

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____	Owner/Operator Name Name _____ Phone () _____ Mail Address _____
	FOR OFFICIAL USE ONLY	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.

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 _____ <i>Check all that apply</i> <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>													_____ _____ _____ _____	<input type="checkbox"/>
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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 _____, 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. _____ Name and official title of owner/operator OR owner/operator's Signature Date signed	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures
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authorized representative