

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