



**State Emergency
Response Commission**

Tier Two Emergency and Hazardous Chemical Inventory

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

Reporting Period: January 1 to December 31, 2013

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

EHS Reported
 First Time Filer

Previous Facility Name:

County:

Facility Identification

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

Facility Emergency Coordinator (if applicable)

Tier II Information Contact

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) () —

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 / /