

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

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><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><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>													_____ _____ _____ _____ _____	<input type="checkbox"/>
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<p>Certification <i>(Read and sign after completing all sections)</i></p> <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>	<p>Optional Attachments</p> <p><input type="checkbox"/> I have attached a site plan</p> <p><input type="checkbox"/> I have attached a list of site coordinate abbreviations</p> <p><input type="checkbox"/> I have attached a description of dikes and other safeguards measures</p>
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