[ ]  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 forobtaining the information, I believe that the submitted information istrue, 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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**EPA Form No. 8700-30 OMB Control No. 2050-0072** Expiration Date: 08/31/2026 **Page**       **of**

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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 LocalRequirements |
| Average DailyAmount**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 SecretEHS: 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 LocalRequirements |
| 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