Print Form

Tier Two Emergency and Hazardous Chemical Inventory
Specific Information by Chemical
Revised September 2005

Community Right-to-Know
(REQUIRED INFORMATION)

ID #: _____
(12-digit number beginning with CRK or WA)

Facility Identification UBI/DOR#: _____
Name _____
Address _____
City _____ County _____ State ____ Zip _____
Latitude _____ Longitude _____
SIC Code ☐☐☐☐ Dun & Bradstreet No. ☐☐☐☐☐☐☐☐☐

Owner/ Operator Name _____
Street _____
City _____ State ____ Zip _____ Phone ( ) _____

Main Contact Name _____ Email _____
Title _____ Phone ( ) _____ Fax ( ) _____

Mailing Address *Must be included if different from Facility Address*
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, _____

☐ Subject to section 112r of Clean Air Act

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

Facility ID# _____

Facility Name _____

TIER TWO CONTINUATION FORM

Chemical Description	Physical and Health Hazards *(check all that apply)*	INVENTORY	Storage Codes: Container Type	Pressure	Temperature	Storage Locations (Non-Confidential) *Only 105 characters available including spaces (Please Print)*
CAS ☐☐☐☐☐☐☐☐☐ Trade Secret ☐ Chem. Name _____ EHS Name _____ Check all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute ☐ Delayed (chronic	☐ Max Amt (lbs.) ☐ Avg. Amt (lbs.) ☐☐ Max. Daily Amt (code) ☐☐ Avg. Daily Amt (code) ☐☐☐ No. of Days Onsite				
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