Check if information below is identical to the information submitted last year. **Reporting Period:** January 1 to December 31, 20

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Confidential Location Sheet**  **Tier Two**  **Emergency and Hazardous Chemical Inventory**  *Specific Information by Chemical* | | | | | | | | **For Official Use Only**  **State ID#:**  **Date Received:** | | | | |
| **Facility Identification** | | | | | | | | | | | | |
| *Name* | | | | *Maximum No. of Occupants:*  N/A | | | | Manned  Unmanned | | | | |
| *Street* | | | *County* | | *City* | | | | | *State* | | *Zip* |
| *Latitude* | | | *Longitude* | | | *NAISC Code* | | | | | *Phone Number (optional)*  (   )     - | |
| *Dun & Bradstreet Number* | | | *TRI Facility ID:*  N/A | | | | *RMP Facility ID:*  N/A | | | | | |
| Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  Yes  No | | | | | | | | | | | | |
| Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?  Yes  No | | | | | | | | | | | | |
| **Owner or Operator Information** | | | | **Parent Company Information (optional)** | | | | | | | | |
| *Name* | | | | *Name* | | | | | | | *Dun & Bradstreet Number:* | |
| *Address* | | | | *Address* | | | | | | | | |
| *Phone Number*  (   )     - | *Email Address* | | | *Phone Number*  (   )     - | | | | | *Email Address* | | | |
| **Facility Emergency Coordinator (if applicable)** | | | | **Tier II Information Contact** | | | | | | | | |
| *Name* | | *Title* | | *Name* | | | | | *Title* | | | |
| *Email Address* | | | | *Email Address* | | | | | | | | |
| *Phone Number*  (   )     - | | *24-hour Phone*  (   )     - | | *Phone Number*  (   )     - | | | | | | | | |
| **Emergency Contacts** | | | | | | | | | | | | |
| *Name* | | | | *Name* | | | | | | | | |
| *Title* | | | | *Title* | | | | | | | | |
| *Phone Number*  (   )     - | | *24-hour Phone*  (   )     - | | *Phone Number*  (   )     - | | | | | *24-hour Phone*  (   )     - | | | |
| *Email Address* | | | | *Email Address* | | | | | | | | |
| **Certification** *(Read and sign after completing all sections)* | | | | **Reporting Ranges**  **Weight Range in pounds** | | | | | | | | |
| 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 | | | | **Range Code From To** | | | | | | | | |
| 01 0 99  02 100 499  03 500 999  04 1,000 4,999  05 5,000 9,999  06 10,000 24,999  07 25,000 49,999  08 50,000 74,999  09 75,000 99,999  10 100,000 499,999  11 500,000 999,999  12 1,000,000 9,999,999  13 10,000,000 Greater than 10 million | | | | | | | | |
| The public reporting and recordkeeping burden for this collection of information is estimated to range from 6 to 120 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address. | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Description** | **Physical Hazards** | **Health Hazards** | | **Inventory** | | **Type of Storage** | | **Storage Conditions (Pressure, Temperature)** | **Storage  Locations** | **Additional Reporting Information (Optional)** |
| Check if information below is identical to the information submitted last year.  **Chemical Name:**    CAS No.  EHS: Yes  No  Solid  Liquid  Gas  Trade Secret | Explosive  Flammable (gases, aerosols, liquids, or solids)  Oxidizer (liquid, solid, or gas)  Self-reactive  Pyrophoric (liquid or solid)  Pyrophoric Gas  Self-heating  Organic peroxide  Corrosive to metal  Gas under pressure (compressed gas)  In contact with water emits flammable gas  Combustible Dust  Hazard Not Otherwise Classified | Acute toxicity (any route of exposure)  Skin corrosion or irritation  Serious eye damage or eye irritation  Respiratory or skin sensitization  Germ cell mutagenicity  Carcinogenicity  Reproductive toxicity  Specific target organ toxicity(single or repeated exposure)  Aspiration hazard  Simple Asphyxiant  Hazard Not Otherwise Classified | Maximum Amount  **Range Code:** | | | |  |  | Confidential:  Yes  No | Below Reporting Thresholds (optional)  State or Local  Requirements |
| Average Daily  Amount  **Range Code:** | | | |
| No. of days on site: | | | |  |
|  | | | | | | | | | | |
| Check if information below is identical to the information submitted last year.  **Mixture or Product Name:**    **CAS No.**  **Not Available**  Solid  Liquid  Gas  Trade Secret  EHS: Yes  No   EHS(s) Name (if applicable):    CAS No.  Non-EHS(s) Name (optional): | Explosive  Flammable (gases, aerosols, liquids, or solids)  Oxidizer (liquid, solid, or gas)  Self-reactive  Pyrophoric (liquid or solid)  Pyrophoric Gas  Self-heating  Organic peroxide  Corrosive to metal  Gas under pressure (compressed gas)  In contact with water emits flammable gas  Combustible Dust  Hazard Not Otherwise Classified | Acute toxicity (any route of exposure)  Skin corrosion or irritation  Serious eye damage or eye irritation  Respiratory or skin sensitization  Germ cell mutagenicity  Carcinogenicity  Reproductive toxicity  Specific target organ toxicity(single or repeated exposure)  Aspiration hazard  Simple Asphyxiant  Hazard Not Otherwise Classified | Maximum Amount  (Total Mixture)  **Range Code:** | |  | | |  | Confidential:  Yes  No | Below Reporting Thresholds (optional)  State or Local  Requirements |
| Average Daily Amount  (Total Mixture)  **Range Code:** | |
| No. of days on site: | |
| Maximum Amount of each EHS in the Mixture  **Range Code:** | |

**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 safeguard measures