

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)		Page <u>1</u> of <u> </u>
Important: Please read all instructions before completing form <input type="checkbox"/> 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: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-Mail: _____ County: _____	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: _____	
SIC Code: _____ Dun & Bradstreet Number: _____ NAICS Code: _____ 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? <input type="radio"/> Yes <input type="radio"/> No Land Owner: <input type="radio"/> Other <input type="radio"/> Family Farm <input type="radio"/> Pipeline <input type="radio"/> Local/Federal Government	Submission for Reporting Year: <input type="radio"/> Initial <input type="radio"/> 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 <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.		
Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> 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 _____ Title _____ Signature _____ Date Signed _____		

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Facility Name: <input style="width:80%;" type="text"/> City: <input style="width:60%;" type="text"/> State: <input style="width:10%;" type="text"/> Zip: <input style="width:15%;" type="text"/>	Emergency Contact Name: <input style="width:60%;" type="text"/> 24 hr. Phone: <input style="width:20%;" type="text"/>
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Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: <input style="width:20%;" type="text"/> Trade Secret: <input type="checkbox"/> Chemical Name: <input style="width:80%;" type="text"/> Check all that apply: (<input type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) (<input type="checkbox"/>) Pure Mik Solid Liquid Gas EHS EHS Name: <input style="width:80%;" type="text"/>	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Explosive <input type="checkbox"/> Hazard Not Otherwise Classified <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Self-reactive <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Self-heating <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Simple Asphyxiant
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Inventory (5) Max Daily Amount: <input style="width:60%;" type="text"/> Code: <input style="width:10%;" type="text"/> Avg. Daily Amount: <input style="width:60%;" type="text"/> Code: <input style="width:10%;" type="text"/> No. of Days on Site Per Year: <input style="width:60%;" type="text"/> <input type="checkbox"/> Optional Report
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Storage Codes and Locations (6) (Note: This information is Not Confidential)	
Code: <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> Container Pressure Temperature	Storage Location: <input style="width:80%;" type="text"/>
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Name and official title of owner/operator OR owner/operator's authorized representative
 Name Title Signature Date Signed