

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

Reporting Period: January 1 to December 31, 20__

Confidential Location Information Sheet
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"/> Manned | <input type="checkbox"/> Unmanned | |
| | <input type="checkbox"/> N/A | | | |
| 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 (<i>Read and sign after completing all sections</i>) | | Reporting Ranges Weight Range in pounds | | |
| <p>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.</p> <p>_____ Name and official title of owner/operator OR owner/operator's authorized representative</p> <p>_____ Signature Date Signed</p> | | 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 | | |
| <p>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.</p> | | | | |

| 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. | <input type="checkbox"/> Delayed (Chronic) | 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