

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	Zip
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 For reference only - Refer to these codes when completing the Chemical Page(s) of your report				
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				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 Hazards	Health Hazards	Inventory	Type of Storage	Storage Conditions	Storage Locations	Additional 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) (if you checked "yes" above): _____ If this is a mixture, weight of the EHS portion (range code*): _____ Non EHS Name(s) (optional): _____	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible dust <input type="checkbox"/> Hazard not otherwise classified <input type="checkbox"/> No Hazard	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified <input type="checkbox"/> No Hazard	Maximum Stored: <input type="checkbox"/> gallons <input type="checkbox"/> pounds Average Stored: <input type="checkbox"/> gallons <input type="checkbox"/> pounds Range Code* for maximum stored: Range Code* for average stored: 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 <input type="checkbox"/> Other	Pressure: <input type="checkbox"/> Ambient <input type="checkbox"/> Greater than ambient <input type="checkbox"/> Less than ambient Temperature: <input type="checkbox"/> Ambient <input type="checkbox"/> Greater than ambient <input type="checkbox"/> Less than ambient but not cryogenic <input type="checkbox"/> Cryogenic	Confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, a confidential location information sheet MUST also be submitted)	Size of largest container: <input type="checkbox"/> Chemical is fertilizer you use to make custom blends Voluntary Reports: <input type="checkbox"/> Amount stored is less than the reporting threshold <input type="checkbox"/> Chemical is a fertilizer you do not make onsite & do not use to make custom blends <input type="checkbox"/> Other explain:
<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) (if you checked "yes" above): _____ If this is a mixture, weight of the EHS portion (range code*): _____ Non EHS Name(s) (optional): _____	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible dust <input type="checkbox"/> Hazard not otherwise classified <input type="checkbox"/> No Hazard	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified <input type="checkbox"/> No Hazard	Maximum Stored: <input type="checkbox"/> gallons <input type="checkbox"/> pounds Average Stored: <input type="checkbox"/> gallons <input type="checkbox"/> pounds Range Code* for maximum stored: Range Code* for average stored: 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 <input type="checkbox"/> Other	Pressure: <input type="checkbox"/> Ambient <input type="checkbox"/> Greater than ambient <input type="checkbox"/> Less than ambient Temperature: <input type="checkbox"/> Ambient <input type="checkbox"/> Greater than ambient <input type="checkbox"/> Less than ambient but not cryogenic <input type="checkbox"/> Cryogenic	Confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, a confidential location information sheet MUST also be submitted)	Size of largest container: <input type="checkbox"/> Chemical is fertilizer you use to make custom blends Voluntary Reports: <input type="checkbox"/> Amount stored is less than the reporting threshold <input type="checkbox"/> Chemical is a fertilizer you do not make onsite & do not use to make custom blends <input type="checkbox"/> Other explain:

*Find range codes on page 1 of the Tier II report (bottom right hand corner). Determine the weight of your chemical in pounds, then report (write down) the corresponding range code.