

<p><b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b></p> <p><i>Specific Information by Chemical</i></p>	<p><b>Facility Identification</b></p> <p>Name _____</p> <p>Street _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p>SIC Code _____ Dun &amp; Brad Number _____</p>	<p><b>Owner/Operator Name</b></p> <p>Name _____ Phone ( ) _____</p> <p>Mail Address _____</p>
	<p><b>FOR OFFICIAL USE ONLY</b></p> <p>ID# _____</p> <p>Date Received _____</p>	<p><b>Emergency Contact</b></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, 19 \_\_\_\_\_       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												
<p>CAS _____ Trade Secret _____</p> <p>Chem. Name _____</p> <p>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</p> <p>EHS Name _____</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p>Max. Daily Amount (code) _____</p> <p>Avg. Daily Amount (code) _____</p> <p>No. of Days On-site (days) _____</p>	<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>													<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>
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<p><b>Certification (Read and sign after completing all sections)</b></p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one _____, and that based through _____ 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</p> <p>_____ Signature</p> <p>_____ Date signed</p>	<p><b>Optional Attachments</b></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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authorized representative