

Tier Two Form: HAZARDOUS CHEMICAL INVENTORY Facility Info

SC State Emergency Reponse Commission January, 1995

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

Reporting Period: 19 Info same as last year? Y/N

Facility Name >

Divison/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 Title

Name

Work  24 Hr.

Backup Contact Title

Work  24 Hr.

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

Name & Org.

Compliance 

CERTIFICATION by Responsible 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