

OPTIONAL HARD COPY FILING PERMITTED FOR SMALL BUSINESS ONLY

Louisiana Department of Public Safety and Corrections, Office of State Police

Tier II Inventory Filing Form

FACILITY INFORMATION

Filing Information

Reporting Period: January 1 to December 31, _____

Status: Active Sold Closed Plugged and Abandoned

Date Facility Was Sold, Closed, or Plugged and Abandoned _____

New Owner Information (If Facility Status is Sold)

Name _____

Mailing Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

Facility Identification

Facility Name _____

Facility ID _____

Facility Type Fixed Oilfield Pipeline

Physical Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Latitude: _____ Longitude _____

Parish _____

Mailing Address _____

Address Line 2 _____

City _____ State _____ Zip _____

Facility Phone Number _____

List Parishes within one mile of facility's location (if applicable)

Adjoining Parish 1 _____

Adjoining Parish 2 _____

Adjoining Parish 3 _____

NAICS Code _____

SIC Code _____

Dun & Bradstreet Number _____

Is this facility where hazardous materials are stored manned or unmanned?

Manned Unmanned

Maximum number of occupants that may be present at this facility at any given time: _____

TRI Facility ID #: _____

Is this facility subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, also known as Risk Management Program)? Yes No

RMP Facility ID #: (numeric field) _____

Is this facility subject to the Emergency Planning notification requirement under Section 302 of EPCRA (40 CFR part 355)? Yes No

Facility Emergency Coordinator Contact Information

(complete if answered Yes to previous question)

First Name _____

Last Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____

24 Hr. Phone _____

Fax # _____

Cell Phone _____

Email _____

Owner/Operator

Owner

Operator

Company Name _____

OR

First Name _____

Last Name _____

Mailing Address _____

Address Line 2 _____

City _____ **State** _____ **Zip** _____

Telephone _____

Fax # _____

Email Address _____

Parent Company Contact Information (Optional)

Company Name _____

Mailing Address _____

Address Line 2 _____

City _____ **State** _____ **Zip** _____

Telephone _____

Fax # _____

Email Address _____

Emergency Contact Information

Emergency Contact #1

First Name _____

Last Name _____

Title _____

Telephone _____

24 Hr. Phone _____

Fax # _____

Cell Phone _____

Email _____

Emergency Contact #2

First Name _____

Last Name _____

Title _____

Telephone _____

24 Hr. Phone _____

Fax # _____

Cell Phone _____

Email _____

Tier II Filer – Individual completing this Tier II filing form

First Name _____

Last Name _____

Title _____

Telephone _____

Fax # _____

Cell Phone _____

Email _____

Pure Chemical Information

Complete this section for **each** pure chemical stored at your facility

Make additional copies of this form as needed

Pure Chemical Description

CAS # _____

Proper Name _____

Chemical State _____

Is this chemical an EHS? Yes No

Reportable Quantity (in pounds) _____

Physical and Health Hazards (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) | <input type="checkbox"/> Gas Under Pressure |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Self-Heating |
| <input type="checkbox"/> Pyrophoric (liquid or solid) | <input type="checkbox"/> Oxidizer |
| <input type="checkbox"/> Organic Peroxide | <input type="checkbox"/> Self-Reactive |
| <input type="checkbox"/> In Contact With Water Emits Flammable Gas | <input type="checkbox"/> Corrosive To Metal |
| <input type="checkbox"/> Carcinogenicity | <input type="checkbox"/> Acute Toxicity (any route of exposure) |
| <input type="checkbox"/> Reproductive Toxicity | <input type="checkbox"/> Skin Corrosion or Irritation |
| <input type="checkbox"/> Respiratory or Skin Sensitization | <input type="checkbox"/> Serious Eye Damage or Eye Irritation |
| <input type="checkbox"/> Germ Cell Mutagenicity | <input type="checkbox"/> Aspiration Hazard |
| <input type="checkbox"/> Specific Target Organ Toxicity (single or repeated exposure) | |
| <input type="checkbox"/> Hazard Not Otherwise Classified (HNOC) please describe: _____ | |

