

SECTION 302 - EMERGENCY PLANNING NOTIFICATION

**EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT OF 1986
&
FLORIDA HAZARDOUS MATERIALS EMERGENCY RESPONSE AND COMMUNITY
RIGHT-TO-KNOW ACT OF 1988**

Section 302 - Emergency Planning Notification
Section 303 - Facility Representative Designation

This is a notification that the facility has one or more Extremely Hazardous Substance(s) at or above Threshold Planning Quantity.

A chemical that subjects this facility to Section 302 is:

CAS Number _____ CHEMICAL NAME _____

The maximum amount present at one time is: _____ pounds

Name of Owner: _____

Name of Operator: _____

Name of Business: _____

SIC Code/Primary Business Activity: _____

Dates of Notification: SERC: _____ LEPC: _____

Business Address: _____

Physical Address:
(if different from
business address) _____

(use reverse side for additional
facilities)

Latitude _____ Longitude _____

Total number of Section 302 facilities: _____ Amount Submitted: \$ _____
(\$50 per facility)

PAYABLE TO: Cashier, Department of Community Affairs

Facility Representative: _____

Telephone Number: _____

Name of Person Making Notification: _____

Title: _____

Signature: _____ Date: _____

SUBMIT TO: State Emergency Response Commission
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2149
(850) 413-9970 or (800) 635-7179 (In Florida)

ADDITIONAL SECTION 302 FACILITIES

1. COMPANY/FACILITY NAME: _____

ADDRESS (PHYSICAL): _____

CHEMICAL: _____ MAX. LBS. PRESENT AT ONE TIME: _____

Latitude: _____ Longitude: _____

2. COMPANY/FACILITY NAME: _____

ADDRESS (PHYSICAL): _____

CHEMICAL: _____ MAX. LBS. PRESENT AT ONE TIME: _____

Latitude: _____ Longitude: _____

3. COMPANY/FACILITY NAME: _____

ADDRESS (PHYSICAL): _____

CHEMICAL: _____ MAX. LBS. PRESENT AT ONE TIME: _____

Latitude: _____ Longitude: _____

4. COMPANY/FACILITY NAME: _____

ADDRESS (PHYSICAL): _____

CHEMICAL: _____ MAX. LBS. PRESENT AT ONE TIME: _____

Latitude: _____ Longitude: _____

5. COMPANY/FACILITY NAME: _____

ADDRESS (PHYSICAL): _____

CHEMICAL: _____ MAX. LBS. PRESENT AT ONE TIME: _____

Latitude: _____ Longitude: _____

ATTACH ADDITIONAL PAGES AS NECESSARY