

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification EXAMPLE ONLY Name <u>XYZ Company</u> Street <u>10 Main St.</u> City <u>Anytown</u> County <u>Union</u> State <u>AK</u> Zip _____ SIC Code <u>Company Specific</u> Dun & Brad Number <u>Site Specific</u>	Owner/Operator Name Name <u>XYZ Company</u> Phone <u>(800) 555-1000</u> Mail Address <u>10 Main St., Anytown, USA</u>
	FOR OFFICIAL USE ONLY	Emergency Contact Name <u>Joe Smith</u> Title <u>Facility Mgr.</u> Phone <u>(800) 555-1000</u> 24 Hr. Phone () Same Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 _____ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional												
CAS <u>7782 44 7</u> Trade Secret _____ Chem. Name <u>Oxygen</u> <i>Check all that apply</i> <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>0 4</u> No. of Days On-site (days) <u>3 6 5</u>	<table border="1" style="width:100%; text-align: center;"> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7										<u>West of Building 4</u> _____ _____ _____	[]
A	2	7															
CAS <u>7727 37 9</u> Trade Secret _____ Chem. Name <u>Nitrogen</u> <i>Check all that apply</i> <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>0 4</u> No. of Days On-site (days) <u>3 6 5</u>	<table border="1" style="width:100%; text-align: center;"> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7										<u>East of Building 1</u> _____ _____ _____	[]
A	2	7															
CAS <u>7440 37 1</u> Trade Secret _____ Chem. Name <u>Argon</u> <i>Check all that apply</i> <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>0 4</u> No. of Days On-site (days) <u>3 6 5</u>	<table border="1" style="width:100%; text-align: center;"> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7										<u>South of Building 2</u> _____ _____ _____	[]
A	2	7															

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 _____ 1 _____, 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. <u>Joe Smith</u> Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed <u>02/15/2002</u>	Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures
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	FOR OFFICIAL USE ONLY	Emergency Contact Name <u>Joe Smith</u> Title <u>Facility Mgr.</u> Phone <u>(800) 555-1000</u> 24 Hr. Phone <u>() Same</u> Name _____ Title _____ Phone <u>()</u> 24 Hr. Phone <u>()</u>

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Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional												
CAS <u>124 38 9</u> Trade Secret _____ Chem. Name <u>Carbon Dioxide</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:33%;">A</td><td style="width:33%;">2</td><td style="width:33%;">7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7										<u>North of Building 1</u> _____ _____ _____	[]
A	2	7															
CAS <u>1333 74 0</u> Trade Secret _____ Chem. Name <u>Hydrogen</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:33%;">A</td><td style="width:33%;">2</td><td style="width:33%;">7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7										<u>South of Building 4</u> _____ _____ _____	[]
A	2	7															
CAS <u>7440 59 7</u> Trade Secret _____ Chem. Name _____ Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:33%;">A</td><td style="width:33%;">2</td><td style="width:33%;">7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7										<u>West of Building 2</u> _____ _____ _____	[]
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Joe Smith, Facility Manager _____ Signature	02/15/02 _____ Date signed

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	FOR OFFICIAL USE ONLY ID # _____ Date Received _____	Emergency Contact Name <u>Joe Smith</u> Title <u>Facility Mgr.</u> Phone <u>(800) 555-1000</u> 24 Hr. Phone <u>() Same</u> Name _____ Title _____ Phone <u>()</u> 24 Hr. Phone <u>()</u>

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CAS <u>68476 85 7</u> Trade Secret _____ Chem. Name <u>MAPP</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>2</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	4										<u>East of Building 1</u> _____ _____ _____	[]
A	2	4															
CAS <u>56960 91 9</u> Trade Secret _____ Chem. Name <u>MAPP</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>2</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	4										<u>East of Building 1</u> _____ _____ _____	[]
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