

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

Reporting Period: January 1 to December 31, 20__

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"/> N/A		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Street	County	City	State	Zip	
Latitude	Longitude	NAICS Code	Phone Number (optional) ()		
Dun & Bradstreet Number	TRI Facility ID: <input type="checkbox"/> N/A	RMP Facility ID: <input type="checkbox"/> N/A			
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 ()	Phone Number ()		24-hour Phone ()
Email Address			Email Address		
Certification (Read and sign after completing all sections)			Reporting Ranges Weight Range in pounds		
<hr/> 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. <hr/> Name and official title of owner/operator OR owner/operator's authorized representative <hr/> Signature _____ Date Signed _____			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 Range Code: Average Daily Amount Range 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"/>	<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) Range Code: Average Daily Amount (Total Mixture) Range 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
EHS(s) Name (if applicable): CAS No.		No. of days on site:				
Non-EHS(s) Name (optional):		Maximum Amount of each EHS in the Mixture Range Code:				

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