

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification Name _____ Street _____ City _____ Borough _____ State _____ Zip _____ NAICS Code _____ Dun & Brad Number _____</p>	<p>Owner/Operator Name Name _____ Phone () _____ Mail Address _____</p>
	<p>FOR OFFICIAL USE ONLY</p>	<p>Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____</p>
<p>ID # _____ Date Received _____</p>		

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.

Confidential Location Information Sheet	Container Type	Pressure	Temperature	Storage Codes and Locations (Confidential) <i>Storage Locations</i>	Optional
CAS# <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> Chem. Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____	<input type="checkbox"/>
CAS# <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> Chem. Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____	<input type="checkbox"/>
CAS# <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> <input style="width:15px;" type="text"/> Chem. Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____	<input type="checkbox"/>

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 safeguards measures