

<p><b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b></p> <p><i>Specific Information by Chemical</i></p>	<p><b>Facility Identification</b></p> <p>Name _____</p> <p>Street _____</p> <p>City _____ Borough _____ State _____ Zip _____</p> <p>NAICS Code _____ Dun &amp; Brad Number _____</p>	<p><b>Owner/Operator Name</b></p> <p>Name _____ Phone ( ) _____</p> <p>Mail Address _____</p>
	<p><b>FOR OFFICIAL USE ONLY</b></p>	<p><b>Emergency Contact</b></p> <p>Name _____ Title _____</p> <p>Phone ( ) _____ 24 Hr. Phone ( ) _____</p> <p>Name _____ Title _____</p> <p>Phone ( ) _____ 24 Hr. Phone ( ) _____</p>

**Important: Read all instructions before completing form** Reporting Period From January 1 to December 31, 20 15  Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential)  <i>Storage Locations</i>	Optional																																																	
<p>CAS _____ Trade Secret _____</p> <p>Chem. Name _____</p> <p><i>Check all that apply</i> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">GAL/LBS</th> <th style="width:50%;">CODE</th> </tr> <tr> <td>Max. Daily Amount</td> <td>_____</td> </tr> <tr> <td>Avg. Daily Amount</td> <td>_____</td> </tr> <tr> <td>Max. Amt. Per Container</td> <td>_____</td> </tr> <tr> <td>No. of Days On-site (days)</td> <td>_____</td> </tr> </table>	GAL/LBS	CODE	Max. Daily Amount	_____	Avg. Daily Amount	_____	Max. Amt. Per Container	_____	No. of Days On-site (days)	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																									<p><input type="checkbox"/></p>
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<p><b>Certification</b> <i>(Read and sign after completing all sections)</i></p> <p>I certify under 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.</p> <p>_____ Name and official title of owner/operator OR owner/operator's authorized representative</p> <p>_____ Signature</p> <p>_____ Date signed</p>	<p><b>Optional Attachments</b></p> <p><input type="checkbox"/> I have attached a site plan</p> <p><input type="checkbox"/> I have attached a list of site coordinate abbreviations</p> <p><input type="checkbox"/> I have attached a description of dikes and other safeguards measures</p>
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<p><b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b></p> <p><i>Specific Information by Chemical</i></p>	<p><b>Facility Identification</b>                  Name _____                  Street _____                  City _____ Borough _____ State _____ Zip _____                  NAICS Code _____ Dun &amp; Brad Number _____</p>	<p><b>Owner/Operator Name</b>                  Name _____ Phone ( ) _____                  Mail Address _____</p>
	<p><b>FOR OFFICIAL USE ONLY</b></p> <p>ID # _____                  Date Received _____</p>	<p><b>Emergency Contact</b>                  Name _____ Title _____                  Phone ( ) _____ 24 Hr. Phone ( ) _____                  Name _____ Title _____                  Phone ( ) _____ 24 Hr. Phone ( ) _____</p>

**Important: Read all instructions before completing form**

Reporting Period From January 1 to December 31, 20 14

Check if information below is identical to the information submitted last year.

<b>Confidential Location Information Sheet</b>	Container Type	Pressure	Temperature	Storage Codes and Locations (Confidential)	Optional
CAS# <input style="width:100px;" type="text"/> <input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/> Chem. Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage Locations _____ _____ _____ _____	<input type="checkbox"/>
CAS# <input style="width:100px;" type="text"/> <input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/> Chem. Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage Locations _____ _____ _____ _____	<input type="checkbox"/>
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\_\_\_\_\_  
 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 dikes and other safeguards measures