

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

Reporting Period: January 1 to December 31, 20__

Confidential Location Information Sheet
Tier Two
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

For Official Use Only
State ID#:
Date Received

Facility Identification

Name	Maximum No. of Occupants:	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
	<input type="checkbox"/> N/A		
Street	County	City	State Zip
Latitude	Longitude	NAICS Code	Phone Number (optional)
Dun & Bradstreet Number	TRI Facility ID:	RMP Facility ID:	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? Yes No

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? Yes No

Owner or Operator Information **Parent Company Information (optional)**

Name	Name		Dun & Bradstreet Number:
Address	Address		
Phone Number	Email	Phone Number	Email
()		()	

Facility Emergency Coordinator (if applicable) **Tier II Information Contact**

Name	Title	Name	Title
Email Address		Email Address	
Phone Number	24-hour Phone	Phone Number	
()	()	()	

Emergency Contacts

Name	Name
Title	Title
Phone Number	24-hour Phone
()	()
Email Address	Email Address

Certification (Read and sign after completing all sections) **Reporting Ranges**
Weight Range in pounds

<p>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.</p> <p>_____ Name and official title of owner/operator OR owner/operator's authorized representative</p> <p>_____ Signature</p> <p>_____ Date Signed</p>	Range Code	From	To
	01	0	99
	02	100	499
	03	500	999
	04	1,000	4,999
	05	5,000	9,999
	06	10,000	24,999
	07	25,000	49,999
	08	50,000	74,999
	09	75,000	99,999
	10	100,000	499,999
	11	500,000	999,999
	12	1,000,000	9,999,999
13	10,000,000	Greater than 10 million	

The public reporting and recordkeeping burden for this collection of information is estimated to range from 6 to 120 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.

Chemical Description	Physical and Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Chemical Name: CAS No. EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Code: Average Daily Amount Code: No. of days on site:			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Mixture or Product Name: CAS No. <input type="checkbox"/> Not Available <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> EHS(s) Name (if applicable): CAS No. Non-EHS(s) Name (optional):	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount (Total Mixture) Code: Average Daily Amount (Total Mixture) Code: No. of days on site: Maximum Amount of EHS in the Mixture Code:			Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements

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