

# TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY REPORT FORM

Facility Name

ERC ID#  -  -   
*(If known otherwise leave blank)*

<b>Owner/ Operator</b>		
Name		
<input type="text"/>		
Mailing Address <i>(If different than the facility physical location).</i>		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Country	
<input type="text"/>	<input type="text"/>	

<b>Billing Address</b> <i>(If different than the facility physical location.)</i>		
Company		
<input type="text"/>		
Street Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Attention	Country	
<input type="text"/>	<input type="text"/>	

<b>CHEMICAL DESCRIPTION</b> <i>(Check all that apply)</i>	CAS# <input type="text"/>	Trade Secret <input type="checkbox"/>
	Chemical Name <input type="text"/>	
	Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/>	
EHS Name <input type="text"/>		

<b>PHYSICAL AND HEALTH HAZARDS</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<b>INVENTORY</b>	Max. Daily Amount (lbs.) <i>Actual amount, do not use code table.</i> <input type="text"/> Average Daily Amount (lbs.) <i>(use code table)</i> <input type="text"/> Number of Days On-site <input type="text"/>
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<b>STORAGE CODES AND LOCATIONS</b> <i>(Non-Confidential)</i>	Container	Pressure	Temperature	Storage Locations	Site Plan Attached?
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Certification:** I certify under the 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.

<i>Name and official title of owner / operator's authorized representative.</i>	<i>Signature</i>	<i>Date signed</i>