Form Approved OMB No. 2050-0072 Revised June 1990

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name _____
Address _____
City _____ State _____ Zip _____

County _____

SIC Code ☐☐☐☐ Dun & Brad Number ☐☐ ☐☐☐ ☐☐☐☐

FOR OFFICIAL USE ONLY Date Received: ID:

Owner/Operator Name

Name _____ Phone ( ) _____ Ext. _____
Mailing Address _____
City _____ State _____ Zip _____

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, 20 _____

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

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Container Type / Pressure / Temperature	Storage Codes and Locations (Non-Confidential) *Storage Locations*	Optional
CAS ☐☐☐☐☐☐ ☐☐ ☐ Trade Secret ☐ Chem. Name _____ Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐☐ Max. Daily Amount (code) ☐☐ Avg. Daily Amount (code) ☐☐☐ No. of Days On-site (days)	☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐	_____ _____ _____ _____ _____ _____ ☐	☐
CAS ☐☐☐☐☐☐ ☐☐ ☐ Trade Secret ☐ Chem. Name _____ Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐☐ Max. Daily Amount (code) ☐☐ Avg. Daily Amount (code) ☐☐☐ No. of Days On-site (days)	☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐	_____ _____ _____ _____ _____ _____ ☐	☐
CAS ☐☐☐☐☐☐ ☐☐ ☐ Trade Secret ☐ Chem. Name _____ Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐☐ Max. Daily Amount (code) ☐☐ Avg. Daily Amount (code) ☐☐☐ No. of Days On-site (days)	☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐	_____ _____ _____ _____ _____ _____ ☐	☐

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 thru _____ , and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

_____ _____ _____
Name and official title of 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