Revised 01/2019. *Important: Read all instructions before completing form* Reporting period: From January 1 to December 31, **20** Page of pages

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO

Facility Identification

Name _____
Street _____
City _____ State _____ Zip+4 _____
Telephone (_____) _____ County _____
NAICS Code ☐☐☐☐☐☐ *Federal Tax ID Number* ☐☐☐☐☐☐☐☐☐
Dun & Brad No ☐☐☐☐☐☐☐☐☐
Hurricane ☐ Evacuation Zone ☐ Flood Zone # ☐
TRIFID ☐ RMP Required ☐ RMP ID ☐
Manned ☐ Number of Occupants ☐
Latitude ☐ Longitude ☐

For Official Use Only: ID# ☐ Date Received:

Owner/ Operator

Name _____ Phone (_____) _____
Mail Address _____
E-mail Address _____

Emergency Contacts

Name _____ Title _____
Day Phone ( ) _____ 24-hr phone ( ) _____
Name _____ Title _____
Day Phone (_____) _____ 24-hr phone (_____) _____

Facility Emergency Coordinator

Name _____ Title _____
Phone (____) _____ 24-hr phone (_____) _____

Chemical Description

CAS ☐☐☐☐☐☐☐ ☐☐☐ ☐ Trade Secret ☐

Name(s) of Chemical(s) _____
_____
_____

EHS Name _____

Check all that apply:
☐ Pure ☐ Mix ☐ Solid
☐ Liquid ☐ Gas ☐ EHS

Check box if information submitted is identical to last year ☐

Physical Hazards

Check all that apply

- ☐ Explosive
- ☐ Flammable (Gases, aerosols, Liquids, or solids)
- ☐ Oxidizer (liquid, solid Or gas)
- ☐ Self-reactive
- ☐ Pyrophoric (liquid or Solid)
- ☐ Pyrophoric Gas
- ☐ Self-heating
- ☐ Organic peroxide
- ☐ Corrosive to metal
- ☐ Gas under pressure (Compressed gas)
- ☐ In contact with water emits flammable gas
- ☐ Combustible Dust
- ☐ Hazard Not Otherwise Classified

Health Hazards

Check all that apply

- ☐ Acute toxicity (any route of exposure)
- ☐ Skin corrosion or Irritation
- ☐ Serious eye damage or eye irritation
- ☐ Respiratory or skin sensitization
- ☐ Germ cell mutagenicity
- ☐ Carcinogenicity
- ☐ Reproductive Toxicity
- ☐ Specific target organ toxicity (single or repeated exposure)
- ☐ Aspiration hazard
- ☐ Simple Asphyxiant
- ☐ Hazard Not Otherwise Classified

Inventory

☐☐ *Max Amount in Code.*
☐☐ *Avg. Amount in Code.*
☐☐☐ *No. of Days Present*

Storage Codes and Locations (Non-Confidential)

Storage Locations and descriptions

Container	Pressure	Temperature	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

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.
I certify that all hazardous materials are stored and used according to federal, state and local laws and regulations.

_____ _____ _____
Name and official title of owner/operator OR authorized representative Signature Date signed

OPTIONAL
I have attached a site plan ☐

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Name _____ Title _____
Day Phone (_____) _____ 24-hr phone (_____) _____

Facility Emergency Coordinator

Name _____ Title _____
Phone (____) _____ 24-hr phone (_____) _____

Confidential Location Information Sheet

CAS ☐☐☐☐☐☐☐ ☐☐☐ ☐ Trade Secret ☐

Name(s) of Chemical(s) _____
_____
_____

EHS Name _____

Check all that apply:
☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Container	Pressure	Temperature	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

Check box if information submitted is identical to last year ☐

CAS ☐☐☐☐☐☐☐ ☐☐☐ ☐ Trade Secret ☐

Name(s) of Chemical(s) _____
_____
_____

EHS Name _____

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☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Container	Pressure	Temperature	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
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OPTIONAL
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