Sample Tier II Report

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name _____

Street _____

City _____ County _____ State _____ Zip _____

SIC Code [ ][ ][ ][ ] Dun & Brad Number [ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]

FOR OFFICIAL USE ONLY — ID # _____ Date Received _____

Owner/Operator Name

Name _____ Phone _____

Mail Address _____

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, 20 ____ | Check if information below is identical to the information submitted last year.

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

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and 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.

Name and official title of owner/operator OR 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 other safeguard measures