Form Approved OMB No. 2050-0072

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name _____

Street _____

City _____ County _____ State _____ Zip _____

SIC Code [ ][ ][ ][ ] Dun & Brad Number [ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]

FOR OFFICIAL USE ONLY

ID # _____

Date Received _____

Owner/Operator Name

Name _____ Phone ( )

Mail Address _____

Emergency Contact

Name _____ Title _____

Phone ( ) 24 Hr. Phone ( )

Name _____ Title _____

Phone ( ) 24 Hr. Phone ( )

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.

Confidential Location Information Sheet

CAS #	Chem. Name	Container Type	Temperature	Pressure	Storage Codes and Locations (Confidential) Storage Locations	Optional
						☐
						☐
						☐

Certification *(Read and sign after completing all sections)*

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 _____ Signature _____ Date signed _____

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