Ohio State Emergency Response Commission

c/o Ohio EPA, Lazarus Government Center
50 W. Town St., Ste. 700
PO Box 1049
Columbus, OH 43216-1049

Tier 2 Emergency and Hazardous Chemical Inventory

Reporting Period: January 1 to December 31, 2014

☐ Check if form is identical to form submitted last year
☐ Facility Name Change

☐ Negative
☐ EHS Reported
☐ First Time Filer

Previous Facility Name: _____

County:

Facility Identification

Name		Maximum No. of Occupants: ☐ N/A	☐ Manned ☐ Unmanned
Address	City	State OH	Zip Code —
Latitude	Longitude —	NAICS Code	Telephone Number (include area code) ( ) —
Dun & Bradstreet # — —	TRI Facility ID# ☐ N/A	RMP ID# ☐ N/A	

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?	☐ Yes ☐ No
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?	☐ Yes ☐ No

Owner or Operator Information			Parent Company Information (optional)		
Name			Name	Dun & Bradstreet # — —	
Address			Address		
City	State	Zip	City	State	Zip
Email			Email		
Telephone Number (include area code) ( ) —			Telephone Number (include area code) ( ) —		

Facility Emergency Coordinator (if applicable)		Tier 2 Information Contact
Name		Name
Title		Title
Email		Email
Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —	Telephone Number (include area code) ( ) —

Emergency Contacts			
Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —	Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —

Certification (Read and sign after completing all sections)

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 of owner/operator OR owner/operator's authorized representative	Official title of owner/operator OR owner/operator's authorized representative
Signature	Date Signed / /