MINNESOTA EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA) PROGRAM

444 CEDAR ST., SUITE 223, ST. PAUL, MN 55101
PHONE: (651) 201-7416 FAX (651) 296-0459

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY REPORT FORM

SPECIFIC INFORMATION BY CHEMICAL

ERC ID# -- --

(If known otherwise leave blank)

Reporting period from Jan. 1 to Dec. 31, _____

Page ____ of ____ pages

Important: Read all instructions before completing form. Fill in all fields with required information.
We would like to encourage submission of this report form by use of our online Tier II Manager Software at:
http://minnesota.idsimaps.com/submit

Facility/ Site Identification

Print information in CAPITAL LETTERS.

Facility/Site Name

Street Address

City **State** **Zip** --

Facility E-mail _____

County

Facility Longitude & Latitude _____

(Coordinates must be in decimal degrees format)

Facility Telephone Number **NAICS Code**

Mailing Address ***(If different than the facility physical location.)***

Company

Street Address

City **State** **Zip** --

Attention _____

Country _____

Emergency Contacts

Name #1

Title

Phone -- --

24 Hr. Phone -- --

Name #2

Title

Phone -- --

24 Hr. Phone -- --