



**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, 2020

- 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)? Yes No

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? Yes 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 / /



**State Emergency
Response Commission**

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	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
<input type="checkbox"/> Pure <input type="checkbox"/> Mixture EHS <input type="checkbox"/> Yes <input type="checkbox"/> No Trade Secret <input type="checkbox"/> Yes <input type="checkbox"/> No	1.						
Chemical Name:	2.						
CAS No.							
If mixture, Name of EHS(s) Name:	3.						
CAS No.							
Non-EHS(s) Name (optional):	4.						

Physical Hazards	Health Hazards
<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids or solids) <input type="checkbox"/> Oxidizer (liquid, solid or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise specified

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					Pressure	
	From	To		From	To		From	To				• Ambient pressure	• Greater than ambient pressure
01	0	99	06	10,000	24,999	10	100,000	499,999	• Above-ground tank	• Bag		• Ambient pressure	
02	100	499	07	25,000	49,999	11	500,000	999,999	• Below-ground tank	• Box		• Greater than ambient pressure	
03	500	999	08	50,000	74,999	12	1,000,000	9,999,999	• Tank inside building	• Cylinder		• Less than ambient pressure	
04	1,000	4,999	09	75,000	99,999	13	10,000,000	Greater than 10 million	• Steel drum	• Glass bottles or jugs			
05	5,000		9,999						• Plastic or non-metallic drum	• Plastic bottles or jugs		Temperature	
									• Can	• Tote bin		• Ambient temperature	
									• Carboy	• Tank wagon		• Greater than ambient temperature	
									• Silo	• Rail car		• Less than ambient temperature but not cryogenic	
									• Fiber drum	• Battery		• Cryogenic conditions	

Oil and Gas Well Production and/or Storage Form

4.1 Parent Company Name:				4.2 For filing date: <u>3/1/</u>			Page ____ of ____																
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<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input type="checkbox"/> No	1.																				
Chemical Name:			2.																				
CAS No.																							
If mixture, Name of EHS(s) Name:		Maximum Amount of each EHS in the Mixture Range Code:	3.																				
CAS No.			4.																				
Non-EHS(s) Name (optional):																							
Physical Hazards				Health Hazards																			
<input type="checkbox"/> Explosive	<input type="checkbox"/> Flammable (gases, aerosols, liquids or solids)	<input type="checkbox"/> Oxidizer (liquid, solid or gas)	<input type="checkbox"/> Self-reactive	<input type="checkbox"/> Pyrophoric (liquid or solid)	<input type="checkbox"/> Pyrophoric Gas	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Gas under pressure (compressed gas)	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Combustible dust	<input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure)	<input type="checkbox"/> Skin corrosion or irritation	<input type="checkbox"/> Serious eye damage or eye irritation	<input type="checkbox"/> Respiratory or skin sensitization	<input type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Carcinogenicity	<input type="checkbox"/> Reproductive toxicity	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)	<input type="checkbox"/> Aspiration hazard	<input type="checkbox"/> Simple asphyxiant	<input type="checkbox"/> Hazard not otherwise specified
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