State of Alaska Tier Twe	o Form – page 1
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	Facility Identification Name Street								Owner/Operator Name Name Phone _() Mail Address							
Tier Two																
EMERGENCY	City	City Borough State Zip														
AND HAZARDOUS	NAICS Code Dun & Brad Number							rgend	cy Cor	ntact						
CHEMICAL	INAICS CO	NAICS Code Dun & Brad Number								Name Title						
INVENTORY								e <u> </u>)		24	Title Hr. Phone ()				
FOR				ID#												
Specific OFFICIAL							·				Title Hr. Phone ()					
Information		USE		Date Received			Phone	e <u>(</u>)		24	Hr. Phone ()				
by Chemical		ONL	.Y													
Important: Read all inst	ructions bej	fore coi	mpleting	form Reporting Period	From January 1 to De	ecember 31, 20 <u>15</u>	[1]	Check	if inform	nation be	elow is identical to	o the information submitted last yea	ar.			
Chemical	Descri	ptio	n	Physical and Health Hazards (check all that apply)	Inven	tory	Container	Туре	Pressure	emperature	(No	Codes and Locations on-Confidential)	Optional			
					GAL	/LBS CODE	 	_	<u> </u>	_		0	+			
	Tra	ide			Max. Daily						-					
CAS Name	Se	cret _		[] Fire	Amount						-					
Chem. Name				[] Sudden Release of Pressure	Avg. Daily Amount						-					
Check all	[] []	[]	[]	[] Reactivity	Max. Amt.		1 -									
that apply Pure Mix	Solid Liqui			[] Immediate (acute)	Per Container				<u>l</u>		-					
EHS Name				[] Delayed (chronic)	No. of Days								[]			
-					On-site (days)											
	_					/LBS CODE										
CAS	Tra	ide cret		[] Fire	Max. Daily Amount						-					
Chem. Name		_		[] Sudden Release	Avg. Daily		1 -									
				of Pressure	Amount				ı							
Check all [] []	[] []			[] Reactivity	Max. Amt.											
that apply Pure Mix EHS Name	Solid Liqui	id Gas	s EHS	[] Immediate (acute)	Per Container								F 1			
Ens Name				[] Delayed (chronic)	No. of Days On-site (days)						-		[]			
-						// DS CODE	+									
	Tra	ıde			Max. Daily	/LBS CODE	\dashv		1							
CAS	Se	cret		[] Fire	Amount											
Chem. Name				[] Sudden Release	Avg. Daily											
	., .,		 ,	of Pressure	Amount		 									
Check all [] []				[] Reactivity	Max. Amt.											
that apply Pure Mix EHS Name	Solid Liqui	id Gas	s EHS	[] Immediate (acute) [] Delayed (chronic)	Per Container No. of Days		+ $-$		1	1			[]			
				[] Bolayea (Gillottio)	On-site (days)			<u> </u>					1,1			
Certification (Read and si	ign after com	pleting a	all section	s)	,				-	ntions	I Attachment	<u> </u>				
I certify under penalty of law the					ation submitted in pages one	e through	, and that	based			e attached a si					
on my inquiry of those individu	uals responsib	ole for ob	taining the	information, I believe that the	submitted information is true	e, accurate, and comp	lete.		j J] I hav	e attached a lis	st of site coordinate abbreviation	ons			
Name and official title of o	wner/operator	r OR owi	ner/operate	or's Signature		Date signed	l		- [-	e attached a d guards measur	escription of dikes and other				
authorized representative				- 3		J					,caoui					

Page _____ of ____ pages ___

State of	Alaska	Tier	Two	Form -	- page	2
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Name and official title of owner/operator OR owner/operator's

authorized representative

Signature

Facility Identification Owner/Operator Name Name Name **Tier Two** _____ Borough _____ State _____ Mail Address Street **EMERGENCY Emergency Contact AND HAZARDOUS** NAICS Code Dun & Brad Number CHEMICAL Name **INVENTORY** Phone () ID# FOR OFFICIAL Specific USE Date Received Information by Chemical ONLY 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. **Confidential Location Information Sheet Storage Codes and Locations** Optional (Confidential) Storage Locations Chem. Name [] Chem. Name CAS# [] Chem. Name CAS# **Certification** (Read and sign after completing all sections) **Optional Attachments** 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 [] I have attached a site plan on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. [] I have attached a list of site coordinate abbreviations

Date signed

[] I have attached a description of dikes and other

safeguards measures