

Tier II Emergency and Hazardous Chemical Inventory- Due March 1st 2017

Reporting Period from January 1, 2016 to December 31, 2016

Department of Natural Resources
Field Services & Compliance
Bureau 7900 Hickman Rd Ste 200
Windsor Heights, IA 50324-4404

☐ Annual ☐ Revision

Facility Identification ID: _____ Max # of occupants _____ Name: _____ <input type="checkbox"/> Manned <input type="checkbox"/> Unmanned Street: _____ County: _____ City: _____ Fire Department: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____		Owner/Operator Details Name: _____ Phone: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Country: _____ Email: _____	
Mailing Address if different from Facility ID Address Company: _____ Attn: _____ Street Address 1: _____ Street Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ Country: _____		Tier 2 Contact Name: _____ Title: _____ Email: _____ Phone: _____ 24 hour phone: _____ Emergency Contacts Name: _____ Title: _____ Email: _____ Phone: _____ 24 hour phone: _____ Name: _____ Title: _____ Email: _____ Phone: _____ 24 hour phone: _____	
RMP Fac ID _____ <input type="checkbox"/> N/A Dun & Brad No: _____ NAICS: _____ TRIFID: _____ <input type="checkbox"/> N/A		Optional Attachments <input type="checkbox"/> Site Plan <input type="checkbox"/> Other Safeguard Measures <input type="checkbox"/> Site Coordinate Abbreviations <input type="checkbox"/> Emergency Response Plan	
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 in pages 1 through _____, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.			
_____ Name and official title of owner/operator or authorized representative		_____ Date	_____ Signature

Chemical Description	Physical & Health Hazards	Inventory	Storage Codes & Location (Check <input type="checkbox"/> if Confidential)			
Identical to previous year: <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	_____ Max Daily Amt (lbs) _____ Max Daily Amt Code _____ Avg Daily Amt (lbs) _____ Avg Daily Amt Code _____ No. of days on site	Container Type	Pressure	Temperature	Storage Location
CAS Number: _____						<input type="checkbox"/>
Chemical Name: _____						<input type="checkbox"/>
Trade Secret <input type="checkbox"/> If checked Sanitized Name: _____						<input type="checkbox"/>
<input type="checkbox"/> EHS _____						<input type="checkbox"/>
<input type="checkbox"/> Contains EHS If checked EHS Name: _____						<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
Identical to previous year: <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	_____ Max Daily Amt (lbs) _____ Max Daily Amt Code _____ Avg Daily Amt (lbs) _____ Avg Daily Amt Code _____ No. of days on site	Container Type	Pressure	Temperature	Storage Location
CAS Number: _____						<input type="checkbox"/>
Chemical Name: _____						<input type="checkbox"/>
Trade Secret <input type="checkbox"/> If checked Sanitized Name: _____						<input type="checkbox"/>
<input type="checkbox"/> EHS _____						<input type="checkbox"/>
<input type="checkbox"/> Contains EHS If checked EHS Name: _____						<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
Identical to previous year: <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	_____ Max Daily Amt (lbs) _____ Max Daily Amt Code _____ Avg Daily Amt (lbs) _____ Avg Daily Amt Code _____ No. of days on site	Container Type	Pressure	Temperature	Storage Location
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Chemical Name: _____						<input type="checkbox"/>
Trade Secret <input type="checkbox"/> If checked Sanitized Name: _____						<input type="checkbox"/>
<input type="checkbox"/> EHS _____						<input type="checkbox"/>
<input type="checkbox"/> Contains EHS If checked EHS Name: _____						<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
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CAS Number: _____						<input type="checkbox"/>
Chemical Name: _____						<input type="checkbox"/>
Trade Secret <input type="checkbox"/> If checked Sanitized Name: _____						<input type="checkbox"/>
<input type="checkbox"/> EHS _____						<input type="checkbox"/>
<input type="checkbox"/> Contains EHS If checked EHS Name: _____						<input type="checkbox"/>
<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>

Signature

Date

Tier II Emergency and Hazardous chemical Inventory Appendix

MIXTURE COMPONENT FORM

Name of Substance:		CAS:	Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Name of Substance:		CAS:	Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Name of Substance:		CAS:	Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Name of Substance:		CAS:	Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Name of Substance:		CAS:	Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Name of Substance:		CAS:	Chemical ID:	
Chemical Name:	%	CAS #	EHS	EHS Name:
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Signature

Date