



Ohio State Emergency Response Commission

c/o Ohio EPA, Lazarus Government Center
50 West Town Street, Suite 700, P.O. Box 1049
Columbus, Ohio 43216-1049

Emergency and Hazardous Chemical Inventory Form

4.1 Facility Name, City, County, Exact Street Location (no box #'s), Zip Code

4.2 For Filing Date: 03/ 01/ ____

4.4 [] Check if Revision

4.5 [] I Have Attached a Facility Map

4.3 [] Check here if storage location and facility map are Confidential and shall not be disclosed to any person who is not an officer of employee of the state or political subdivision, print "CONFIDENTIAL FORM" here: _____

Table with 4 main columns: Chemical Description, Hazard Class, Location of Chemicals, Amount. Sub-columns include CAS Registry No., Specific Chemical Name, Pure/Mixture/Components, Solid/Liquid/Gas, Trade Secret, Acute/Chronic/Fire/Reactive/Release of Pressure, B.T. or A Building/Tank or Area No., Division or Room Letter, Floor, Storage Type Code, Pressure & Temperature Conditions, Location-Confidential, Maximum/Average, Units, No. of Days on Site.

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 INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED



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