

<b>NEW YORK CITY</b> Right-to-Know <b>FACILITY INVENTORY FORM</b> TIER TWO	Facility Identification	Name _____ Street _____ City _____ State _____ Zip+4 _____ Telephone (____) _____ County _____ SIC Code [ ][ ][ ][ ] Federal Tax. ID Number [ ][ ][ ][ ][ ][ ][ ][ ][ ]	Owner/ Operator	Name _____ Phone (____) _____ Mail Address _____ E-mail Address _____
		For Official Use Only: ID# [ ][ ][ ][ ] Date Received: [ ][ ][ ][ ]	Emergency Contacts	Name _____ Title _____ Day Phone (____) _____ 24-hr phone (____) _____ Name _____ Title _____ Day Phone (____) _____ 24-hr phone (____) _____

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	OPTIONAL																				
CAS [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Trade Secret <input type="checkbox"/> Name(s) of Chemical(s) _____ _____ _____ <i>Check all that apply:</i> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed(chronic)	[ ][ ] <i>Max Amount (code)</i> [ ][ ] <i>Avg. Amount (code)</i> [ ][ ][ ] <i>No. of Days Present</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">Container</td><td style="width:5%;">Pressure</td><td style="width:5%;">Temperature</td><td style="width:15%;"></td></tr> <tr><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>_____</td></tr> <tr><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>_____</td></tr> <tr><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>_____</td></tr> <tr><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>_____</td></tr> </table>	Container	Pressure	Temperature		[ ][ ]	[ ][ ]	[ ][ ]	_____	[ ][ ]	[ ][ ]	[ ][ ]	_____	[ ][ ]	[ ][ ]	[ ][ ]	_____	[ ][ ]	[ ][ ]	[ ][ ]	_____	Check box if information submitted is identical to last year <input type="checkbox"/>
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<b>Certification (Read and sign after completing all sections)</b> 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.			OPTIONAL I have attached a site plan <input type="checkbox"/>
Name and official title of owner/operator OR owner/operator's authorized representative _____	Signature _____	Date signed _____	

