



Tier II Reporting Form Revisions

Are you working on 2013 Tier II reporting? The March 1st deadline is approaching quickly!

Here's a helpful overview highlighting the newly revised data elements found in the Tier II Emergency and Hazardous Chemical Inventory Form.

Have additional
questions?

The EPCRA Information Center can be reached at:

800-424-9346 or TDD 800-553-7672

703-412-9810 or TDD 703-412-3323
in the Washington, DC area



New mandatory inventory reporting data elements include:

- 1 Report the **maximum number of occupants** that may be present at the facility at any one time.
- 2 Indicate whether the location is **manned** or **unmanned**.
- 3 **Latitude & Longitude**.
- 4 Include **Toxics Release Inventory (TRI)** and **Risk Management Program (RMP)** identification numbers, if applicable.
- 5 Indicate whether the facility is **subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)**.
- 6 Indicate whether the facility is **subject to Chemical Accident Prevention under Section 112(r) of the Clean Air Act (CAA) (40 CFR part 68, Risk Management Program (RMP))**.
- 7 Option to include **Parent Company** information.
- 8 Include **name, title, email address, phone number** and **24 hour phone number** for the **Emergency Coordinator**, if applicable.
- 9 Include **name, title, email address** and **phone number** for the **Tier II Information Contact**.
- 10 Provide separate data for **pure chemicals** and **mixtures**.
- 11 Via text, provide the **type of storage** for each chemical reported (e.g. above-ground tank, plastic or non-metallic drum, steel drum, cylinder, rail car, etc.). Codes are no longer recognized.
- 12 Via text, provide the **storage conditions** for each chemical reported (e.g. ambient pressure, ambient temperature, less than ambient temperature/pressure, cryogenic conditions, etc.). Codes are no longer recognized.
- 13 Optional check boxes to **indicate if the facility is reporting information on additional chemicals required by State or local agencies**. It can also be checked if the facility wants to voluntarily report chemicals not subject to reporting requirements.

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

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical

For Official Use Only
State ID#: _____
Date Received _____

Facility Identification		Maximum No. of Occupants: <input type="text"/>		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Name	<input type="text"/>		<input type="checkbox"/> N/A		
Street	County	City	State	Zip	
Latitude	Longitude	NAICS Code	Phone Number (optional)		
Dun & Bradstreet Number		TRI Facility ID:	RMP Facility ID:		
		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner or Operator Information			Parent Company Information (optional)		
Name			Name		
Address			Dun & Bradstreet Number:		
Phone Number			Address		
Email			Phone Number		
()			Email		
()			()		
Facility Emergency Coordinator (if applicable)			Tier II Information Contact		
Name			Name		
Title			Title		
Email Address			Email Address		
Phone Number			Phone Number		
24-hour Phone			24-hour Phone		
()			()		
()			()		
Emergency Contacts					
Name		Name			
Title		Title			
Phone Number		Phone Number		24-hour Phone	
()		()		()	
Email Address		Email Address			
Certification (Read and sign after completing all sections)					
			Reporting Range Weight Range in pounds		

Chemical Description	Physical and Health Hazards	Inventory	Type of Storage	Storage Conditions (Pressure, Temperature)	Storage Locations	Additional Reporting Information (Optional)
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Chemical Name: <input type="text"/> CAS No.: <input type="text"/> EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Range Code: Average Daily Amount Range Code: No. of days on site:	<input type="checkbox"/> Above-ground tank <input type="checkbox"/> Plastic or non-metallic drum <input type="checkbox"/> Steel drum <input type="checkbox"/> Cylinder <input type="checkbox"/> Rail car, etc.	<input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> Less than ambient temperature/pressure <input type="checkbox"/> Cryogenic conditions, etc.	Confidential <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements
<input type="checkbox"/> Check if information below is identical to the information submitted last year. Mixture or Product Name: <input type="text"/> CAS No.: <input type="text"/> <input type="checkbox"/> Not Available <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> EHS(s) Name (if applicable): <input type="text"/> CAS No.: <input type="text"/> Non-EHS(s) Name (optional): <input type="text"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount (Total Mixture) Range Code: Average Daily Amount (Total Mixture) Range Code: No. of days on site: Maximum Amount of each EHS in the Mixture Range Code:	<input type="checkbox"/> Above-ground tank <input type="checkbox"/> Plastic or non-metallic drum <input type="checkbox"/> Steel drum <input type="checkbox"/> Cylinder <input type="checkbox"/> Rail car, etc.	<input type="checkbox"/> Ambient pressure <input type="checkbox"/> Ambient temperature <input type="checkbox"/> Less than ambient temperature/pressure <input type="checkbox"/> Cryogenic conditions, etc.	Confidential <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Below Reporting Thresholds (optional) <input type="checkbox"/> State or Local Requirements

Optional Attachments: I have attached a site plan. I have attached a list of site coordinates abbreviations.
 I have attached a description of Allen and other relevant resources.