



**State Emergency
Response Commission**

4.1 Facility Name:		4.2 For filing date: 3/1/____	Page ____ of ____
Address:		County:	
City:	State: OH	Zip:	

4.2 Check if Revision 4.3 Site Map Attached 4.4 Check here if storage location and facility map are confidential

5.0 Chemical Description					Physical and Health Hazards	Inventory Amount (lbs. or range code)	Storage Locations	Type of Storage	Storage Conditions	
									Temperature	Pressure
1	<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Code	1.		
	<input type="checkbox"/> Mixture					Pounds	2.			
	Chemical Name:					Maximum Amount of each EHS in the Mixture Range Code:	Avg. Daily Amount Code	3.		
	CAS No.						Pounds	4.		
	If mixture, Name of EHS(s) Name:						Days Onsite			
CAS No.										
Non-EHS(s) Name (optional):										

2	<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes <input type="checkbox"/> No	Trade Secret <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Maximum Amount Code	1.		
	<input type="checkbox"/> Mixture					Pounds	2.			
	Chemical Name:					Maximum Amount of each EHS in the Mixture Range Code:	Avg. Daily Amount Code	3.		
	CAS No.						Pounds	4.		
	If mixture, Name of EHS(s) Name:						Days Onsite			
CAS No.										
Non-EHS(s) Name (optional):										

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 • Ambient pressure • Greater than ambient pressure • Less than ambient pressure Temperature • Ambient temperature • Greater than ambient temperature • Less than ambient temperature but not cryogenic • Cryogenic conditions	
	From	To		From	To		From	To				
01	0	99	06	10,000	24,999	10	100,000	499,999	• Above-ground tank	• Bag		
02	100	499	07	25,000	49,999	11	500,000	999,999	• Below-ground tank	• Box		
03	500	999	08	50,000	74,999	12	1,000,000	9,999,999	• Tank inside building	• Cylinder		
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		
									• Can	• Tote bin		
									• Carboy	• Tank wagon		
									• Silo	• Rail car		
									• Fiber drum	• Battery		