Tier Two Form: **HAZARDOUS CHEMICAL INVENTORY Facility Info**

SC State Emergency Response Commission January, 2010

Reporting Period: 20 [ ] Info same as last year Y/N [ ]

Please type in ALL CAPS and N/A for "Not Available" or "Not Applicable" where appropriate

Facility Name >

Division/specific

Mailing Address

Street Address

City | State | Zip

Cross Street | County

Latitude | Longitude

Type of Business

SIC Codes | Dun & Brad#

Owner/Operator

Mail Address

Site Plan Attached Y/N> | Site Coordinates Used on Plan? Y/N> | Spill Prevention Devices Shown? Y/N>

Emergency Contacts

Local Contact Name | Title

24 Hour

Backup Contact | Title

24 Hour

Company/Facility EPCRA Compliance Coordinator (whoever filled out this form)

Name and Organization

Compliance

CERTIFICATION by Repsonsible Organization Official (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.

Typed Name

Signature | Signed: MO | DD | YR