

# TEXAS TIER TWO COVER SHEET

Please review the Texas Tier Two Reporting Forms & Instructions (Instruction Book) for Calendar Year 2001 before completing these forms

File this report between **January 1 and March 1, 2002**.  
Complete these forms using a typewriter or computer. Handwritten copies cannot be accepted.  
Electronic copies of these forms are available at [www.tdh.state.tx.us/beh/hazcom/default.htm](http://www.tdh.state.tx.us/beh/hazcom/default.htm)  
Call (800) 452-2791 (toll free in Texas) or (512) 834-6603 for assistance in filling out these forms.

Mail the Tier Two Forms and filing fee to STATE EMERGENCY RESPONSE COMMISSION in care of:  
**TEXAS DEPARTMENT OF HEALTH, 7C790-180 / PO BOX 149200 / AUSTIN, TX 78714-9200**

This cover sheet must be used to submit hazardous chemical inventories under TCRAs and EPCRA Sections 311 and 312

1. Reporting period from January 1 to December 31, 2001 ..... Page \_\_\_\_\_ of \_\_\_\_\_
2. Check if information below is identical to information submitted last year ..... YES
3. Check if these forms are for an **INITIAL**  **ANNUAL**  **UPDATED**  Tier Two Report  
  - A filing fee is required to be submitted with all INITIAL and/or ANNUAL Tier Two Reports

Check if Confidential Location Form(s) are included in this report (Instruction Book p. 5) ..... YES

Check if Paperwork Reduction Form(s) are included in this report (Instruction Book pp. 30-32) ..... YES
4. Total number of Chemical Description Blocks completed in attached report? ..... \_\_\_\_\_  
 What is the total number of EHS Chemicals included in the attached report? ..... \_\_\_\_\_
5. Check Number: \_\_\_\_\_ Check Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check Amount: \_\_\_\_\_  
 Consolidating more than one facility report under a single filing fee? (Instruction Book, p. 13) ..... YES

### **FACILITY IDENTIFICATION IN TEXAS** (Physical site of chemicals)

6. Name of Texas Facility\* \_\_\_\_\_  
 \*\* If Paperwork Reduction Form is attached, mark "See attached PRF" in Line 6, and skip to Line 9.
7. Street/911 Address \_\_\_\_\_  
 OR Latitude \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ Sec N Longitude \_\_\_\_\_ deg \_\_\_\_\_ min \_\_\_\_\_ Sec W
8. City \_\_\_\_\_ TX Zip Code \_\_\_\_\_ - \_\_\_\_\_
9. County (Only one county per report) \_\_\_\_\_ D & B (optional) \_\_\_\_\_
10. SIC Code (4 digit number) \_\_\_\_\_ NAICS Code \_\_\_\_\_

### **OPERATOR IDENTIFICATION** (Name of Corporation, Company, Agency, or Individual Operator.)

11. Name \_\_\_\_\_ Telephone (\_\_\_\_ | \_\_\_\_ - \_\_\_\_\_)
12. Mailing Address \_\_\_\_\_
13. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

### **EMERGENCY CONTACT**

14. Name \_\_\_\_\_ Title \_\_\_\_\_
15. Telephone (\_\_\_\_) \_\_\_\_\_ 24 Hour Telephone (\_\_\_\_) \_\_\_\_\_
16. Name \_\_\_\_\_ Title \_\_\_\_\_
17. Telephone (\_\_\_\_) \_\_\_\_\_ 24 Hour Telephone (\_\_\_\_) \_\_\_\_\_
18. Optional Attachments- I have attached a site plan ..... YES
19. I have attached a list of site coordinate abbreviations ..... YES
20. I have attached a description of dikes and other safeguard measures ..... YES

### **Certification Statement** (Read and sign after completing all sections of the Tier Two Report):

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and a] I attached documents, 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.

21. Authorized Representative - (Please Type)  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_
22. Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

An original signature is required on Tier Two forms submitted to the State - photocopies cannot be accepted.