



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		1 Maximum No. of Occupants: _____		2 <input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Name	Street	County	City	State	Zip
Latitude	Longitude	NAICS Code		Phone Number (optional)	
Dun & Bradstreet Number	4 TRI Facility ID: _____	RMP Facility ID: _____			
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?		6 <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)?		6 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner or Operator Information		Parent Company Information (optional)			
Name	Name				
Address	Address				
Phone Number	Email	Phone Number		Email	
8 Facility Emergency Coordinator (if applicable)		9 Tier II Information Contact			
Name	Title	Name		Title	
Email Address		Email Address			
Phone Number	24-hour Phone	Phone Number		24-hour Phone	
Emergency Contacts					
Name		Name			
Title		Title			
Phone Number		24-hour Phone		Phone Number	
Email Address		Email Address			
Certification (Read and sign after completing all sections)					
Reporting Ranges 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: _____ CAS No.: _____ 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 (Total Weight): _____ Range Code: _____ Average Daily Amount (Total Weight): _____ Range Code: _____ No. of days on site: _____	11	12	<input type="checkbox"/> 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: _____ CAS No.: _____ <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): _____ CAS No.: _____ Non-EHS(s) Name (optional): _____	<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 Weight): _____ Range Code: _____ Average Daily Amount (Total Weight): _____ Range Code: _____ No. of days on site: _____ Maximum Amount of each EHS in the Mixture: _____ Range Code: _____	11	12	<input type="checkbox"/> 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 coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures