

 <p>State Emergency Response Commission</p>	4.1 Facility Name:			4.2 For filing date: 3/1/____		Page ____ of ____													
	Address:			County:															
	City:			State: OH		Zip:													
4.2 <input type="checkbox"/> Check if Information is Identical to Previous Year			4.3 <input type="checkbox"/> Site Map Attached		4.4 <input type="checkbox"/> Check here if storage location and facility map are confidential														
5.0 Chemical Description				Inventory Amount (lbs. or range code)	Storage Locations		Type of Storage	Storage Conditions											
1	<input type="checkbox"/> Pure	EHS	Trade Secret	<input type="checkbox"/> Solid	Maximum Amount Code Pounds	1.													
	<input type="checkbox"/> Mixture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Liquid <input type="checkbox"/> Gas															
	Chemical Name:																		
	CAS No.																		
	If mixture, Name of EHS(s) Name:		Maximum Amount of each EHS in the Mixture Range Code:																
CAS No.				Code Pounds	3.														
Non-EHS(s) Name (optional):				Days Onsite	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					
	From	To		From	To		From	To				
01	0	99	06	10,000	24,999	10	100,000	499,999	<ul style="list-style-type: none"> • Above-ground tank • Below-ground tank • Tank inside building • Steel drum • Plastic or non-metallic drum • Can • Carboy • Silo • Fiber drum 	<ul style="list-style-type: none"> • Bag • Box • Cylinder • Glass bottles or jugs • Plastic bottles or jugs • Tote bin • Tank wagon • Rail car • Battery 	Pressure <ul style="list-style-type: none"> • Ambient pressure • Greater than ambient pressure • Less than ambient pressure Temperature <ul style="list-style-type: none"> • Ambient temperature • Greater than ambient temperature • Less than ambient temperature but not cryogenic • Cryogenic conditions 	
02	100	499	07	25,000	49,999	11	500,000	999,999				
03	500	999	08	50,000	74,999	12	1,000,000	9,999,999				
04	1,000	4,999	09	75,000	99,999	13	10,000,000	Greater than 10 million				
05	5,000	9,999										

Emergency and Hazardous Chemical Inventory

4.1 Facility Name:				4.2 For filing date: 3/1/____				Page ____ of ____															
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<input type="checkbox"/> Mixture				Code																			
Chemical Name:				Pounds	2.																		
CAS No.				Avg. Daily Amount	3.																		
If mixture, Name of EHS(s) Name:		Maximum Amount of each EHS in the Mixture Range Code:		Code																			
CAS No.				Pounds	4.																		
Non-EHS(s) Name (optional):				Days Onsite																			
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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