



Health Hazards	Immediate (acute)	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
					_____
					_____
					_____
					_____
					_____
	Delayed (Chronic)	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
					_____
					_____
					_____
					_____
					_____

**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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Form Approved OMB No. 2050-0072

15 7513.0300 ALTERNATIVE.

16 A facility may submit a Tier Two form, "Emergency and

17 Hazardous Chemical Inventory," under the Superfund Amendments

18 and Reauthorization Act of 1986, Public Law Number 99-499, title

19 III, section 312, instead of the Tier One Form.