

 Tier Two Emergency and Hazardous Chemical Inventory				State ID#:		
Facility Identification						
Facility Name			Maximum Number of Occupants: <input type="checkbox"/> N/A		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Street (location)		County	City		State SD	
Latitude	Longitude		NAICS Code	Facility Phone # (optional)		
Dun & Bradstreet #		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 (40 CFR part 355)? <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)			
Company Name			Company Name		Dun & Bradstreet #	
Mail Address			Mail Address			
Phone Number		Email	Phone Number		Email	
Facility Emergency Coordinator			Tier II Information Contact			
Contact Person Name			Contact Person Name		Title	
Title			Mail Address			
Phone Number (work)			Phone Number (work)			
Phone Number (24-hour)			Phone Number (work)			
Email			Email			
Emergency Contacts						
Name		Title	Name		Title	
Phone Number (work)		Phone Number (24-hour)	Phone Number (work)		Phone Number (24-hour)	
Email Address			Email Address			
Certification (Read and sign after completing all sections)			Range Codes			
I certify under penalty of law that I have personally examined and am familiar with all information submitted in pages one through _____, and based on my inquiry of the individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. _____ Name and title Owner/operator or owner/operator's authorized representative _____ Signature _____ Date Signed			Amount Stored Weight Ranges			
			Range Code	From		To
			01	0 pounds		99 pounds
			02	100 pounds		499 pounds
			03	500 pounds		999 pounds
			04	1,000 pounds		4,999 pounds
			05	5,000 pounds		9,999 pounds
			06	10,000 pounds		24,999 pounds
			07	25,000 pounds		49,999 pounds
			08	50,000 pounds		74,999 pounds
			09	75,000 pounds		99,999 pounds
			10	100,000 pounds		499,999 pounds
			11	500,000 pounds		999,999 pounds
			12	1,000,000 pounds		9,999,999 pounds
13	10,000,000 pounds		Greater than 10 million pounds			

Chemical Description	Physical and Health Hazards	Inventory	Type of Storage (check ALL that apply)	Storage Conditions	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Pure Chemical or <input type="checkbox"/> Mixture or Product Mixture Name: _____ CAS #: _____ <input type="checkbox"/> CAS not available <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret Chemical is (or mixture contains) an Extremely Hazardous Substance (EHS) <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name(s) (Only if you checked "yes" above) _____ If this is a mixture, weight of only the EHS portion (use page 1 range code) _____ Non EHS Name(s) (optional) _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Maximum Amount (use Range Code page 1): _____ Actual Maximum: _____ Average Amount (use Range Code page 1): _____ Actual Average: _____ Number of Days On Site: _____	<input type="checkbox"/> AST <input type="checkbox"/> UST <input type="checkbox"/> Tank in building <input type="checkbox"/> Steel drum <input type="checkbox"/> Plastic drum <input type="checkbox"/> Can <input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber drum <input type="checkbox"/> Bag <input type="checkbox"/> Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Glass bottle/jug <input type="checkbox"/> Plastic bottle/jug <input type="checkbox"/> Tote bin <input type="checkbox"/> Tank wagon <input type="checkbox"/> Rail car <input type="checkbox"/> Battery	Pressure: <input type="checkbox"/> Ambient <input type="checkbox"/> > Ambient <input type="checkbox"/> < Ambient Temperature: <input type="checkbox"/> Ambient <input type="checkbox"/> > ambient <input type="checkbox"/> < ambient but not cryogenic <input type="checkbox"/> Cryogenic	Confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, you MUST complete and submit a confidential location information sheet)	Size of largest storage vessel: <input type="checkbox"/> Chemical is ingredient in product you produce (example: ingredient used in custom blend fertilizer) Voluntary Report: <input type="checkbox"/> Amount stored is < the reporting threshold <input type="checkbox"/> Chemical is exempt from reporting <input type="checkbox"/> Chemical is a fertilizer you do not produce or blend on site.
<input type="checkbox"/> Pure Chemical or <input type="checkbox"/> Mixture or Product Mixture Name: _____ CAS #: _____ <input type="checkbox"/> CAS not available <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret Chemical is (or mixture contains) an Extremely Hazardous Substance (EHS) <input type="checkbox"/> Yes <input type="checkbox"/> No EHS Name(s) (Only if you checked "yes" above) _____ If this is a mixture, weight of only the EHS portion (use page 1 range code) _____ Non EHS Name(s) (optional) _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Maximum Amount (use Range Code page 1): _____ Actual Maximum: _____ Average Amount (use Range Code page 1): _____ Actual Average: _____ Number of Days On Site: _____	<input type="checkbox"/> AST <input type="checkbox"/> UST <input type="checkbox"/> Tank in building <input type="checkbox"/> Steel drum <input type="checkbox"/> Plastic drum <input type="checkbox"/> Can <input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber drum <input type="checkbox"/> Bag <input type="checkbox"/> Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Glass bottle/jug <input type="checkbox"/> Plastic bottle/jug <input type="checkbox"/> Tote bin <input type="checkbox"/> Tank wagon <input type="checkbox"/> Rail car <input type="checkbox"/> Battery	Pressure: <input type="checkbox"/> Ambient <input type="checkbox"/> > Ambient <input type="checkbox"/> < Ambient Temperature: <input type="checkbox"/> Ambient <input type="checkbox"/> > ambient <input type="checkbox"/> < ambient but not cryogenic <input type="checkbox"/> Cryogenic	Confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, you MUST complete and submit a confidential location information sheet)	Size of largest storage vessel: <input type="checkbox"/> Chemical is ingredient in product you produce (example: ingredient used in custom blend fertilizer) Voluntary Report: <input type="checkbox"/> Amount stored is < the reporting threshold <input type="checkbox"/> Chemical is exempt from reporting <input type="checkbox"/> Chemical is a fertilizer you do not produce or blend on site.

Optional Attachments: site plan description of dikes and other safeguard measures list of site coordinate abbreviations (key) facility map Other: _____