



**State Emergency
Response Commission**

Facility Identification Form

c/o Ohio EPA, Lazarus Government Center
50 W. Town St., Ste. 700
PO Box 1049
Columbus, OH 43216-1049

Reporting Period: January 1 to December 31, 2018

- Negative
- EHS Reported
- First Time Filer

Facility Name Change

Previous Facility Name: _____

County: _____

Facility Identification

Name		Maximum No. of Occupants: <input type="checkbox"/> N/A		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Address			City		State OH
Zip Code _____					
Latitude		Longitude		NAICS Code	
_____		_____		Telephone Number (include area code) () _____	
Dun & Bradstreet # _____			TRI Facility ID# <input type="checkbox"/> N/A		RMP ID# <input type="checkbox"/> N/A
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner or Operator Information			Parent Company Information (optional)		
Name			Name		Dun & Bradstreet # _____
Address			Address		
City		State	Zip	City	
_____		_____	_____	State	
_____		_____		Zip	
Email			Email		
Telephone Number (include area code) () _____			Telephone Number (include area code) () _____		

Facility Emergency Coordinator (if applicable)		Tier 2 Information Contact	
Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) () _____	24-hour Number (include area code) () _____	Telephone Number (include area code) () _____	

Emergency Contacts

Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) () _____	24-hour Number (include area code) () _____	Telephone Number (include area code) () _____	24-hour Number (include area code) () _____

Certification (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.

Name of owner/operator OR owner/operator's authorized representative	Official title of owner/operator OR owner/operator's authorized representative
Signature	Date Signed / /



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Owner or Operator Information			Parent Company Information (optional)		
Name			Name		Dun & Bradstreet # _____
Address			Address		
City		State	Zip	City	
_____		_____	_____	State	
_____		_____		Zip	
Email			Email		
Telephone Number (include area code) () _____			Telephone Number (include area code) () _____		

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Name		Name	
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Emergency Contacts

Name		Name	
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Name of owner/operator OR owner/operator's authorized representative	Official title of owner/operator OR owner/operator's authorized representative
Signature	Date Signed / /

Emergency and Hazardous Chemical Inventory


	4.1 Facility Name:			4.2 For filing date: <u>3/1/</u> _____		Page _____ of _____				
	Address:				County:					
	City:			State: OH		Zip:				
4.2 <input type="checkbox"/> Check if Revision			4.3 <input type="checkbox"/> Site Map Attached			4.4 <input type="checkbox"/> Check here if storage location and facility map are confidential				
5.0 Chemical Description				Inventory Amount (lbs. or range code)	Storage Locations		Type of Storage	Storage Conditions		
								Temperature	Pressure	
1	<input type="checkbox"/> Pure		EHS		Trade Secret		<input type="checkbox"/> Solid			
	<input type="checkbox"/> Mixture		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Liquid <input type="checkbox"/> Gas			
	Chemical Name:				Maximum Amount		1.			
					Code					
					Pounds		2.			
CAS No.				Avg. Daily Amount		3.				
If mixture, Name of EHS(s) Name:				Maximum Amount of each EHS in the		4.				
CAS No.				Mixture Range Code:						
Non-EHS(s) Name (optional):				Days Onsite						
Physical Hazards					Health Hazards					
<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating					<input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible dust <input type="checkbox"/> Hazard not otherwise classified					
					<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity					
					<input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise specified					

Table I — Reporting Ranges							Table II — Storage Types (Examples)				Table III — Pressure and Temperature Conditions	
Range Value	Weight Range in Pounds		Range Value	Weight Range in Pounds		Range Value	Weight Range in Pounds					
	From	To		From	To		From	To				
01	0	99	06	10,000	24,999	10	100,000	499,999	• Above-ground tank	• Bag	Pressure • Ambient pressure • Greater than ambient pressure • Less than ambient pressure Temperature • Ambient temperature • Greater than ambient temperature • Less than ambient temperature but not cryogenic • Cryogenic conditions	
02	100	499	07	25,000	49,999	11	500,000	999,999	• Below-ground tank	• Box		
03	500	999	08	50,000	74,999	12	1,000,000	9,999,999	• Tank inside building	• Cylinder		
04	1,000	4,999	09	75,000	99,999	13	10,000,000	Greater than 10 million	• Steel drum	• Glass bottles or jugs		
05	5,000	9,999							• Plastic or non-metallic drum	• Plastic bottles or jugs		
									• Can	• Tote bin		
									• Carboy	• Tank wagon		
									• Silo	• Rail car		
									• Fiber drum	• Battery		

