



**Ohio State Emergency Response Commission**  
 c/o Ohio EPA, Lazarus Government Center  
 50 West Town St., Suite 700  
 P.O. Box 1049  
 Columbus, Ohio 43216-1049

**Please check, as applicable**

- |   |   |
|---|---|
| <input type="checkbox"/> EHS Reported                 | <input type="checkbox"/> HC Reported      |
| <input type="checkbox"/> No change (from last year's) | <input type="checkbox"/> Negative         |
| <input type="checkbox"/> Exempt                       | <input type="checkbox"/> First time filer |
| <input type="checkbox"/> Ownership change             |   |

Check if form is identical to form submitted last year

# Facility Identification Form

(Important: Type or print: Read Instructions before completing form.)

County: \_\_\_\_\_ For filing Date: \_\_\_/\_\_\_/\_\_\_/

**Where to send completed forms:**

**SERC**  
 c/o Ohio EPA  
 Lazarus Government Center  
 50 West Town St, Suite 700  
 P.O. Box 1049  
 Columbus, Ohio 43216-1049

County Local Emergency Planning Committee Information Coordinators

Local Fire Department within the jurisdiction of the facility

NOTE: If marked "ownership change" in box located in upper right-hand corner, please provide:

a) Name of previous parent company/owner (if known)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

b) Name of previous facility name (if known)

Name \_\_\_\_\_

**1. Parent Company or Public Entity Identification**

1.1	Name of Parent Company (30 char max)	11
1.2	Address (30 char max)	12
	Address (30 char max)	
	City (25 char max) State	
	Zip Code	
	1.3-Parent Company: Dun & Bradstreet #	13

**2. Facility Identification**

2.1	Operating Division Name (30 char max)	14
2.2	Facility Name (30 char max)	15
	Street Location (30 char max)	16
	Mailing Address (if different from Street Location) (30 char max)	17
	City (25 char max) State	O   H
	Zip Code	2.3-Facility: Dun & Bradstreet #
2.4	Emergency Contact (30 char max)	18
	Emergency Contact E-mail Address	19
2.5	Alternate Contact (30 char max)	20
2.6	Fire Department Name (25 char max)	21
2.7	Latitude Longitude	a. # of Employees
2.8	RCRA Identification #	a. NPDES Permit #
2.9	State Wastewater Facility #	a. Pretreatment #
2.10	Air Permit Facility #	a. <input type="checkbox"/> Check if list of Facility Permit numbers is attached.

b. 24 Hr. Telephone Number (Include Area Code)	18
Telephone Number (Include area code)	19
Emergency Contact Fax Number	20
Telephone Number (Include area code)	21
Fire Department Telephone Number	21

(This Space for EPA use only)

**3. Certification (Read and sign after completing all sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on data available to the owners/operator of this facility.

3.1 Name and official title of owner/operator or senior management official at facility	Office Telephone Number	23
3.2 Signature	Date Signed	