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dun & Brad Number	
Owner/Operator	
Name _____	Mail Address _____
Phone _____	

Emergency Contacts	
Name _____	Title _____
Phone (____) _____	24 hour Phone (____) _____
Name _____	Title _____
Phone (____) _____	24 hour Phone (____) _____

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

Physical Hazards	Hazard Type	Max Amount	Average Daily Amount	Number Of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
	Fire	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	
Sudden Release of Pressure	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	
Reactivity	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	

Health Hazards	Immediate (acute)	Max Amount	Average Daily Amount	Number Of Days On-Site	General Location
	Immediate (acute)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Delayed (acute)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____

Certification <i>(Read and sign after completing all sections)</i>	* Reporting Ranges Weight Range in pounds		
	Range Code	From.....	To.....
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 _____	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