

## 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

Page 1 of 2

Important: Please read all instructions before completing form Report period from January 1 to December 31, 1999

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

## Facility Identification (2a) - Facility Location

Facility Name: **XYZ Company**  
 Street Address: **123 Progress Lane**  
 City: **Jefferson City** State: **MO** Zip: **65101**  
 Phone: **555-555-5555** Fax: **555-555-5556**  
 E-Mail: **ceo@xyzcompany.com** County: **Cole**

## Mailing Address:

Name: **XYZ Company**  
 Mail Address: **P.O. Box 654**  
 City: **Jefferson City** State: **MO** Zip: **65101**

SIC Code: **3210** Dun & Bradstreet Number: **789456123**

NAICS Code: **12345** TRI Number: **9876543210987**

Latitude: **D: 111 M: 40 S: 40** Longitude: **D: 32 M: 25 S: 32**

Fire Department with Jurisdiction **Jefferson City Fire Department #2**

Are Any Explosive Listed? **No**

Land Owner: **Other**

## Owner/Operator Information (2b)

Name: **John Smith**  
 Mail Address: **1300 Superior Drive**  
 City: **Jefferson City** State: **MO** Zip: **65109**  
 Phone: **555-444-3333** Fax: **555-444-3332**  
 E-Mail: **jsmith@xyzcompany.com**

## Regulatory point of Contact Information (2c)

Name: **Walter Jonez**  
 Mail Address: **123 Progress Lane**  
 City: **Jefferson City** State: **MO** Zip: **65101**  
 Phone: **555-555-5555** Fax: **555-555-5556**  
 E-Mail: **wjonez@xyzcompany.com**

## Emergency Contact Information (2d)

Name: **John Smith** Title: **President**  
 Phone: **555-444-3333** 24 hr. Phone: **555-444-3333**  
 Name: **Donald Ray** Title: **Emergency Coordinator**  
 Phone: **555-555-5555** 24 hr. Phone: **555-556-5455**

Submission for Reporting Year:  Initial  Update

## 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/operator's authorized representative

Name John Smith Title Owner Signature \_\_\_\_\_ Date Signed 10/10/2000

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

Page 2 of 2

Facility Name: <b>XYZ Company</b>	Emergency Contact		
City: <b>Jefferson City</b> State: <b>MO</b> Zip: <b>65101</b>	Name: <b>John Smith</b>	24 hr. Phone <b>555-444-3333</b>	

<b>Chemical Description (3)</b> [ ] Check if info is same as last year.  CAS: <b>123456-12-1</b> Trade Secret: <input type="checkbox"/> Chemical Name: <b>TopSecret</b> Check all that apply: ( <input type="checkbox"/> <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: <b>Top Secret Chemical</b>	<b>Physical and Health Hazards (4)</b> Check all that apply: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	<b>Inventory (5)</b> Max Daily Amount Code: <b>4</b> Avg. Daily Amount Code: <b>4</b> No. of Days on Site Per Year: <b>365</b> <input type="checkbox"/> Optional Report
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<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b>		
Code: <b>L</b> <b>2</b> <b>5</b>	Storage Location: <b>Warehouse Containment Room, Building Basement, 10 Ft. From NW Wall</b>	
Container Pressure Temperature		

<b>Chemical Description (3)</b> [ ] Check if info is same as last year.  CAS: <b>123456-12-2</b> Trade Secret: <input checked="" type="checkbox"/> Chemical Name: <b>XYZ Special Liquid</b> Check all that apply: ( <input type="checkbox"/> <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: <b>Top Secret Liquid</b>	<b>Physical and Health Hazards (4)</b> Check all that apply: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	<b>Inventory (5)</b> Max Daily Amount: <b>4</b> Avg. Daily Amount: <b>3</b> No. of Days on Site Per Year: <b>250</b> <input type="checkbox"/> Optional Report
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<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b>		
Code: <b>D</b> <b>3</b> <b>7</b>	Storage Location: <b>Warehouse Containment Room, Building Basement</b>	
Container Pressure Temperature		
Code: <b>D</b> <b>3</b> <b>7</b>	Storage Location: <b>XYZ Excess Storage</b>	
Container Pressure Temperature		

**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/operator's authorized representative

Name John Smith Title Owner Signature \_\_\_\_\_ Date Signed 10/10/2000