

Emergency and Hazardous Chemical Inventory

	4.1 Facility Name:		4.2 For filing date: 3/1/____	Page ____ of ____
	Address:		County:	
	City:	State: OH	Zip:	

4.2 Check if Revision 4.3 Site Map Attached 4.4 Check here if storage location and facility map are confidential

5.0 Chemical Description					Physical and Health Hazards	Inventory Amount (lbs. or range code)	Storage Locations	Type of Storage	Storage Conditions		
									Temperature	Pressure	
1	<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount	1. _____ 2. _____ 3. _____ 4. _____			
	<input type="checkbox"/> Mixture						Code				
	Chemical Name:						Pounds				
	CAS No.:						Avg. Daily Amount				
	If mixture, Name of EHS(s) Name:						Code				
CAS No.:					Pounds						
Non-EHS(s) Name (optional):					Days Onsite						

2	<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount	1. _____ 2. _____ 3. _____ 4. _____			
	<input type="checkbox"/> Mixture						Code				
	Chemical Name:						Pounds				
	CAS No.:						Avg. Daily Amount				
	If mixture, Name of EHS(s) Name:						Code				
CAS No.:					Pounds						
Non-EHS(s) Name (optional):					Days Onsite						

Table I — Reporting Ranges							Table II — Storage Types (Examples)				Table III — Pressure and Temperature Conditions	
Range Value	Weight Range in Pounds		Range Value	Weight Range in Pounds		Range Value	Weight Range in Pounds		<ul style="list-style-type: none"> • Above-ground tank • Below-ground tank • Tank inside building • Steel drum • Plastic or non-metallic drum • Can • Carboy • Silo • Fiber drum 	<ul style="list-style-type: none"> • Bag • Box • Cylinder • Glass bottles or jugs • Plastic bottles or jugs • Tote bin • Tank wagon • Rail car • Battery 	Pressure	
	From	To		From	To		From	To			<ul style="list-style-type: none"> • Ambient pressure • Greater than ambient pressure • Less than ambient pressure 	Temperature
01	0	99	06	10,000	24,999	10	100,000	499,999			<ul style="list-style-type: none"> • Ambient temperature • Greater than ambient temperature • Less than ambient temperature but not cryogenic • Cryogenic conditions 	
02	100	499	07	25,000	49,999	11	500,000	999,999				
03	500	999	08	50,000	74,999	12	1,000,000	9,999,999				
04	1,000	4,999	09	75,000	99,999	13	10,000,000	Greater than 10 million				
05	5,000	9,999										