



**State Emergency
Response
Commission**

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

Facility Identification Form

Reporting Period: January 1 to December 31, 2024

Facility Name Change

Previous Facility Name: _____

- Negative
- EHS Reported
- First-Time Filer
- Form Identical to Last Year

County: _____

Facility Identification

Name		Maximum No. of Occupants: <input type="checkbox"/> N/A		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Address		City		State OH	Zip Code —
Latitude —	Longitude —		NAICS Code		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

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 2 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) () —

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 / /