## Facility Identification
- **Name:**
- **Street:**
- **City:**
- **County:**
- **State:**
- **Zip:**
- **SIC Code:**
- **Dun & Brad Number:**

## Owner/Operator Name
- **Name:**
- **Phone:** ( )
- **Mail Address:**

## Emergency Contact
- **Name:**
- **Title:**
- **Phone:** ( ) **24 Hr. Phone:** ( )

## Important: Read all instructions before completing form

### Reporting Period
- **From January 1 to December 31, 19**

### Check if information below is identical to the information submitted last year.

### Chemical Description

<table>
<thead>
<tr>
<th>CAS</th>
<th>Trade</th>
<th>Secret</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chem. Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check all that apply</td>
<td>Pure</td>
<td>Mix</td>
</tr>
<tr>
<td>EHS Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical and Health Hazards
- **(check all that apply)**
- **Fire**
- **Sudden Release of Pressure**
- **Reactivity**
- **Immediate (acute)**
- **Delayed (chronic)**

### Inventory
- **Max. Daily Amount (code):**
- **Avg. Daily Amount (code):**
- **No. of Days On-site (days):**

### Storage Codes and Locations

<table>
<thead>
<tr>
<th>Container Type</th>
<th>Pressure</th>
<th>Temperature</th>
<th>Storage Locations</th>
</tr>
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<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Storage Locations

- **Trade Name:**
- **CAS Secret:**
- **Check all that apply:**
- **Pure | Mix | Solid | Liquid | Gas | EHS |
- **EHS Name:**

### Physical and Health Hazards
- **(check all that apply)**
- **Fire**
- **Sudden Release of Pressure**
- **Reactivity**
- **Immediate (acute)**
- **Delayed (chronic)**

### Inventory
- **Max. Daily Amount (code):**
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### Storage Locations

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### Certification

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:**

### Optional Attachments
- **I have attached a site plan**
- **I have attached a list of site coordinate abbreviations**
- **I have attached a description of dikes and other safeguards measures**