



**State Emergency  
Response Commission**

## Tier 2 Emergency and Hazardous Chemical Inventory Oil and Gas Production and/or Storage Form

c/o Ohio EPA, Lazarus Government Center  
50 W. Town St., Ste. 700  
PO Box 1049  
Columbus, OH 43216-1049

Reporting Period: January 1 to December 31, 2016

- Check if form is identical to form submitted last year  
 Facility Name Change  
 Multi-well Reported; See Attached Spreadsheet

- EHS Reported  
 First Time Filer

County: \_\_\_\_\_ Previous Facility Name: \_\_\_\_\_

**Part I: Owner, Operator and Contact Information**

**Owner or Operator Information** **Parent Company Information (optional)**

Name			Name		Dun & Bradstreet # — —	
Address			Address			
City	State	Zip	City	State	Zip	
Email			Email			
Telephone Number (include area code) ( ) —			Telephone Number (include area code) ( ) —			

**Facility Emergency Coordinator (if applicable)** **Tier II Information Contact**

Name			Name			
Title			Title			
Email			Email			
Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —		Telephone Number (include area code) ( ) —			

**Emergency Contacts**

Name		Name			
Title		Title			
Email		Email			
Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —	Telephone Number (include area code) ( ) —	24-hour Number (include area code) ( ) —		

**Part II: Additional Facility Specific Information:**

An owner or operator filing a multiple facility report can complete the **Additional Facility Specific Information Section** if the information is the same for all facilities included in the multiple facility report. If the information is different for specific locations, this information should be included in the spreadsheet which will be attached to this generic report.

Maximum No. of Occupants: <input type="checkbox"/> N/A	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	NAICS Code 211111	Telephone Number (include area code) ( ) —
Dun & Bradstreet # — —	TRI Facility ID# <input type="checkbox"/> N/A	RMP ID# <input type="checkbox"/> N/A	

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part III: 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 of owner/operator OR owner/operator's authorized representative	Official title of owner/operator OR owner/operator's authorized representative
Signature	Date Signed / /



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## Oil and Gas Well Production and/or Storage Form

4.1 Parent Company Name:

4.2 For filing date: 3/1/ \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Address:

City:

State:

Zip:

Spreadsheet of facility information attached  Yes  No

4.2  Check if Revision

4.3  Site Map Attached (Optional)

4.4  Check here if storage location and facility map are confidential

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

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

Table I: Range Values with Weight Range in Pounds

Table II: Storage Types

Table III: Pressure and Temperature Conditions

Range Value	From	To		
01	0	99	<ul style="list-style-type: none"> <li>Above Ground Tank</li> <li>Below Ground Tank</li> <li>Tank inside building</li> <li>Steel drum plastic or non-metallic drum</li> <li>Can</li> <li>Carboy</li> <li>Silo</li> <li>Fiber Drum</li> </ul>	<ul style="list-style-type: none"> <li>Bag</li> <li>Box</li> <li>Cylinder</li> <li>Glass bottles or jugs</li> <li>Plastic bottles or jugs</li> <li>Tote bin</li> <li>Tank wagon</li> <li>Rail car</li> <li>Battery</li> </ul>
02	100	499		
03	500	999		
04	1,000	4,999		
05	5,000	9,999		
06	10,000	24,999		
07	25,000	49,999		
08	50,000	74,999		
09	75,000	99,999		
10	100,000	499,999		
11	500,000	999,999		
12	1,000,000	9,999,999		
13	10,000,000	Greater than 10 million		

**PRESSURE**

- Ambient pressure;
- Greater than ambient pressure
- Less than ambient pressure

**TEMPERATURE**

- Ambient temperature
- Greater than ambient temperature
- Less than ambient temperature but not cryogenic
- Cryogenic conditions