

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 information submitted last year

Report period from January 1 to December 31, \_\_\_\_\_

Facility Identification (2a) - Facility Location

Facility Name:  Max. No. of Occupants:

Street Address:

City:  State:  Zip:  County:

Phone:  Fax:

E-Mail:   Manned  Unmanned

Owner/Operator Information (2b)

Name:

Mail Address:

City:  State:  Zip:

Phone:  Fax:

E-Mail:

Mailing Address:

Name:

Mail Address:

City:  State:  Zip:

Regulatory point of Contact Information (2c)

Name:

Mail Address:

City:  State:  Zip:

Phone:  Fax:

E-Mail:

NAICS Code  Dun & Bradstreet Number

RMP Facility ID:  TRI Number:

Latitude: D:  M:  S:  Longitude: D:  M:  S:

Emergency Contact Information (2d)

Name:  Title:

Phone:  24 hr. Phone:

Name:  Title:

Phone:  24 hr. Phone:

Fire Department with Jurisdiction

Are Any Explosive Listed?  Yes  No

Land Owner:  Other  Family Farm  Pipeline  Local/Federal Government

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

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 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.

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Name and official title of owner/operator OR owner/operators authorized representative  
Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Facility Name:

City:  State:  Zip:

Emergency Contact  
Name:  24 hr. Phone:

**Chemical Description (3) [ ] Check if info is same as last year.**

CAS:  Trade Secret:

Chemical Name:

Check all that apply:  Pure  Solid  Liquid  Gas  EHS

EHS Name:

**Physical and Health Hazards (4)**  
Check all that apply:

Fire

Sudden Release of Pressure

Reactivity

Immediate (Acute)

Delayed (Chronic)

**Inventory (5)**

Max Daily Amount Code:

Avg. Daily Amount Code:

No. of Days on Site Per Year:

Optional Report

**Storage Codes and Locations (6)**

Code:  Container  Pressure  Temperature

Storage Location:

Confidential:  Yes  No

**Mixture or Product (3a) [ ] Check if info is same as last year.**

CAS:  Trade Secret:

Mixture or Product Name:

Check all that apply:  Mix  Solid  Liquid  Gas  EHS

EHS Name:

**Physical and Health Hazards (4a)**  
Check all that apply:

Fire

Sudden Release of Pressure

Reactivity

Immediate (Acute)

Delayed (Chronic)

**Inventory (5a)**

Max Daily Amount Code (Total Mixture):

Avg. Daily Amount Code:

No. of Days on Site Per Year:

Max Amount of each EHS in the Mixture:

Optional Report

**Storage Codes and Locations (6a)**

Code:  Container  Pressure  Temperature

Storage Location:

Confidential:  Yes  No

**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 \_\_, 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/operators authorized representative

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_