

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

--	--	--	--	--	--	--	--	--	--

Dun & Brad No

--	--	--	--	--	--	--	--	--	--

Hurricane Evacuation Zone Flood Zone #

TRIFID RMP Required RMP ID

Manned Number of Occupants

Latitude Longitude

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 (____) _____

Facility Emergency Coordinator
Name _____ Title _____
Phone (____) _____ 24-hr phone(____) _____

Chemical Description	Physical Hazards <i>Check all that apply</i>	Health Hazards <i>Check all that apply</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations and descriptions</i>
-----------------------------	--	--	------------------	--

CAS

--	--	--	--	--	--	--	--	--	--

 Trade Secret

Name(s) of Chemical(s) _____
EHS Name _____

Check all that apply:

Pure Mix Solid
 Liquid Gas EHS

Check box if information submitted is identical to last year

- Explosive
- Flammable (gases, aerosols, liquids, or solids)
- Oxidizer (liquid, solid or gas)
- Self-reactive
- Pyrophoric (liquid or solid)
- Pyrophoric Gas
- Self-heating
- Organic peroxide
- Corrosive to metal
- Gas under pressure (compressed gas)
- In contact with water emits flammable gas
- Combustible Dust
- Hazard Not Otherwise Classified

- Acute toxicity (any route of exposure)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity(single or repeated exposure)
- Aspiration hazard
- Simple Asphyxiant
- Hazard Not Otherwise Classified

--	--

Max Amount in Code.

--	--

Avg. Amount in Code.

--	--	--

No. of Days Present

Container	Pressure	Temperature	

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.

I certify that all hazardous materials are stored and used according to federal, state and local laws and regulations.

Name and official title of owner/operator OR authorized representative

Signature

Date signed

OPTIONAL

I have attached a site plan

<h2 style="text-align: center;">Chemical Description</h2>	<h3 style="text-align: center;">Physical Hazards</h3> <p style="text-align: center;"><i>Check all that apply</i></p>	<h3 style="text-align: center;">Health Hazards</h3> <p style="text-align: center;"><i>Check all that apply</i></p>	<h2 style="text-align: center;">Inventory</h2>	<h3 style="text-align: center;">Storage Codes and Locations</h3> <p style="text-align: center;">(Non-Confidential)</p> <p style="text-align: center;"><i>Storage Locations and descriptions</i></p>																
<p>CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Trade Secret <input type="checkbox"/></p> <p>Name(s) of Chemical(s) _____ _____ _____</p> <p><u>EHS Name</u> _____</p> <p style="text-align: center;"><i>Check all that apply:</i></p> <p><input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>Check box if information submitted is identical to last year <input type="checkbox"/></p>	<p><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</p>	<p><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 Classified</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <i>Max Amount in Code</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <i>Avg. Amount in Code</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>No. of Days Present</i></p>	<p>Container _____ Pressure _____ Temperature _____</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
<p>CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Trade Secret <input type="checkbox"/></p> <p>Name(s) of Chemical(s) _____ _____ _____</p> <p><u>EHS Name</u> _____</p> <p style="text-align: center;"><i>Check all that apply:</i></p> <p><input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>Check box if information submitted is identical to last year <input type="checkbox"/></p>	<p><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</p>	<p><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 Classified</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <i>Max Amount in Code</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <i>Avg. Amount in Code</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>No. of Days Present</i></p>	<p>Container _____ Pressure _____ Temperature _____</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																