State of Alaska Tier Two Form – page 1

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	m Approved OMB	
1.01	III Approved ONID	10.2000-0072

_ _	Facility Ident Name	tification	lion			Owner/Operator Name Name Phone ()				
Tier Two	Street				Mail Address					
EMERGENCY	City		Borough	State	Zip					
AND HAZARDOUS CHEMICAL	SIC Code	SIC Code Dun & Brad Number				Emergency Contact Name Title				
INVENTORY	F					Name Title Phone () 24 Hr. Phone ()				
Specific Information by Chemical	OFFI U:	FOR ID # OFFICIAL USE Date Received ONLY					Name Title Phone () 24 Hr. Phone ()			
Important: Read all instr	ructions before (completing	form Reporting Period	From January	/ 1 to December	31, 20	[] Cheo	ck if information b	below is identical to the information submitted last yea	ar.
Chemical I	Descripti	on	Physical and Health Hazards (check all that apply)		Inventory		Container Type	^o ressure femperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
l			<u> </u>	<u> </u>	GAL/LBS	CODE			0	+
CAS Chem. Name	Trade Secret		[] Fire [] Sudden Release of Pressure	Max. Daily Amount Avg. Daily Amount]	
Check all [] []	[] []	[] []	[] Reactivity	Amount Max. Amt.			┨┌───		٦	
that apply Pure Mix		Gas EHS	[] Immediate (acute)	Per Container				1	_	
EHS Name			[] Delayed (chronic)	No. of Days On-site (days)]	[]
	J		1		GAL/LBS	CODE		· · ·		1
<u></u>	Trade			Max. Daily		Γ]	
CAS Chem. Name	Secret		[] Fire [] Sudden Release	Amount			┨┌───		٦	
			of Pressure	Avg. Daily Amount					」	
Check all [] []	[] []	[] []	[] Reactivity	Max. Amt.			┨ ┌───		1	
that apply Pure Mix		Gas EHS	[] Immediate (acute)	Per Container				1	_	
EHS Name			[] Delayed (chronic)	No. of Days On-site (days)		<u> </u>]	[]
			 	┣━━━━	GAL/LBS	CODE				+
	Trade			Max. Daily]	
CAS	Secret		[] Fire	Amount				·		
Chem. Name			[] Sudden Release	Avg. Daily		Γ]	
		<u>, , , , , , , , , , , , , , , , , , , </u>	of Pressure	Amount				· · · · ·		
Check all [] [] that apply Burg Mix		[] [] Gas EHS	[] Reactivity	Max. Amt. Per Container						
that apply Pure Mix EHS Name	Solid Liquid G	Gas EHS	 Immediate (acute) Delayed (chronic) 	No. of Days			┨┌───	1	1	[]
				On-site (days)				II	J	
through	hat I have personally	lly examined a	s) and am familiar with the informa e information, I believe that the s		U U		, and that base	d []Ihav	al Attachments ve attached a site plan ve attached a list of site coordinate abbreviatior	ins
Name and official title of or authorized representative	owner/operator OR o	, , , , , , , , , , , , , , , , , , ,	·			Date signed		[] I hav	ve attached a description of dikes and other equards measures	

of	pages

Form Approved OMB No. 2050-0072

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name Street City Boroug SIC Code	h State Zip Dun & Brad Number	Name Mail Address	Mail Address			
Specific Information by Chemical	FOR ID OFFICIAL USE Da ONLY	#	Name Phone ()	Title24 Hr. Phone (
-	al Location Infor	Reporting Period From January 1 to Decerr		Storage Codes and Locations (Confidential) Storage Locations	last year. Obtional O		
CAS#		Chem. Name			[]		
CAS#		Chem. Name			[]		
CAS#		Chem. Name			[]		
I certify under penalty of law on my inquiry of those individ	duals responsible for obtaining the informatio	niliar with the information submitted in pages one through n, I believe that the submitted information is true, accura Gignature		Optional Attachments [] I have attached a site plan [] I have attached a list of site coordinate abbreviati [] I have attached a description of dikes and other safeguards measures	ions		