To begin the Tier II, click on "Facility List".	
Home Company	
Company List	
Company Name Red	Facility List
	Facility List

Then click "Add/Copy facility" chose the third option to copy to new year. (remember you are always filing for the previous year)

If you are filing for a new facility your Company would have added the name of the facility, it will already be in the facility list. The instructions below will assist you in following through and answering a lot of your questions.

Company Name: XYZ company Submission: Initial Reporting Year Facility Name Reporting Year 2019 2019 Street Address Zip	
Street Address	
Street Address	
- rity State Zin	
5446 215	
Missouri 🗸	
Phone Fax	
-Mail County	
Please Select	
Max No. of Occupants Status	
Manned [1b] Mailing Address Same as Facility Location	

[1c]This form is Completed By	* Initial
Name	
Title	Phone
See below for the Find Code and Find Loc tab; you can then copy and paste information of the second sec	ation back to this page. When you copy
the Longitude, the system will not accept [1d]Codes and Locations	the minus (-) sign,
RMP Facility ID	Duns #
NAICS Code - Find Code	TRI #
Location - Find Location	
Longitude	
00.000000	
<complex-block></complex-block>	and adda

Additional Information- If you choose **Optional Distribution** there will be an additional charge of \$10.00 and the MERC will submit to the fire department you choose.

Fire Department Information- if you check the box and click select you will get a dropdown for the fire departments in your county. If for some reason your fire department is not listed, you may add a fire department. *Please know that we will research all added fire departments. If the one you have added is not valid, your Tier II will not be complete until it is verified.*

Definition for "Facility is A"

Other – all companies or facilities filing a Tier II (except for the following). **Family Farm** – is a family-owned farm not incorporated or an LLC.

Local/Federal Government – any local or federal facility that needs to file a Tier II. **Pipelines-** you may not choose Optional Distribution for your pipelines, but you can for your terminals.

Retail Petroleum - Gas station or convenience store.

Bulk Petroleum – These are facilities that distribute petroleum products.

Attach a picture here - This is where all attachments go, (i.e. pictures, emergency plans, safety data sheets, maps, schematics).

1e]Additional Information
Optional Distribution? (\$10 fee) Yes O No
Fire Department with Jurisdiction
□ Filter departments by county selected - Add Fire Department
Select ~
Are Any Explosives Listed? O Yes No
Subject to Emergency Planning Under Section 302 of EPCRA (40 CFR part 355)? O Yes No
Subject to Chemical Accident Prevention under Section 112(r) of CAA(40 CFR part 68, Risk Management Program)? O Yes 🖲 No
acility is a
Please Select
Attach a picture here:
Choose Files No file chosen
Optional Attachments:
I have attached a site plan O Yes No
I have attached a list of site coordinate 🛛 🔿 Yes 🖲 No
I have attached a description of dikes and other safeguard measures O Yes No
[1f]Authorized Representative Certification (Person Signing form)
Name
Title
Save And Add Contacts Save And Go To Company

Page 2 Contacts

Here we have added a shortcut for you, if Owner/Operator is same as Company then click "Same as Company Info".

Owner/Operator	Same as Company Info			View
First Name	Middle Name		Last Name	
Address Line 1		Address Line 2	<u></u>	
City	State Missouri 🗸	County Please Select	Postal Code	
Phone Number	Email Address			
Title		24-Hr Phone Number		

Regulatory Point of Contact should be the person who we should contact if there is a spill or release of chemical on property, or we have questions about the facility.

Regulatory				View
First Name	Middle Name]	Last Name	
Address Line 1	[Address Line 2]
City	State Missouri V	County Please Select	Postal Code	,
Phone Number	Email Address			
Title	[24-Hr Phone Number		
ļ) (.]

Emergency Contact 1 can be the same as the "Regulatory Point of Contact" or should be the person at the facility that we should call if there is a problem at the facility.

Emergency Contact 1	Same as Regulatory Contact			View
First Name	Middle Name		Last Name	
Address Line 1		Address Line 2		
City	State Missouri	County	Postal Code	
Phone Number	Email Address			
Title		24-Hr Phone Numbe	r	

The **Emergency Contact 2** should be different from the First Point of Contact.

