



Tier 2 Online Submission Report
 Reporting Period: January 1, 2021 - December 31, 2021

Facility Name _____ Facility ID _____
 Company Name _____ Facility Email _____
 Mail Address _____
 Physical Address _____ Latitude/ Longitude _____ / _____
 Max. No. of Occupants _____ Manned Unmanned Facility Phone Number _____
 NAICS _____ Dun & Bradstreet _____
 TRI Facility ID _____ RMP Facility ID _____
 Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? Yes No
 Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? Yes No
 Facility Note _____

Contact Information	Name (Title)	Phone	Email	Mail address
Emergency Contact				
Emergency Contact				
Fac. Emergency Coordinator				
Owner / Operator				
Tier II Information Contact				

Chemical Inventory Information

Chemical Description	Physical Hazards	Health Hazards	Inventory	Mixture components	Storage locations and codes (Non- Confidential)
CAS _____ <input type="checkbox"/> Trade Secret Chem. Name _____ <input type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> Below Reporting Thresholds	<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"/> 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	Max Daily Amount _____ lbs. Avg Daily Amount _____ lbs. Max Amount in largest Container _____ No. of Days Onsite _____		1. Location: Type: Pressure: Temp:
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			lbs.		
			Avg Daily Amount		
			lbs.		
Max Amount in largest Container					
No. of Days Onsite					

State Specific Information

Certification

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 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
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