

NEW FILERS

THIS DOCUMENT IS FOR FILERS THAT HAVE NEVER FILED A TIER II
Complete company information



Company



Company Name	Employer Identification Number (EIN):
<input type="text"/>	<input type="text"/>
Mailing Address Line 1	Mailing Address Line 2
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Missouri <input type="text"/>
Postal Code	County
<input type="text"/>	Please Select <input type="text"/>
Country	Phone Number
United States <input type="text"/>	<input type="text"/>
Fax Number	Email Address
<input type="text"/>	<input type="text"/>
Owner First Name	Owner Last Name
<input type="text"/>	<input type="text"/>
Owner 24Hr Phone	Owner Title
<input type="text"/>	<input type="text"/>
<input type="button" value="Cancel"/>	<input type="button" value="Save"/>

Remember you are always filing for the previous year

click "Add/Copy facility" to begin your Tier II.

Choose "Create new Tier II."

Choose the year you are filing for. *If this is an initial report, contact the office 573-526-9249*

NEW FILERS

Company: to add a “facility user” (contractors or facilities filing for parent company), (See the Company link facility guide)

BEGIN YOUR TIER II REPORT

[1] Facility For XYZ company

Save And Add Contacts

Save And Go To Company

[1a] Facility Location

Company Name: XYZ company

Submission: Initial

Facility Name

Reporting Year

Street Address

City

State

Zip

Phone

Fax

E-Mail

County

Max No. of Occupants

Status

[1b] Mailing Address Same as Facility Location

Name

Mail Address

City



State

Zip

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[1c]This form is Completed By		* Initial
Name	<input type="text"/>	
Title	<input type="text"/>	Phone <input type="text"/>

See below for the **Find Code** and **Find Location**. These will appear in a separate tab, you can then copy and paste information back to this page.

[1d]Codes and Locations	
RMP Facility ID	Duns #
<input type="text"/>	<input type="text"/>
NAICS Code - Find Code 	TRI #
<input type="text"/>	<input type="text"/>
Location - Find Location 	
Latitude	
<input type="text" value="00.000000"/>	
Longitude	
<input type="text" value="00.000000"/>	

1e Additional Information

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.*

NEW FILERS

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 may for your terminals.

Retail Petroleum - If your facility is a gas station, marina, 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 No 

Fire Department with Jurisdiction

Filter departments by county selected - [Add Fire Department](#)



Select 

Are Any Explosives Listed? Yes No


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

Facility is a

Please Select  

Attach a picture here:

No file chosen 

Optional Attachments:

I have attached a site plan Yes No

I have attached a list of site coordinate Yes No

I have attached a description of dikes and other safeguard measures Yes No

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[1f]Authorized Representative Certification (Person Signing form)

Name


Title



Page 2 Contacts

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

Contacts

Owner/Operator 

First Name Middle Name Last Name

Address Line 1 Address Line 2

City State County Postal Code

Phone Number Email Address

Title 24-Hr Phone Number


NEW FILERS

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

Regulatory View

First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
City	State	County	Postal Code
<input type="text"/>	Missouri <input type="text"/>	Please Select <input type="text"/>	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		
Title	24-Hr Phone Number		
<input type="text"/>	<input type="text"/>		

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
City	State	County	Postal Code
<input type="text"/>	Missouri <input type="text"/>	Please Select <input type="text"/>	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		
Title	24-Hr Phone Number		
<input type="text"/>	<input type="text"/>		

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

Emergency Contact 2 View

First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
City	State	County	Postal Code
<input type="text"/>	Missouri	Please Select	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		
Title	24-Hr Phone Number		
<input type="text"/>	<input type="text"/>		

Save Save and Add Chemicals

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.

Chemicals Inventory

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

Add New Product Add New Mix Product Next

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When Adding a Product. *(Safety data sheets can be requested from your supplier)*

“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”—If you have an Extremely Hazardous Substances, check the EHS box and put in the information.

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

Emergency and Hazardous Chemical Inventory

Product Description X Missing Information

Product Name


Chemical Name CAS # (Highest Percentage)
CAS # is required

Trade Secret

Check all that apply:

Pure Mix Please select one

Solid Liquid Gas Please select one

EHS 

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.

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Physical and Health Hazards are found on the chemical safety data sheet (SDS). Safety data sheets can be requested from your supplier.

Physical and Health Hazards		X Missing Information
<i>Check all that apply:</i> Please select at least one		
<input type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	<input type="checkbox"/> Flammable (gases, aerosols, liquids or solids)
<input type="checkbox"/> Skin corrosion or irritation	<input type="checkbox"/> Oxidizer (liquid, solid or gas)	<input type="checkbox"/> Serious eye damage or eye irritation
<input type="checkbox"/> Self-reactive	<input type="checkbox"/> Respiratory or skin sensitization	<input type="checkbox"/> Pyrophoric (liquid or solid)
<input type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Pyrophoric Gas	<input type="checkbox"/> Carcinogenicity
<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproductive toxicity	<input type="checkbox"/> Organic peroxide
<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)	<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Aspiration hazard
<input type="checkbox"/> Gas under pressure (compressed gas)	<input type="checkbox"/> Simple Asphyxiant	<input type="checkbox"/> Combustible Dust
<input type="checkbox"/> 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	
<input type="text" value="10,000-24,999"/>	<input type="text" value="10,000-24,999"/>	<input type="text"/>	Number of Days on Site is required (Must not be greater than 366)
<input type="checkbox"/> Optional Reporting			

Click "Add Storage Location".

Storage Location(s)	X Missing Information
<input type="button" value="Add Storage Location"/>	

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Storage Location – please fill out the information and add as many locations as is needed for the chemical you are reporting.

Storage Location(s) X Missing Information

[Add Storage Location](#)

Container Container is required

Pressure Pressure is required

Temperature Temperature is required

Storage Location Storage Location is required

Confidential

[Save Storage Location](#)

To add another chemical, click the option for your need.

Chemicals Inventory

[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

[Add New Product](#) [Add New Mix Product](#) [Next](#)

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.

NEW FILERS

Facility List for XYZ company

Any information in **Red** needs to be completed before submission.

[Add Facility](#) [Recover Facilities](#)

Facility Name Search Year [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	Copy	Delete

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

When Tier II is complete click on the **Fee Sheet** to submit your Tier II.

1. If green circle, click fee.
2. On next page put in information for certifying person. (Federal Transportation information leave blank unless you are a Bulk fuel supplier)
3. Click Submit
4. Check box to submit the Tier II
5. Then click payment.
6. If Local /Federal gov click Submit and View