



**State Emergency
Response Commission**

Facility Identification Form

c/o Ohio EPA, Lazarus Government Center
50 W. Town St., Ste. 700
PO Box 1049
Columbus, OH 43216-1049

Reporting Period: January 1 to December 31, 2016

- Check if form is identical to form submitted last year
 Facility Name Change

- Negative
 EHS Reported
 First Time Filer

Previous Facility Name: _____

County: _____

Facility Identification

Name		Maximum No. of Occupants: <input type="checkbox"/> N/A		<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	
Address			City		State OH
					Zip Code —
Latitude		Longitude		NAICS Code	
—		—			
Dun & Bradstreet # — —			TRI Facility ID# <input type="checkbox"/> N/A		RMP ID# <input type="checkbox"/> N/A
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner or Operator Information			Parent Company Information (optional)		
Name			Name		Dun & Bradstreet # — —
Address			Address		
City		State	Zip	City	
Email			Email		
Telephone Number (include area code) () —			Telephone Number (include area code) () —		

Facility Emergency Coordinator (if applicable)		Tier 2 Information Contact	
Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) () —	24-hour Number (include area code) () —	Telephone Number (include area code) () —	24-hour Number (include area code) () —

Emergency Contacts

Name		Name	
Title		Title	
Email		Email	
Telephone Number (include area code) () —	24-hour Number (include area code) () —	Telephone Number (include area code) () —	24-hour Number (include area code) () —

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 submitted information is true, accurate and complete.

Name of owner/operator OR owner/operator's authorized representative	Official title of owner/operator OR owner/operator's authorized representative
Signature	Date Signed / /