

 <p>TIER II EMERGENCY & HAZARDOUS CHEMICAL INVENTORY</p>	FACILITY IDENTIFICATION I.D. NUMBER	OWNER/OPERATOR NAME
	Name _____	Name _____ Phone _____
	Location _____	Mailing Address _____
	County _____ City _____ Zip _____	City _____ State _____ Zip _____
Latitude _____ Longitude _____	EMERGENCY CONTACTS	
SIC Code _____ NAICS _____	(1) _____	
Dun & Bradstreet _____	(2) _____	
	NAME	PHONE
		24 - HOUR PHONE

Important: READ ALL INFORMATION BEFORE COMPLETING FORM REPORTING PERIOD JAN. 1 - DEC. 31, 20

CHEMICAL DESCRIPTION	PHYSICAL & HEALTH HAZARDS <i>Check all that apply</i>	INVENTORY	STORAGE CODES & LOCATIONS <i>(Non-confidential)</i>																
		MAX. DAILY AMOUNT 2-DIGIT CODE AVG. DAILY AMOUNT 2-DIGIT CODE ACTUAL NO. OF DAYS ON SITE	CONT. STORAGE TYPE PRESS. TEMP. STORAGE LOCATIONS																
<input type="checkbox"/> NO CHANGE <input type="checkbox"/> NOT EHS-BELOW 10,000 LBS <input type="checkbox"/> TRADE SECRET CAS # _____ CHEM NAME _____ CHECK ALL PURE MIX SOLID LIQUID GAS EHS THAT APPLY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EHS NAME _____	<input type="checkbox"/> FIRE <input type="checkbox"/> SUDDEN RELEASE OF PRESSURE <input type="checkbox"/> REACTIVITY <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	_____ <i>FOLLOWING INFORMATION OPTIONAL</i> MAX. DAILY AMT _____ (LBS/GALS) AVG. DAILY AMT _____ (LBS/GALS) MAX./CONTAINER _____ (LBS/GALS)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;"></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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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 one through ____, and that based on my inquiry of the individuals responsible for obtaining this information, I believe that it is true, accurate, and correct.

OPTIONAL ATTACHMENTS

- Site Plan Attached
- List of Site Coordinates Attached
- Description of Safeguard Measures Attached

Name and Official Title of Owner/Operator or Authorized Representative _____

Signature _____

Date Signed _____

**ATTENTION !!! THE INFORMATION YOU PROVIDE ON THIS
TIER II FORM WILL BE USED TO PRE-PRINT NEXT YEAR'S FORM**

ACCURACY IS IMPORTANT

See the SD Compliance Guide for more complete instructions. Call 800-433-2288 if you need a copy. Tier 2 Fee Payment Form must be completed along with this form.

1. Complete all information blanks in the **FACILITY INFORMATION** section of the form. Clearly print or type the information and **REMEMBER** – location means “physical location.” It must be an address or some other location specific term. (Latitude and Longitude for example.) Mail **WILL NOT** be sent to this location address.
2. Complete all information blanks in the **OWNER/OPERATOR NAME** section. Be sure to use the name and mailing address to which all correspondence should be sent. All information must be complete and accurate. **NEXT YEAR'S PRE-PRINTED FORMS WILL BE SENT TO THIS ADDRESS.** Complete the **EMERGENCY CONTACTS** section.

FOLLOW THESE INSTRUCTIONS FOR EACH SUBSTANCE OR MIXTURE BEING REPORTED

1. Determine if the substance or mixture is, or contains, an Extremely Hazardous Substance (EHS). The reporting threshold for an EHS is the smaller of either 500 pounds or the designated Threshold Planning Quantity (TPQ). The reporting threshold for any other substance or mixture which requires an OSHA material safety data sheet (MSDS) is 10,000 pounds on-site at any one time. Each substance that is stored in an amount greater than either the EHS threshold or 10,000 pounds is a separate **ENTRY** on the Tier II Form. Any OSHA hazardous substance present at the facility may also be reported voluntarily.
2. There is one exception to the 10,000-pound threshold for OSHA hazardous substances. Gasoline and diesel fuel stored in underground tanks (USTs) at retail gas stations have higher thresholds if the tanks are in full compliance with the federal underground storage tank rules. Those thresholds are 75,000 gallons for gasoline and 100,000 gallons for diesel fuel. They are the only thresholds figured in gallons. Call 800-433-2288 if you have questions about this portion of the instructions. These thresholds apply **ONLY** to retail gas stations, **ONLY** to USTs, and **ONLY** to gasoline and diesel fuel. Kerosene, aviation fuel, and other petroleum products are not included. Gas and diesel stored in above ground tanks, in underground tanks that are not at a retail gas station, or in tanks that are out of compliance for any part of the year are still subject to the 10,000-pound threshold.
3. Complete the **CHEMICAL DESCRIPTION** section of the form. The CAS # can usually be found on your MSDS. Use leading zeros to make up 6 digits in the first set of numbers. Fill in the chemical or mixture name and check all the appropriate boxes to indicate the physical form of the material. If a mixture contains an EHS such as Phorate (Thimet 20G), be sure to check the EHS box. In this case, the chemical name is Thimet 20G and the EHS name is Phorate. Use the MSDS to determine the appropriate **PHYSICAL & HEALTH HAZARDS**. Check all of the appropriate boxes.
4. Use the three tables below to determine the correct range code for the amounts stored, the storage types, and the temperature and pressure conditions. Use these codes to complete the **INVENTORY** and **STORAGE CODES & LOCATIONS** sections of the form. Remember to convert gallons to pounds when calculating the range codes.
5. Sign and date all forms. Send one copy to the address below, one copy to your local emergency planning committee, and one copy to the fire department. Keep one copy for your files.

TABLE 1 REPORTING RANGES

Weight ranges in pounds		
Codes	From	To
01	.....0	.....99
02	.....100	.....999
03	.....1,000	.....9,999
04	.....10,000	.....99,999
05	.....100,000	.....999,999
06	.....1,000,000	.....9,999,999
07	.....10,000,000	.....49,999,999
08	.....50,000,000	.....99,999,999
09	.....100,000,000	.....499,999,999
10	.....500,000,000	.....999,999,999
11	.....1 billion	..... higher than 1 billion

TABLE 2 STORAGE TYPES

Codes	Types of Storage
A	Above ground tank
B	Below ground tank
C	Tank inside building
D	Steel drum
E	Plastic/non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber drum
J	Bag
K	Box
L	Cylinder
M	Glass bottles/jugs
N	plastic bottles/jugs
O	Tote Bin
P	Tank Wagon
Q	Rail Car
R	Other

TABLE 3 TEMP. AND PRESSURE

Codes	Storage Conditions (Pressure)
1	Ambient pressure
2	Greater than ambient pressure
3	Less than ambient pressure
	(Temperature)
4	Ambient temperature
5	Greater than ambient temp.
6	Less than ambient temp. but not cryogenic
7	Cryogenic conditions

SEND STATE FORMS TO

State Emergency Response Commission
Dept. of Environment & Natural Resources
523 East Capitol
Pierre, SD 57501