



Kansas EPCRA Tier II Emergency & Hazardous Chemical Inventory

Mail to: Right-to-Know Program
 1000 SW Jackson Suite 330
 Topeka KS 66612-1365
 (785) 296-1688

1. Reporting Period	Page <u>1</u> of <u> </u>
From January 1 to December 31, _____	

Important: Read all instructions before completing form

2. Facility Identification	2a. New Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name _____
 Street Address _____
 Latitude _____ Longitude _____
 City _____ County _____ State **KS** Zip _____
 Phone _____
 NAICS _____
 RMP Fac ID _____ N/A
 TRI Fac ID _____ N/A
 Max # of occupants _____ Manned Unmanned

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?
 Yes No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?
 Yes No

3a. Owner/Operator Identification
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Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Business Phone _____ Country _____
 Submitter _____
 Email _____
 Dun & Bradstreet _____

3b. Mailing Address if different from Owner/Operator Address

Business Name _____
 Address _____
 City _____ State _____ Zip _____
 ATTN _____
 Phone _____

4a. Tier II Contact	5. Section Reporting: Please check as appropriate
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Name _____ Title _____
 Phone _____ 24-hour phone _____
 Email _____

4b. Emergency Contact

Name _____ Title _____
 Phone _____ 24-hour Phone _____
 Email _____

Name _____ Title _____
 Phone _____ 24-hour Phone _____
 Email _____

Section 312 Section 311 Section 302
 Annual Revision Identical to last year

For Official Use Only		
Facility ID #	Parent ID #	Entered by

6. Optional Attachments

Site Plan Description of Dikes
 Site Coordinate Abbreviations Other Safeguard Measures

7. 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 1 through ____ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

 Name and official title of owner/operator or authorized representative Date Signature

MIXTURE COMPONENT INFORMATION FORM

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>