

7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.



MINNESOTA EMERGENCY RESPONSE COMMISSION
 CO DEPT OF PUBLIC SAFETY
 STATE CAPITOL BUILDING
 ROOM B-5
 ST. PAUL, MN 55155
 (612) 296-0481

Tier One EMERGENCY AND HAZARDOUS
 CHEMICAL INVENTORY
Aggregate Information by Hazard Type

FOR OFFICIAL USE ONLY
 Status _____
 Date Received _____

▶ Important: Read instructions before completing form. Mail completed form to the above address and local fire department.

<p>Facility Identification</p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>County _____ ERC ID# _____</p> <p>SIC Code [][][][] Dun & Brad Number [][][][][][][][]</p> <p>Owner/Operator</p> <p>Name _____</p> <p>Mail Address _____</p> <p>Phone () _____</p>	<p>Emergency Contacts</p> <p>Name _____</p> <p>Title _____</p> <p>Phone () _____</p> <p>24 Hour Phone () _____</p> <p>Name _____</p> <p>Title _____</p> <p>Phone () _____</p> <p>24 Hour Phone () _____</p>
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Reporting Period From January 1 to December 31, 19_____ Check if site plan is attached

Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
Fire [][][] [][][] [][][][]				_____	
Sudden Release of Pressure [][][] [][][] [][][][]				_____	
Reactivity [][][] [][][] [][][][]				_____	

Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
Immediate (acute) [][][] [][][] [][][][]				_____	
Delayed (Chronic) [][][] [][][] [][][][]				_____	

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 this and all 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.

Name and official title of owner/operator OR owner/operator's authorized representative _____

Signature _____ Date signed _____

* Reporting Ranges	Range Value	Weight Range in Pounds From... To...
00	0	99
01	100	999
02	1000	9,999
03	10,000	99,999
04	100,000	999,999
05	1,000,000	9,999,999
06	10,000,000	49,999,999
07	50,000,000	99,999,999
08	100,000,000	499,999,999
09	500,000,000	999,999,999
10	1 billion	higher than 1 billion

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