First Name	Middle Name		Last Name	
Address Line 1		Address Line 2]
City	State Missouri 🗸	County Please Select	Postal Code	
Phone Number	Email Address			
Title		24-Hr Phone Numb	per	

Now you are ready to complete your chemical inventory. You will need to gather your Safety Data Sheet Sheets (SDS) for each product. If you do not have an SDS sheet you may obtain one from your supplier.

Add New Product Add Nev	w Mix Product Next		
Inventory Name	CAS #	Update Product	Delete Product
chlorine gas	7782-50-5	Update Product	Delete Product
gasoline	8006-61-9	Update Product	Delete Product

When Adding a Product.

"Add a New Product" -- Products are single or common use products (i.e. gasoline, diesel, propane, chlorine, anhydrous). Physical and Health Hazards are found on the SDS for the Chemical you are reporting. If you do not have the SDS, please contact your supplier for that information.

"Add a New Mix Product"— is a mixture of several components that would be mixed in one product (i.e. lead acid batteries, atrazine). If several EHS's are in the mix use the highest percentage first, then add the others below by their percentages.

"EHS"—For Extremely hazardous Substances, check the EHS box.

All chemicals reported are in pounds, please check your SDS for the weight.

Product Name Chemical Name		CAS # (Highest Percentage)
Chemical Name		CAS # (Highest Percentage)
Chemical Name		CAS # (Highest Percentage)
		CAS # is required
Trade Secret		
Check all that apply:		
Pure DI	Mix Please select one	
🗆 Solid 📃 🗆 l	Liquid 🗌 Gas	Please select one

Physical and Health Hazards are found on the Safety Data Sheet for the Chemical you are reporting. If you do not have the SDS, please contact your supplier for that information.

Physical and Health Hazards		X Missing Information
Check all that apply: Please select at least one Explosive	Acute toxicity (any route of exposure)	Flammable (gases, aerosols, liquids or solids)
Skin corrosion or irritation	Oxidizer (liquid, solid or gas)	□ Serious eye damage or eye irritation
Self-reactive	Respiratory or skin sensitization	Pyrophoric (liquid or solid)
Germ cell mutagenicity	Pyrophoric Gas	Carcinogenicity
Self-heating	Reproductive toxicity	Organic peroxide
Specific target organ toxicity (single or repassed exposure)	Corrosive to metal	□ Aspiration hazard
Gas under pressure (compressed gas)	Simple Asphyxiant	Combustible Dust
Hazard Not Otherwise Classified		

All chemicals are reported in pounds, please check your SDS for the weight.

Inventory		X Missing Information
Maximum Daily Amount (lbs/code)	Average Daily Amount (lbs/code)	Number of Days on Site Per Year
10,000-24,999	▶ 10,000-24,999	Number of Days on Site is required (Must not be greater than 366)
□ Optional Reporting		be greater than 366)

Click "Add Storage Location".

Storage Location(s)	X Missing Information
Add Storage Location	

torage Location(s)		X Missing Information
Add Storage Location	Pressure	Temperature
Please Select	Please Select	Please Select
ontainer is required	Pressure is required	Temperature is required
torage Location		
torage Location		

To add another chemical, click the option you need.

Г

If all chemicals are added, click next to return to the main page.

Add New Product Add New	/ Mix Product Next		
Inventory Name	CAS #	Update Product	Delete Product
chlorine gas	7782-50-5	Update Product	Delete Product
gasoline	8006-61-9	Update Product	Delete Product

Each page is saved as you go. If any of your buttons are **RED**, you have not filled in all the information. Please click on the button and update the highlighted red areas for each page.

This is the screen where you have the option to "Delete" a facility if you have duplicated one or simply do not need one.

Facility List for XYZ company								
Any information in Re	<mark>d</mark> needs to	be comple	eted before submissi	ion.				
Add Facility Recove	r Facilities	Year						
Search for facility		201	9	~ Filter				
Facility Name	Year	View Tier II	Update Facility	Update Contacts	Update Inventory	Fee Sheet	Copy/Modify	Delete
XYZ	2019	View	Update Facility	Update Contacts	Update Inventory	Fee Sheet	Сору	Delete

Once your facility information is complete and no red shows click on "View Tier II" to print your Tier II.

Contact the Company user to review the Tier II and Submit.