

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__

Facility Identification	
Name	_____
Street	_____
City	_____ County _____ State _____ Zip _____
NAICS Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dun & Brad Number	<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"/>

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	<input type="checkbox"/> Check if site plan is attached
Physical Hazards	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)	<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		
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.	Range Code	From.....	To.....
Name and official title of owner/operator OR owner/operator's authorized representative	01	0	99
Signature _____	02	100	999
Date Signed _____	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