Tier Two Emergency and Hazardous Chemical Inventory
Specific Information by Chemical
Revised October 2008

Community Right-to-Know
(REQUIRED INFORMATION)

ID #: _____
(12-digit number beginning with CRK or WA)

Facility Identification	UBI/DOR#: _____

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Latitude _____ Longitude _____

NAICS Code ☐☐☐☐☐☐ Dun & Bradstreet No. ☐☐☐☐☐☐☐☐☐

Owner/ Operator Name _____
Street _____
City _____ State _____ Zip _____ Phone ( ) _____

Main Contact Name _____ Email _____
Title _____ Phone ( ) _____ Fax ( ) _____

Mailing Address *Must be included if different from Facility Address*
Address _____
City _____ State _____ Zip _____

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, _____ | ☐ Subject to section 112r of Clean Air Act

Chemical Description	**Physical and Health Hazards** *(check all that apply)*	**INVENTORY**	**Storage Codes** Container Type / Pressure / Temperature	**Storage Locations (Non-Confidential)**
CAS ☐☐☐☐☐☐☐☐☐ **Trade Secret** ☐ Chem. Name _____ EHS Name _____ **Check all that apply** ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	___ Max. Amount (lbs. ___ Avg. Amount (lbs.) ___ Max. Daily Amount (code) ___ Avg. Daily Am ☐☐ (code) ___ No. of Days On-site	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
CAS ☐☐☐☐☐☐☐☐☐ **Trade Secret** ☐ Chem. Name _____ EHS Name _____ **Check all that apply** ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	___ Max. Amount (lbs. ___ Avg. Amount (lbs.) ___ Max. Daily Amount (code) ___ Avg. Daily Amount (code) ___ No. of Days On-site	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
CAS ☐☐☐☐☐☐☐☐☐ **Trade Secret** ☐ Chem. Name _____ EHS Name _____ **Check all that apply** ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	___ Max. Amount (lbs. ___ Avg. Amount (lbs.) ___ Max. Daily Amount (code) ___ Avg. Daily Amount (code) ___ No. of Days On-site	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

<u>**Certification**</u>   (**Read and sign after completing all sections**)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru ____, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

_____   _____   _____
Name and official title of 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 safeguard measures

Facility ID# _____
Facility Name _____

TIER TWO CONTINUATION FORM

Chemical Description	**Physical and Health Hazards** *(check all that apply)*	**INVENTORY**	**Storage Codes** Container Type / Pressure / Temperature	**Storage Locations (Non-Confidential)** *Only 105 characters available including spaces (Please Print)*

Entry 1

CAS ☐☐☐☐☐☐☐ Trade Secret ☐
Chem. Name _____
EHS Name _____
Check all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards:
☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute
☐ Delayed (chronic

Inventory:
☐ Max Amt (lbs.) _____
☐ Avg. Amt (lbs.) _____
☐ Max. Daily Amt (code) _____
☐ Avg. Daily Amt (code) _____
☐ No. of Days Onsite _____

Storage Codes: ☐ ☐ ☐ (x5)

Storage Locations: _____ (x5)

Entry 2

CAS ☐☐☐☐☐☐☐ Trade Secret ☐
Chem. Name _____
EHS Name _____
Check all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards:
☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute
☐ Delayed (chronic

Inventory:
☐ Max Amt (lbs.) _____
☐ Avg. Amt (lbs.) _____
☐ Max. Daily Amt (code) _____
☐ Avg. Daily Amt (code) _____
☐ No. of Days Onsite _____

Storage Codes: ☐ ☐ ☐ (x5)

Storage Locations: _____ (x5)

Entry 3

CAS ☐☐☐☐☐☐☐ Trade Secret ☐
Chem. Name _____
EHS Name _____
Check all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards:
☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory:
☐ Max Amt (lbs.) _____
☐ Avg. Amt (lbs.) _____
☐ Max. Daily Amt (code) _____
☐ Avg. Daily Amt (code) _____
☐ No. of Days Onsite _____

Storage Codes: ☐ ☐ ☐ (x5)

Storage Locations: _____ (x5)

Entry 4

CAS ☐☐☐☐☐☐☐ Trade Secret ☐
Chem. Name _____
EHS Name _____
Check all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards:
☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute
☐ Delayed (chronic)

Inventory:
☐ Max Amt (lbs.) _____
☐ Avg. Amt (lbs.) _____
☐ Max. Daily Amt (code) _____
☐ Avg. Daily Amt (code) _____
☐ No. of Days Onsite _____

Storage Codes: ☐ ☐ ☐ (x5)

Storage Locations: _____ (x5)

Entry 5

CAS ☐☐☐☐☐☐☐ Trade Secret ☐
Chem. Name _____
EHS Name _____
Check all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards:
☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute
☐ Delayed (chronic)

Inventory:
☐ Max Amt (lbs.) _____
☐ Avg. Amt (lbs.) _____
☐ Max. Daily Amt (code) _____
☐ Avg. Daily Amt (code) _____
☐ No. of Days Onsite _____

Storage Codes: ☐ ☐ ☐ (x5)

Storage Locations: _____ (x5)