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

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TIER TWO Emergency and Hazardous Chemical Inventory Reporting – Specific Information by Chemical

FORM APPROVED OMB NO. 2050-0072

Reporting Year: January 1 to December 31,

FACILITY IDENTIFICATION:

FACILITY STATUS: ACTIVE SOLD CLOSED P&A

COMPANY NAME: _____

FACILITY NAME: _____

FACILITY ID#: _____

FACILITY TYPE: _____ FIXED _____ PIPELINE _____ OIL FIELD

PHYSICAL ADDRESS: _____

ADDRESS #2: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

MAILING ADDRESS: _____

ADDRESS #2: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

PARISH: _____

SIC CODE: NAICS CODE:

DUN & BRAD NO:

(SELECT ONE) ___ OWNER ___ OPERATOR INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

PHONE: (____) _____ EXT. _____

FAX #: (____) _____

EMAIL ADDRESS: _____

IF FACILITY STATUS IS SOLD, COMPLETE THE FOLLOWING

NEW OWNER INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

PHONE #: (____) _____ EXT. _____

FAX #: (____) _____

EMAIL ADDRESS: _____

DATE SOLD / CLOSED: _____

EMERGENCY CONTACT #1:

NAME: _____

TITLE: _____

PHONE: (____) _____ EXT. _____

24 HR: (____) _____ EXT. _____

PAGER: (____) _____ PIN: _____

FAX #: (____) _____

CELL PHONE: (____) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT #2:

NAME: _____

TITLE: _____

PHONE: (____) _____ EXT. _____

24 HR: (____) _____ EXT. _____

PAGER: (____) _____ PIN: _____

FAX #: (____) _____

CELL PHONE: (____) _____

EMAIL ADDRESS: _____

CHEMICAL INFORMATION:
(CHOOSE PURE OR MIXTURE)

_____ PURE

CAS NUMBER: _____ EHS Y N

CHEMICAL NAME: _____

_____ MIXTURE

TRADE NAME: _____

COMMON NAME: _____

TRADE SECRET: Y N IF YES, DATE SUBMITTED TO EPA: ____/____/____

CHEMICAL STATE:
_____ SOLID _____ LIQUID _____ GAS

PHYSICAL HAZARDS:

_____ FIRE

_____ SUDDEN RELEASE OF PRESSURE

_____ REACTIVITY

HEALTH HAZARDS:

_____ IMMEDIATE (ACUTE)

_____ DELAYED (CHRONIC)

MIXTURE COMPONENTS

CHEMICAL NAME	CAS NO.	%	EHS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

STORAGE CODES AND LOCATIONS: (NON-CONFIDENTIAL)

CONTAINER TYPE	PRESSURE	TEMPERATURE	STORAGE LOCATIONS

INVENTORY: _____ **REPORTABLE QUANTITY:** _____

_____ MAXIMUM DAILY AMOUNT _____ LBS.

_____ AVERAGE DAILY AMOUNT

_____ NUMBER OF DAYS ON SITE

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 _____, 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 OWNER / OPERATOR'S AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED

