

Tier II Report Check List

- The following information is **required** before you send your report. Until all this information is received your facility will not have officially reported.

Facility Identification

Name
Street
City County State Zip

Mailing Address (if different from facility address)

Street
City State Zip

Owner/ Operator Name

Name Phone
Mail Address
City
State Zip

Emergency Contact

Name Title
Phone 24 Hr. Phone

(All information on all contacts)

Chemical Description

NAICS Code
Pure or Mix Solid, liquid, Gas EHS

Physical and Health Hazards

Fire, Sudden Release of Pressure, Reactive
Immediate, Delayed

Inventory

Max. Daily Amount **Code (1-11)**
Ave. Daily Amount **Code (1-11)**
Number of Days On-site (days-1-365)

Storage Codes and Locations (Non Confidential)

Container Type **Code (A-O)**
Pressure **Code (1-3)**
Temperature **Code (4-7)**
Locations (on property)

Certification

Name and official Title of owner/operator or authorized representative
Signature (original signature required if submitting via paper form. If submitting
electronically via TIER II Submit, electronic signature is acceptable.).
Date Signed Email Address