

Missouri Emergency Response Commission (1) - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102

TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)

Important: Please read all instructions before completing form [ ] Check if information below is identical to the Report period from January 1 to December 31, information submitted last year

<b>Facility Identification (2a)- Facility Location</b> Facility Name: <input type="text"/> Street Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Phone: <input type="text"/> Fax: <input type="text"/> E-Mail: <input type="text"/> County: <input type="text"/>	<b>Owner/Operator Information (2b)</b> Name: <input type="text"/> Mail Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Phone: <input type="text"/> Fax: <input type="text"/> E-Mail: <input type="text"/>
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<b>Mailing Address:</b> Name: <input type="text"/> Mail Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	<b>Regulatory point of Contact Information (2c)</b> Name: <input type="text"/> Mail Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Phone: <input type="text"/> Fax: <input type="text"/> E-Mail: <input type="text"/>
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SIC Code: <input type="text"/>	Dun & Bradstreet Number: <input type="text"/>
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NAICS Code: <input type="text"/>	TRI Number: <input type="text"/>
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Latitude: D: <input type="text"/> M: <input type="text"/> S: <input type="text"/>	Longitude: D: <input type="text"/> M: <input type="text"/> S: <input type="text"/>
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Fire Department with Jurisdiction: <input type="text"/>	Submission for Reporting Year: <input type="radio"/> Initial <input type="radio"/> Update
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Are Any Explosive Listed? <input type="radio"/> Yes <input type="radio"/> No	Land Owner: <input type="radio"/> Other <input type="radio"/> Family Farm <input type="radio"/> Pipeline <input type="radio"/> Local/Federal Government
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<b>Certification (Read and sign after completing all sections)</b> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, 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.	<b>Optional Attachments</b> <input 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 safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative Name: _____ Title: _____ Signature: _____ Date Signed: _____	

Next Page

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**TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)** Page    of   

Facility Name: <input style="width: 90%;" type="text"/> City: <input style="width: 60%;" type="text"/> State: <input style="width: 10%;" type="text"/> Zip: <input style="width: 20%;" type="text"/>	Emergency Contact Name: <input style="width: 80%;" type="text"/> 24 hr. Phone: <input style="width: 20%;" type="text"/>
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<b>Chemical Description (3)</b> <input type="checkbox"/> Check if info is same as last year. CAS: <input style="width: 60%;" type="text"/> Trade Secret: <input type="checkbox"/> Chemical Name: <input style="width: 90%;" type="text"/> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> BHS EHS Name: <input style="width: 80%;" type="text"/>	<b>Physical and Health Hazards (4)</b> Check all that apply: <input type="checkbox"/> Explosive <input type="checkbox"/> Hazard Not Otherwise Classified <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Self-reactive <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Self-heating <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Simple Asphyxiant	<b>Inventory (5)</b> Max Daily Amount Code: <input style="width: 80%;" type="text"/> Avg. Daily Amount Code: <input style="width: 80%;" type="text"/> No. of Days on Site Per Year: <input style="width: 80%;" type="text"/> <input type="checkbox"/> Optional Report
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**Storage Codes and Locations (6)** (Note: This information is Not Confidential)

Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	
Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	
Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	
Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	
Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	
Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	
Code: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Storage Location: <input style="width: 95%;" type="text"/>
Container Pressure Temperature	

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 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  
 Name  Title  Signature  Date Signed

[Previous Page](#)