

<b>Tier Two EMERGENCY AND HAZARDOUS  CHEMICAL INVENTORY</b>  <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name _____ Street _____ City _____ County _____ State _____ Zip _____  NAICS Code _____ Dun & Brad Number _____	<b>Owner/Operator Name</b> Name _____ Phone ( ) _____ Mail Address _____
	<b>FOR OFFICIAL USE ONLY</b>	<b>Emergency Contact</b>  Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____  Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____
ID # _____  Date Received _____		

**Important: Read all instructions before completing form**      Reporting Period From January 1 to December 31, 20 \_\_\_\_\_       Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)  <i>Storage Locations</i>	Optional																												
CAS _____ Trade Secret _____ Chem. Name _____  Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									_____ _____ _____ _____	<input type="checkbox"/>
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<b>Certification (Read and sign after completing all sections)</b> 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	<b>Optional Attachments</b> <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures
_____ Signature	_____ Date signed