

<b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b> <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name _____ Street Address _____ City _____ State _____ Zip _____ SIC Code <b>GGGG</b> Dun & Brad Number <b>GG-GGG-GGGG</b>	<b>Owner/Operator Name</b> Name _____ Phone ( ) _____ Mail Address _____
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">FOR OFFICIAL USE ONLY</div> <div style="border: 1px solid black; padding: 2px; flex-grow: 1;">           ID# _____            Date Received _____         </div> </div>	<b>Emergency Contact</b> Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____  Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____
	<i>Important: Read all instructions before completing form</i>	

<b>Confidential Location Information Sheet</b>	<b>Storage Codes and Locations (Confidential)</b>										
CAS # <b>GGGGGGG-GG-G</b> Chem. Name _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"><i>Storage Codes</i></div> <div style="width: 60%;"><i>Storage Locations</i></div> </div> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 40%;"><b>GGGGGG</b></td><td>_____</td></tr> <tr><td><b>GGGGGG</b></td><td>_____</td></tr> <tr><td><b>GGGGGG</b></td><td>_____</td></tr> <tr><td><b>GGGGGG</b></td><td>_____</td></tr> <tr><td><b>GGGGGG</b></td><td>_____</td></tr> </table>	<b>GGGGGG</b>	_____	<b>GGGGGG</b>	_____	<b>GGGGGG</b>	_____	<b>GGGGGG</b>	_____	<b>GGGGGG</b>	_____
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<b>Certification</b> <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, 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.	<b>Optional Attachments (Check one)</b>  <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">G</div> <input type="checkbox"/> I have attached a site plan         </div> <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">G</div> <input type="checkbox"/> I have attached a list of site coordinate abbreviations         </div>
_____ <small>Name and official title of owner/operator OR owner/operator's authorized representative</small>	_____ <small>Signature</small>
_____ <small>Date signed</small>	