



Tier II Emergency and Hazardous Chemical Inventory

Mail this report to the Minnesota EPCRA Program
445 Minnesota St., Suite 223, St. Paul, MN 55101

Use this printed form when the Tier II Manager (<http://minnesota.idsimaps.com>) is not available.
Required fields are marked with an asterisk (*).

Location & Nature of Business

Physical Location

Facility/ Site Name*		Facility ID	Latitude*
Street 1*		Street 2	Longitude*
City*	Zip Code*	County*	
Fire Department*	Other Fire Departments Responding To This Site		

Facility Identification Information

NAICS*	Nature of Business*	<input type="radio"/> Unmanned*	<input type="radio"/> Manned*
Max Occupants At One Time*	Dun & Bradstreet Number	No. of Full Time Employees	
SIC Code	Client System ID (ERC ID)		

Facility Contact Details

Facility Contact

Facility Contact	Phone*	24 Hour Phone
Email*	Fax	Website

Parent Company

Parent Company Name	Dun & Bradstreet Number	Street Address	
Country	City	State	Zip Code
Phone	Email		

Owner/Operator Details

Name*		EIN	
Street 1*		Street 2	
Country	City	State	Zip Code
Owner/Operator Phone	24 Hour Phone	Owner/Operator Email	

Facility Mailing/Billing Contacts

Mailing Address

 Same as Physical Address

 Same as Owner/Operator Address

Company Name*		Attention*	
Street 1*		Street 2	
Country	City	State	Zip Code
Phone			

Billing Address

 Same as Mailing Address

 Same as Physical Address

 Same as Owner/Operator Address

Company Name*		Attention*	
Street 1*		Street 2	
Country	City	State	Zip Code
Phone			

Reporting Ranges

Weight Range in Pounds

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 10,000,000

Storage Codes¹

Code	Container Type	Code	Storage Conditions
A	Above ground tank	Pressure	
B	Below ground tank	1	Ambient Pressure
C	Tank inside building	2	Greater Than Ambient Pressure
D	Steel drum	3	Less Than Ambient Pressure
E	Plastic or non-metal drum	Temperature	
F	Can	4	Ambient Temperature
G	Carboy	5	Greater Than Ambient Temp.
H	Silo	6	Less Than Ambient Temperature, Not Cryogenic
I	Fiber drum	7	Cryogenic Conditions
J	Bag	¹ Storage Codes are listed as a Container Type (letter), Pressure and Temperature (numbers). For example, B14 is a below ground tank at ambient pressure and ambient temperature.	
K	Box		
L	Cylinder		
M	Glass bottles or jugs		
N	Plastic bottles or jugs		
O	Tote bin		
P	Tank wagon		
Q	Rail car		
R	Other		

For more information go to <http://www2.epa.gov/epcra-tier-i-and-tier-ii-reporting> or call the Minnesota EPCRA Program at (651) 201-7416

Chemical Details (photocopy as needed)

Chemical Description

CAS Number (or N/A)*	Chemical Name*	<input type="checkbox"/> EHS Chemical Name
Physical and Health Hazards <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Delayed (Chronic) <input type="checkbox"/> Immediate (Acute)		
Date Chemical Added to Site		<input type="checkbox"/> Trade Secret Proof

Chemical State

State (check all that apply)*

Solid Liquid Gas

Chemical Format

Pure Mixture (Component List Required)

Chemical Mixture

Mixture Component List

CAS Number (or N/A)*	Chemical Name*	<input type="checkbox"/> EHS Chemical Name
<input type="checkbox"/> EHS in powdered form, molten, particle size less than 100 microns, or handled in solution	Maximum Amount Percentage*	Maximum Daily Amount (lbs.)

CAS Number (or N/A)*	Chemical Name*	<input type="checkbox"/> EHS Chemical Name
<input type="checkbox"/> EHS in powdered form, molten, particle size less than 100 microns, or handled in solution	Maximum Amount Percentage*	Maximum Daily Amount (lbs.)

CAS Number (or N/A)*	Chemical Name*	<input type="checkbox"/> EHS Chemical Name
<input type="checkbox"/> EHS in powdered form, molten, particle size less than 100 microns, or handled in solution	Maximum Amount Percentage*	Maximum Daily Amount (lbs.)

CAS Number (or N/A)*	Chemical Name*	<input type="checkbox"/> EHS Chemical Name
<input type="checkbox"/> EHS in powdered form, molten, particle size less than 100 microns, or handled in solution	Maximum Amount Percentage*	Maximum Daily Amount (lbs.)

Inventory & Storage

Chemical Inventory

Maximum Daily Amount (lbs.)* (Actual amount; do not use code table)	Average Daily Amount Code*	Number of Days Onsite*
Maximum Amount in Largest Container	<input type="checkbox"/> Chemical below Reporting Threshold	<input type="checkbox"/> Voluntary Reporting of Chemical Present

Storage Location

Container Type*	Pressure*	Temperature*
Storage Location*	<input type="checkbox"/> Confidential Location	Storage Location Amount
Location Description		

Subject to Status

- Yes No EPCRA Section 312 Annual Inventory
 Yes No EPCRA Section 302 (40 CFR Part 355)
 Yes No Clean Air Act, Section 112(r), Chemical Accident Prevention
(40 CFR Part 68, Risk Management Program) RMP ID _____
 Yes No EPCRA Section 313 Toxic Release Inventory (TRI) (40 CFR Part 372)
TRI Facility ID _____

Contacts

Emergency Coordinator (Required only if Chemical Inventory has EHS quantities greater than the TPQ)

First Name*	Last Name*	Title*	
Email*	Phone*	24 Hour Phone	Mobile/ Pager

Tier II Contact (Person knowledgeable with the information contained in the Tier II inventory form)

First Name*	Last Name*	Title*	
Email*	Phone*	24 Hour Phone	Mobile/ Pager

Emergency Contacts

First Name*	Last Name*	Title*	
Email*	Phone*	24 Hour Phone*	Mobile/ Pager

First Name*	Last Name*	Title*	
Email*	Phone*	24 Hour Phone*	Mobile/ Pager

Fee Exemption Questionnaire

- Is the facility a federal facility? Yes No
Is the facility a retail gas station? Yes No

Certify Report

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 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.

I understand that I am officially submitting this report and associated information to authorities. I also understand that once the submission is complete it will become an official archive for authorities.

Please review the Tier II Report before submission

Name of Owner/Operator or Authorized Representative*

Official Title*

Telephone Number*

Date*