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 of Chemical _____ 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 [ ]