

Tier One

EMERGENCY AND HAZARDOUS
CHEMICAL INVENTORY

Aggregate Information by Hazard Type

**FOR
OFFICIAL
USE
ONLY**

ID # _____

Date Received _____

Important: Read instructions before completing form.

Reporting Period: From January 1 to December 31, 19____

Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dunn & Brad Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Emergency Contacts Name _____ Title _____ Phone _____ 24 Hour Phone _____ Name _____ Title _____ Phone _____ 24 Hour Phone _____
Owner/Operator Name _____ Phone _____ Mail Address _____ _____	<input type="checkbox"/> Check if information below is identical to information submitted last year.

Physical Hazards	<i>Hazard Type</i>	<i>Max Amount</i>	<i>Average Daily Amount</i>	<i>Number of Days On-Site</i>	<i>General Location</i>	<input type="checkbox"/> Check if site plan is attached
	Fire	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	
	Sudden Release of Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	

Health Hazards	Immediate (Acute)	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
	Delayed (Chronic)	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

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 those individuals responsible for obtaining th 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

*Reporting Ranges		
Range Code	Weight Range in Pounds	
From...	To...	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