Inventory

Maximum Daily Amount _____

Average Daily Amount _____

Number of Days On Site _____

Storage Types and Storage Conditions

- | | | | |
|--|--|--|---|
| Container Type: <input type="checkbox"/> Above ground tank | <input type="checkbox"/> Below ground tank | <input type="checkbox"/> Tank inside building | |
| <input type="checkbox"/> Steel drum | <input type="checkbox"/> Can | <input type="checkbox"/> Carboy | <input type="checkbox"/> Plastic or non-metallic drum |
| <input type="checkbox"/> Silo | <input type="checkbox"/> Fiber drum | <input type="checkbox"/> Bag | <input type="checkbox"/> Box |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> Glass bottles or jugs | <input type="checkbox"/> Plastic bottles or jugs | <input type="checkbox"/> Tote bin |
| <input type="checkbox"/> Tank wagon | <input type="checkbox"/> Rail car | <input type="checkbox"/> Process equipment | |
| <input type="checkbox"/> Other – please specify _____ | | | |

Pressure

- Ambient Greater Than Ambient Less Than Ambient
 Other – please specify: _____

Temperature

- Ambient Greater Than Ambient Less Than Ambient but not Cryogenic
 Cryogenic Conditions
 Other – please specify: _____

Locations Stored (be specific as possible): _____

Any Confidential Locations? Yes No

If yes, please submit a copy of the EPA Confidential Location Form with this document

If Yes, Where? _____

Chemical Mixture Information

Complete this section for **each** chemical mixture stored at your facility

Make additional copies of this form as needed

Chemical Mixture Description

Trade Name _____

Common Name _____

Chemical State _____

Is this chemical an EHS? Yes No

Reportable Quantity (in pounds) _____

EPA Information

Trade Secret Approved by EPA? Yes No

If Yes, date of approval _____

Mixture Components:

#	Proper Chemical Name	CAS #	%	Less than 1%?	EHS?
1					
2					
3					
4					
5					
6					
7					
8					
9					

Physical and Health Hazards (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) | <input type="checkbox"/> Gas Under Pressure |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Self-Heating |
| <input type="checkbox"/> Pyrophoric (liquid or solid) | <input type="checkbox"/> Oxidizer |
| <input type="checkbox"/> Organic Peroxide | <input type="checkbox"/> Self-Reactive |
| <input type="checkbox"/> In Contact With Water Emits Flammable Gas | <input type="checkbox"/> Corrosive To Metal |
| <input type="checkbox"/> Carcinogenicity | <input type="checkbox"/> Acute Toxicity |
| <input type="checkbox"/> Reproductive Toxicity | <input type="checkbox"/> Skin Corrosion or Irritation |
| <input type="checkbox"/> Respiratory or Skin Sensitization | <input type="checkbox"/> Specious Eye Damage or Eye Irritation |
| <input type="checkbox"/> Germ Cell Mutagenicity | <input type="checkbox"/> Aspiration Hazard |
| <input type="checkbox"/> Specific Target Organ Toxicity (single or repeated exposure) | |
| <input type="checkbox"/> Hazard Not Otherwise Classified (HNOC) please describe: _____ | |
-

Inventory

Maximum Daily Amount _____
Average Daily Amount _____
Number of Days On Site _____

Storage Types and Storage Conditions

- | | | | |
|--|--|--|---|
| Container Type: <input type="checkbox"/> Above ground tank | <input type="checkbox"/> Below ground tank | <input type="checkbox"/> Tank inside building | |
| <input type="checkbox"/> Steel drum | <input type="checkbox"/> Can | <input type="checkbox"/> Carboy | <input type="checkbox"/> Plastic or non-metallic drum |
| <input type="checkbox"/> Silo | <input type="checkbox"/> Fiber drum | <input type="checkbox"/> Bag | <input type="checkbox"/> Box |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> Glass bottles or jugs | <input type="checkbox"/> Plastic bottles or jugs | <input type="checkbox"/> Tote bin |
| <input type="checkbox"/> Tank wagon | <input type="checkbox"/> Rail car | <input type="checkbox"/> Process equipment | |
| <input type="checkbox"/> Other – please specify _____ | | | |

Pressure

- Ambient Greater Than Ambient Less Than Ambient
 Other – please specify: _____

Temperature

- Ambient Greater Than Ambient Less Than Ambient but not Cryogenic
 Cryogenic Conditions
 Other – please specify: _____

