

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102  
**TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)**

Received By/Date

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Important: Please read all instructions before completing form Report period from January 1 to December 31, 2013

Check if information below is identical to the information submitted last year

<p><b>Facility Identification (2a) - Facility Location</b></p> <p>Facility Name: <b>XYZ Corporation</b> Max No. of Occupants: <b>12</b>                  Street Address: <b>123 Somewhere</b> Status: <b>Manned</b>                  City: <b>Tier IIville</b> State: <b>MO</b> Zip: <b>65123</b>                  Phone: <b>123-456-7890</b> Fax: <b>123-654-0987</b>                  E-Mail: <b>someone@someplace.com</b> County: <b>Cole</b></p> <hr/> <p>Mailing Address:                  Name: <b>XYZ Corporation</b>                  Mail Address: <b>123 Somewhere</b>                  City: <b>Tier IIville</b> State: <b>MO</b> Zip: <b>65123</b></p> <hr/> <p>RMP Facility ID: _____ Dun &amp; Bradstreet Number: _____                  NAICS Code: <b>721110</b> TRI Number: _____                  Latitude: <b>D: 26 M: 12 S: 41</b> Longitude: <b>D: -92 M: 32 S: 17</b></p> <hr/> <p>Fire Department with Jurisdiction <b>Cole County FD</b>                  Are Any Explosive Listed? <b>No</b>                  Land Owner: <b>Other</b></p> <p>Subject to Emergency Planning Under Section 302 of EPCRA (40 CFR part 355)? <b>No</b>                  Subject to Chemical Accident Prevention under Section 112(r) of CAA(40 CFR part 68, Risk Management Program)? <b>No</b></p>	<p><b>Owner/Operator Information (2b)</b></p> <p>Name: <b>ME</b>                  Mail Address: <b>123 Somewhere</b>                  City: <b>Tier IIville</b> State: <b>MO</b> Zip: <b>65123</b>                  Phone: <b>123-456-7890</b> Fax: <b>123-654-0987</b>                  E-Mail: <b>someone@someplace.com</b></p> <hr/> <p><b>Regulatory point of Contact Information (2c)</b></p> <p>Name: <b>President</b>                  Mail Address: <b>123 Somewhere</b>                  City: <b>Tier IIville</b> State: <b>MO</b> Zip: <b>65123</b>                  Phone: <b>123-456-7890</b> Fax: <b>123-654-0987</b>                  E-Mail: <b>someone@someplace.com</b></p> <hr/> <p><b>Emergency Contact Information (2d)</b></p> <p>Name: <b>President</b> Title: <b>Chief</b>                  Phone: <b>123-456-7890</b> 24 hr. Phone: <b>123-456-7890</b>                  Name: <b>Someone Else</b> Title: <b>CEO</b>                  Phone: <b>123-456-7890</b> 24 hr. Phone: <b>513-468-2549</b></p> <p>Submission for Reporting Year: <input type="radio"/> Initial <input checked="" type="radio"/> Update</p>
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**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.

Name and official title of owner/operator OR owner/operator's authorized representative  
 Name ME Title Somebody Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**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

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

## TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

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Facility Name: <b>XYZ Corporation</b>			Emergency Contact		
City: <b>Tier IIville</b>	State: <b>MO</b>	Zip: <b>65123</b>	Name: <b>President</b>	24 hr. Phone <b>123-456-7890</b>	
Chemical Description (3) <input type="checkbox"/> Check if info is same as last year.			Physical and Health Hazards (4)		Inventory (5)
CAS: <b>12312-31-5</b> Trade Secret: <input type="checkbox"/>			Check all that apply:		Max Daily Amount Code: <b>06</b>
Chemical Name: <b>Any</b>			<input checked="" type="checkbox"/> Fire		Avg. Daily Amount Code: <b>06</b>
Check all that apply: ( <input checked="" type="checkbox"/> <input type="checkbox"/> ) ( <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ) <input type="checkbox"/>			<input type="checkbox"/> Sudden Release of Pressure		No. of Days on Site Per Year: <b>365</b>
EHS Name:			<input type="checkbox"/> Reactivity		<input type="checkbox"/> Optional Report
			<input type="checkbox"/> Immediate (Acute)		
			<input checked="" type="checkbox"/> Delayed (Chronic)		
Storage Codes and Locations (6) (Note: This information is Not Confidential)					
Container Pressure Temperature					
Code: <b>A</b>	<b>1</b>	<b>4</b>	Storage Location: <b>Anywhere on the property that describes where the chemical is.</b>		
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 <u>2</u> , 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 <u>ME</u> Title <u>Somebody</u> Signature _____ Date Signed _____					

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