

## **FACILITY IDENTIFICATION**

Provide a general phone number for your facility. *(Note: This is an optional data element.)*

Provide the latitude and longitude for the location of your facility.

Indicate if the facility is manned or unmanned. If the facility is manned at least part of the day, check the box “manned”. The box “unmanned” should only be checked if the facility is never manned. This information is useful for state and local emergency planners to include people at your facility in the emergency response plan and for planning evacuation during an emergency.

Estimate the maximum number of occupants that may be present at any one time at your facility. If the facility is manned at least part of a day, indicate the number of persons present. This information is useful for state and local emergency planners and responders in the emergency plan and for planning evacuation during an emergency. You should include contractors, vendors and people that may be present for any training or other events as well as employees. If the location is never manned, check the box marked “N/A”.

## **SUBJECT TO EMERGENCY PLANNING**

Indicate if your facility is subject to the emergency planning notification requirement under EPCRA section 302, codified in 40 CFR part 355. Check the box “yes” or “no”.

## **SUBJECT TO CHEMICAL ACCIDENT PREVENTION**

Indicate if your facility is subject to chemical accident prevention provisions under section 112(r) of the Clean Air Act, also known as the Risk Management Program (RMP), codified in 40 CFR part 68. Check the box “yes” or “no”.

## **IDENTIFICATION NUMBER UNDER THE TOXIC RELEASE INVENTORY (TRI) PROGRAM**

If your facility is subject to the Toxic Release Inventory (TRI) program under section 313 of EPCRA, provide the identification number assigned by EPA. If your facility is not subject to this reporting requirement or if your facility has not been assigned a number under this program, check the box marked “N/A”.

## **IDENTIFICATION NUMBER UNDER THE RISK MANAGEMENT PROGRAM (RMP)**

If your facility is subject to the chemical accident prevention provisions codified in 40 CFR part 68, also known as the Risk Management Program, provide the RMP facility identification number assigned by EPA. If your facility is not subject to this provision or if your facility has not been assigned a number, check the box marked “N/A”.

## **PARENT COMPANY**

Enter the name, mailing address, phone number, email address and Dun & Bradstreet number of the parent company. *Note: These are optional data elements.* \

## FACILITY EMERGENCY COORDINATOR

Enter the name, title, email address, phone number and 24-hour phone number of the facility emergency coordinator.

*Note: This data element is only applicable to facilities subject to EPCRA section 302(c) emergency planning notification. Section 303(d)(1) of EPCRA requires facilities subject to the emergency planning notification requirement under Section 302(c) to designate a facility representative who will participate in the local emergency planning process as a facility emergency coordinator. This data element is also applicable to additional facilities designated by the Governor or the SERC under EPCRA section 302(b)(2)). EPA encourages facilities not subject to the emergency planning notification requirement also to provide this information, for effective emergency planning in your community.*

## TIER II INFORMATION CONTACT

Enter the name, title, email address and phone number of the person knowledgeable of the information contained in the Tier II inventory form.

<b>TABLE I - REPORTING RANGES Range</b>		<b>Weight Range in Pounds</b>
<b>Value</b>	<b>From</b>	<b>To</b>
01	0	99
02	100	499
03	500	999
04	1,000	4,999
05	5,000	9,999
06	10,000	24,999
07	25,000	49,999
08	50,000	74,999
09	75,000	99,999
10	100,000	499,999
11	500,000	999,999
12	1,000,000	9,999,999
13	10,000,000	Greater than 10 million

## 1. STORAGE TYPES AND CONDITIONS

Enter the types and conditions of storage for each chemical that you are reporting.

- a. *Table II.* This table lists examples of some of the common storage types that facilities use at their site. **You may provide a detailed description for the storage type at your facility.**
- b. *Table III.* For each location, find the appropriate storage types for pressure and temperature conditions. **You may provide a description for the various conditions at your facility.**

### Table II - STORAGE TYPES

Above ground tank  
Below ground tank  
Tank inside building  
Steel drum  
Plastic or non-metallic drum  
Can  
Carboy  
Silo  
Fiber drum  
Bag  
Box  
Cylinder  
Glass bottles or jugs  
Plastic bottles or jugs  
Tote bin  
Tank wagon  
Rail car  
Battery

### Table III - PRESSURE AND TEMPERATURE CONDITIONS

(PRESSURE)  
Ambient pressure;  
Greater than ambient pressure  
Less than ambient pressure  
(TEMPERATURE)  
Ambient temperature  
Greater than ambient temperature  
Less than ambient temperature but not cryogenic  
Cryogenic conditions

**CERTIFICATION**

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier II submission is true, accurate, and complete. On the first page of the Tier II report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheet as well as all attachments. An original signature is required on at least the first page of the submission. Subsequent pages must contain either an original signature, or a signature stamp. *Note: Check with your State for specific requirements for the submission and certification.*

<b>Certification</b> <i>(Read and sign after completing all sections)</i>	
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through [redacted], 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.</p>	
<p>[redacted]</p>	
Name and official title of owner/operator OR owner/operator's authorized representative	
<p>[redacted]</p>	<p>[redacted]</p>
Signature	Date Signed