Pennsylvania Tier II Emergency and Hazardous Chemical Inventory

Reporting Period From January 1, to December 31,

☐ Initial 5 Day Report ☐ Annual ☐ Revision

Facility Identification		**Owner/Operator Details**
ID:		Name:
Name:		Phone:
Corporate Name:		Mail Address:
Street:	City:	City:
Municipality:	County:	State:
State:	Zip:	Zip:
Phone:	Lat/Long:	Country:
Fax:	Email:	

Mailing Address if different from Facility ID Address		**Emergency Contacts**	
Name:		Name:	
Street:		Title:	
City:	State:	Phone:	24 Hr. Phone:
Zip:	Phone:	Name:	
Attn:		Title:	
		Phone:	24 Hr. Phone:
SIC Code:	Dun & Brad No:		
NAICS:	Mail ID:		

Mixture Components are listed in the Appendix.

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted, 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 authorized representative:	Date	Signature

Optional Attachments

☐ Site Plan
☐ Site Coordinate Abbreviations
☐ Other Safeguard Measures

Pennsylvania Tier II Emergency and Hazardous Chemical Inventory (Facility ID:)

Chemical Description	Physical & Health Hazards	Inventory	Storage Codes & Location			
Check if Chemical Information has changed from the last submission ☐ CAS Trade Secret ☐ Chemical Name EHS ☐ EHS Name ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas	☐ Fire ☐ Pressure ☐ Reactivity ☐ Immediate ☐ Delayed (Chronic)	____ Max Daily Amt (lbs) ____ Max Daily Amt Code ____ Ave. Daily Amt (lbs) ____ Ave. Daily Amt Code ____ No. of days on site	Container Type	Pressure	Temperature	Storage Location

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