

**Emergency Planning and Community Right-To-Know Act  
Section 302 - Substances and Facility Covered and Notification**

**TO:** State Emergency Response Commission (SERC)

**TO:** Local Emergency Planning Committee (LEPC)

- First** Notice
- Update** Notice

This notice will serve as notification that the facility named herein has present Extremely Hazardous Substance(s) (EHS), as listed below in an amount equal to or greater than the Threshold Planning Quantity (TPQ). This facility is subject to the Emergency Planning and Community Right-To-Know Act Section 302(c) - Emergency Planning Notification requirement. Such notification shall be accomplished **within 60 days** of any TPQ, data or personnel change(s).

Facility Identification:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
SIC Code(s) \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_  
Attn: \_\_\_\_\_

Must Have Your Mailing Address if different from the Facility Address.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
Attn: \_\_\_\_\_

Emergency Planning and Community Right-To-Know Act (EPCRA) Section 303(d) - Providing of Information requires that a facility subject to Section 302(c) - Emergency Planning Notification also notifying the SERC and the LEPC of the facility representative who will participate in the emergency planning process as a **Facility Emergency Coordinator**.

Facility Emergency Coordinator: \_\_\_\_\_  
Title: \_\_\_\_\_ Organization/Department: \_\_\_\_\_  
Phone#: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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<u>Chemical Name:</u>	<u>CAS Number:</u>
_____	_____
_____	_____
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_____	_____
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_____	_____
_____	_____
_____	_____
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_____	_____

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Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this letter, and based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print Name and Official Title of owner/operator's authorized representative:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_