Emergency and Hazardous Chemical Inventory

4.1 Facility Name:				4.2 For filing date: 3/1/				Page ____ of ____															
5.0 Chemical Description				Inventory Amount (lbs. or range code)	Storage Locations	Type of Storage	Storage Conditions																
							Temperature	Pressure															
<input type="checkbox"/> Pure	EHS	Trade Secret	<input type="checkbox"/> Solid	Maximum Amount Code	1.																		
<input type="checkbox"/> Mixture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Liquid <input type="checkbox"/> Gas																				
Chemical Name:				Pounds	2.																		
CAS No.				Avg. Daily Amount	3.																		
If mixture, Name of EHS(s) Name:			Maximum Amount of each EHS in the Mixture Range Code:	Code	4.																		
CAS No.				Pounds																			
Non-EHS(s) Name (optional):				Days Onsite																			
Physical Hazards				Health Hazards																			
<input type="checkbox"/> Explosive	<input type="checkbox"/> Flammable (gases, aerosols, liquids or solids)	<input type="checkbox"/> Oxidizer (liquid, solid or gas)	<input type="checkbox"/> Self-reactive	<input type="checkbox"/> Pyrophoric (liquid or solid)	<input type="checkbox"/> Pyrophoric Gas	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Gas under pressure (compressed gas)	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Combustible dust	<input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure)	<input type="checkbox"/> Skin corrosion or irritation	<input type="checkbox"/> Serious eye damage or eye irritation	<input type="checkbox"/> Respiratory or skin sensitization	<input type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Carcinogenicity	<input type="checkbox"/> Reproductive toxicity	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)	<input type="checkbox"/> Aspiration hazard	<input type="checkbox"/> Simple asphyxiant	<input type="checkbox"/> Hazard not otherwise specified

5.0 Chemical Description				Inventory Amount (lbs. or range code)	Storage Locations	Type of Storage	Storage Conditions																
							Temperature	Pressure															
<input type="checkbox"/> Pure	EHS	Trade Secret	<input type="checkbox"/> Solid	Maximum Amount Code	1.																		
<input type="checkbox"/> Mixture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Liquid <input type="checkbox"/> Gas																				
Chemical Name:				Pounds	2.																		
CAS No.				Avg. Daily Amount	3.																		
If mixture, Name of EHS(s) Name:			Maximum Amount of each EHS in the Mixture Range Code:	Code	4.																		
CAS No.				Pounds																			
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Facility Annual Chemical Filing Fee Worksheet

Complete this worksheet to determine the required filing fee amount. Detach the bottom portion at the perforation and include the stub, along with a check in your envelope. Please make check payable to the "Treasurer State of Ohio" and include the Revenue ID number on check. The top portion may be kept for your records.

DO NOT put anything besides the stub and check payment in the envelope.

Form with fields for FacilityName, Revenue ID, FacilityAddress, Check Date, and calculation rows A through F.

REMOVE THIS STUB. Please only mail stub with check. Do not mail top portion.

Name: [FacilityName]
Agency ID: [CoreID]
Fee Name: Right-to-Know

Pay to: Treasurer, State of Ohio. Please write the Revenue ID on your check. This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA
PO Box 77005
Cleveland, OH 44194-7005

Table with 2 columns: Field Name, Value. Fields include Due Date, Revenue ID, Amount Due, Type Code.

[ocrCode]



Multiple Facility Summary List

For use with more than one Fee Calculation Form submitted with one check

NOTE: Multiple Facility Summary List is to be filled out for each specific county (ex. Franklin, Cuyahoga, Allen, etc.)

County

1. Parent Company or Public Entity Identification

Page of

1.1	Name of Parent Company								11
1.2	Address								12
	Address								
	City							State	
	Zip Code			1.3 Parent Company Dun & Bradstreet #					

Facility Name	Revenue ID#	Street Address	City	Zip Code	Base Fee	No. of Chemicals	Additional Fee	Late Fee	Total	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
					\$150.00		\$	\$	\$	
							Totals	\$	\$	\$



Tier 2 Submit
Calendar Year 2018
Certification

I hereby certify that I have reviewed the information submitted on the media enclosed and/or email attachment for the facility listed on this certification and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on the data available to the owners/operator of this facility.

Name

Title

/ /

Signature

Date Signed

Facility Name _____

Address _____

City _____ OH Zip _____ -

County _____

For multiple facility reports stored within flashdrive or email attachment, please list additional county or counties

