

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

Reporting Period: January 1 to December 31, 20____

Tier One Emergency and Hazardous Chemical Inventory <i>Aggregate Information by Hazard Type</i>				<i>For Official Use Only</i> State ID #: Date Received:	
Facility Identification					
Name		Maximum No. of Occupants: <input type="checkbox"/> N/A		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Street		County	City	State	Zip
Latitude		Longitude	NAICS Code	Phone Number (optional) ()	
Dun & Bradstreet Number		TRI Facility ID: <input type="checkbox"/> N/A	RMP Facility ID: <input type="checkbox"/> N/A		
Subject to Emergency Planning under Section 302 of EPCRA?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner or Operator Information			Parent Company Information (optional)		
Name			Name		Dun & Bradstreet Number
Address			Address		
Phone Number ()		Email	Phone Number ()		Email
Facility Emergency Coordinator (if applicable)			Tier I Information Contact		
Name		Title	Name		Title
Email Address			Email Address		
Phone Number ()		24-hour Phone ()	Phone Number ()		
Emergency Contacts					
Name			Name		
Title			Title		
Phone Number ()		24-hour Phone ()	Phone Number ()		24-hour Phone ()
Email Address			Email Address		
Certification: (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 1 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	
The public reporting and recordkeeping burden for this collection of information is estimated to range from 10 to 120 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.					

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	Hazard Types	Max Amount (Range Code)	Average Daily Amount (Range Code)	Number of Days On-Site	General Location
Physical Hazard	Explosive				
	Flammable (gases, aerosols, liquids, or solids)				
	Oxidizer (liquid, solid or gas)				
	Self-reactive				
	Pyrophoric (liquid or solid)				
	Pyrophoric Gas				
	Self-heating				
	Organic peroxide				
	Corrosive to metal				
	Gas under pressure (compressed gas)				
	In contact with water emits flammable gas				
	Combustible Dust				
	Hazard Not Otherwise Classified				
	Health Hazard	Acute toxicity (any route of exposure)			
Skin corrosion or irritation					
Serious eye damage or eye irritation					
Respiratory or skin sensitization					
Germ cell mutagenicity					
Carcinogenicity					
Reproductive toxicity					
Specific target organ toxicity (single or repeated exposure)					
Aspiration hazard					
Simple Asphyxiant					
Hazard Not Otherwise Classified					

REPORTING RANGES

WEIGHT RANGE IN POUNDS			
Range Codes		From	To
01		0	99
02		100	499
03		500	999
04		1,000	4,999
05		5,000	9,999
06		10,000	24,999
07		25,000	49,999
08		50,000	74,999
09		75,000	99,999
10		100,000	499,999
11		500,000	999,999
12		1,000,000	9,999,999
13		10,000,000	Greater than 10 million

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