

Section 311 Notification Emergency and Hazardous Chemical Inventory <i>Aggregate Information by Hazard Type</i>			<i>For Official Use Only</i> State ID #: Date Received:	
Facility Identification				
Name	Maximum No. of Occupants: <input type="checkbox"/> N/A	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned		
Street	County	City	State	Zip
Latitude	Longitude	NAICS Code	Phone Number (optional) ()	
Dun & Bradstreet Number	TRI Facility ID: <input type="checkbox"/> N/A	RMP Facility ID: <input type="checkbox"/> N/A		
Subject to Emergency Planning under Section 302 of EPCRA?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Owner or Operator Information		Parent Company Information (optional)		
Name		Name Dun & Bradstreet Number		
Address		Address		
Phone Number ()	Email	Phone Number ()	Email	
Facility Emergency Coordinator (if applicable)		Tier I Information Contact		
Name	Title	Name	Title	
Email Address		Email Address		
Phone Number ()	24-hour Phone ()	Phone Number ()	24-hour Phone ()	
Emergency Contacts				
Name		Name		
Title		Title		
Phone Number ()	24-hour Phone ()	Phone Number ()	24-hour Phone ()	
Email Address		Email Address		
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 1 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 and official title of owner/ operator OR owner/operator's authorized representative		Signature		Date signed

Chemical Name	CAS Number	Max Amount (In Pounds)	Average Daily Amount (In Pounds)	Number of Days On-Site	General Location
Hazard Types – Check All That Apply					
Physical Hazards			Health Hazards		
<input type="checkbox"/>	Explosive		<input type="checkbox"/>	Acute toxicity (any route of exposure)	
<input type="checkbox"/>	Flammable (gases, aerosols, liquids, or solids)		<input type="checkbox"/>	Skin corrosion or irritation	
<input type="checkbox"/>	Oxidizer (liquid, solid or gas)		<input type="checkbox"/>	Serious eye damage or eye irritation	
<input type="checkbox"/>	Self-reactive		<input type="checkbox"/>	Respiratory or skin sensitization	
<input type="checkbox"/>	Pyrophoric (liquid or solid)		<input type="checkbox"/>	Germ cell mutagenicity	
<input type="checkbox"/>	Pyrophoric Gas		<input type="checkbox"/>	Carcinogenicity	
<input type="checkbox"/>	Self-heating		<input type="checkbox"/>	Reproductive toxicity	
<input type="checkbox"/>	Organic peroxide		<input type="checkbox"/>	Specific target organ toxicity(single or repeated exposure)	
<input type="checkbox"/>	Corrosive to metal		<input type="checkbox"/>	Aspiration hazard	
<input type="checkbox"/>	Gas under pressure (compressed gas)		<input type="checkbox"/>	Simple Asphyxiant	
<input type="checkbox"/>	In contact with water emits flammable gas		<input type="checkbox"/>	Hazard Not Otherwise Classified	
<input type="checkbox"/>	Combustible Dust				
<input type="checkbox"/>	Hazard Not Otherwise Classified				