NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM

TIER TWO

Facility Identification

Name _____

Street _____

City _____ State _____ Zip+4 _____

Telephone (_____)_____ County _____

NAICS Code _____ *Federal Tax ID Number* _____

For Official Use Only: ID# _____ Date Received: _____

Owner/ Operator

Name_____ Phone (_____)_____

Mail Address_____

E-mail Address_____

Emergency Contacts

Name _____ Title _____

Day Phone (_____)_____ 24-hr phone (_____)_____

Name _____ Title _____

Day Phone (_____)_____ 24-hr phone (_____)_____

Chemical Description	**Physical and Health Hazards** *Check all that apply*	***Inventory***	**Storage Codes and Locations (Non-Confidential)** *Storage Locations* (Container, Pressure, Temperature)	OPTIONAL
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) _____ EHS Name _____ *Check all that apply:* [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed(chronic)	☐☐ *Max Amount (code)* ☐☐ *Avg. Amount (code)* ☐☐☐ *No. of Days Present*	☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____	Check box if information submitted is identical to last year ☐
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) _____ EHS Name _____ *Check all that apply:* [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed(chronic)	☐☐ *Max Amount (code)* ☐☐ *Avg. Amount (code)* ☐☐☐ *No. of Days Present*	☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____ ☐☐☐ _____	Check box if information submitted is identical to last year ☐
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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 and official title of owner/operator OR owner/operator's authorized representative | Signature | Date signed

OPTIONAL

I have attached a site plan ☐