

**Tier II Emergency and Hazardous Chemical Inventory- Due March 1<sup>st</sup> 2017**

Reporting Period from January 1, 2016 to December 31, 2016

Department of Natural Resources  
 Field Services & Compliance  
 Bureau 7900 Hickman Rd Ste 200  
 Windsor Heights, IA 50324-4404



Annual  Revision

<p><b>Facility Identification</b></p> <p>Max # of occupants _____</p> <p>ID: _____ <input type="checkbox"/> Manned <input type="checkbox"/> Unmanned</p> <p>Name: _____</p> <p>Street: _____</p> <p>County: _____ City: _____</p> <p>Fire Department: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p><b>Owner/Operator Details</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Country: _____</p> <p>Email: _____</p>
<p><b>Mailing Address if different from Facility ID Address</b></p> <p>Company: _____</p> <p>Attn: _____</p> <p>Street Address 1: _____</p> <p>Street Address 2: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Phone: _____</p> <p>Country: _____</p>	<p><b>Tier 2 Contact</b></p> <p>Name: _____ Title: _____</p> <p>Email: _____</p> <p>Phone: _____ 24 hour phone: _____</p> <p><b>Emergency Contacts</b></p> <p>Name: _____ Title: _____</p> <p>Email: _____</p> <p>Phone: _____ 24 hour phone: _____</p> <p>Name: _____ Title: _____</p> <p>Email: _____</p> <p>Phone: _____ 24 hour phone: _____</p>
<p>RMP Fac ID _____ <input type="checkbox"/> N/A Dun &amp; Brad No: _____</p> <p>NAICS: _____ TRIFID: _____ <input type="checkbox"/> N/A</p>	<p><b>Optional Attachments</b></p> <p><input type="checkbox"/> Site Plan <input type="checkbox"/> Other Safeguard Measures</p> <p><input type="checkbox"/> Site Coordinate Abbreviations <input type="checkbox"/> Emergency Response Plan</p>
<p><b>Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>Mixture Components are listed in the Appendix</b></p> <p>Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through _____, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.</p> <p>_____ Date _____ Signature _____</p> <p style="font-size: small; text-align: center;">Name and official title of owner/operator or authorized representative</p>	

Chemical Description

Physical & Health Hazards

Inventory

Storage Codes & Location  
(Check  if Confidential)

Identical to previous year: <input type="checkbox"/> CAS Number: _____ Chemical Name: _____ Trade Secret <input type="checkbox"/> If checked Sanitized Name: _____ <input type="checkbox"/> EHS <input type="checkbox"/> Contains EHS If checked EHS Name: _____  <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	_____ Max Daily Amt (lbs) _____ Max Daily Amt Code _____ Avg Daily Amt (lbs) _____ Avg Daily Amt Code _____ No. of days on site	Container Type	Pressure	Temperature	Storage Location
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
Identical to previous year: <input type="checkbox"/> CAS Number: _____ Chemical Name: _____ Trade Secret <input type="checkbox"/> If checked Sanitized Name: _____ <input type="checkbox"/> EHS <input type="checkbox"/> Contains EHS If checked EHS Name: _____  <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	_____ Max Daily Amt (lbs) _____ Max Daily Amt Code _____ Avg Daily Amt (lbs) _____ Avg Daily Amt Code _____ No. of days on site	Container Type	Pressure	Temperature	Storage Location
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						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
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						<input type="checkbox"/>
						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Signature

Date

**Tier II Emergency and Hazardous chemical Inventory Appendix**

**MIXTURE COMPONENT FORM**

Name of Substance:		CAS:		Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Name of Substance:		CAS:		Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Name of Substance:		CAS:		Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Name of Substance:		CAS:		Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Name of Substance:		CAS:		Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Name of Substance:		CAS:		Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date