

## APPENDIX G: KANSAS TIER II REPORTING PROCESS

### TIER II REPORTING INFORMATION

The Section 312 Tier II form and appropriate fees are due March 1st every year. Following are the two different options available to file the annual Tier II report in the State of Kansas.

**OPTION 1: WEB REPORTING** Facilities may report using KDHE's web-based Tier II reporting application at <http://kansas.tier2online.com>. You can use any computer that has access to the internet once you have a user ID and password. User IDs and passwords will only be issued to facilities (not consultants) and will be limited to just one representative of the facility.

To obtain a User ID and Password, mail your requests on company letterhead to the Kansas Department of Health and Environment, Right-to-Know Program, 1000 SW Jackson, Suite 330, Topeka KS 66612-1365. Email requests can be sent from the company's home domain to [moestrei@kdheks.gov](mailto:moestrei@kdheks.gov). User IDs and passwords cannot be issued over the phone. Include the following:

Company Name

Company Mailing Address\*

Contact Person Name (to whom we are issuing the info)

Telephone Number

Email Address (if available)

\*Please provide the facility(ies) address if different than the mailing address.

THE SAME USER ID AND PASSWORD ISSUED WILL WORK FOR EACH YEAR. Passwords can be changed at the facility's request. (i.e. a change in personnel)

The website will also allow the generation of fee calculation worksheets (for each facility) and a certification letter, which must be mailed to our office with accompanying fees to complete your reporting. Make checks or money order payable to the Kansas Dept. of Health & Environment. Contact Donna Reno at 785/296-5659 to pay by credit card (Discover only).

Your local emergency planning committees and fire departments will need to receive a hard copy to fulfill your reporting obligations. The web application will generate hard copies of the Kansas Tier II reports for submission to local agencies.

[NOTE ADDED FROM MID-AMERICA LEPC: Johnson and Wyandotte Counties accept emailed copies of the report. Submit to Johnson County at [TierII@jocogov.org](mailto:TierII@jocogov.org) and Wyandotte County at [tier2@wycokck.org](mailto:tier2@wycokck.org). For Leavenworth County, please mail report to the Leavenworth County Courthouse, Attn. Emergency Management, 300 Walnut, Leavenworth, KS 66048.

The list of LEPCs is available on the internet at: [Local Emergency Planning Committee Resource and Links](#). The fire department addresses can be obtained by contacting the LEPC Chair listed in the county the facility is located.

**OPTION 2: HARD COPY REPORT** Facilities may report using KDHE's hard copy form. Those choosing to utilize this method can download blank copies of the Kansas Tier II form, the fee worksheet, and instructions from this web page (see below).

### ITEMS TO NOTE

KDHE does not accept EPA's Tier II Submit disk or hard copy (KDHE's and EPA's are not the same form).

Facilities must use our state specific form, or a reasonable facsimile of the state form. If unsure if your form will be acceptable, then please obtain prior approval by faxing an example to 785/296-0984 to the attention of Marla Oestreich.

Facilities must report their chemical inventory in actual pounds, not range codes.

Contact Marla Oestreich at 785/296-1688 or [moestrei@kdheks.gov](mailto:moestrei@kdheks.gov) if you have any questions.

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**GENERAL INFORMATION**

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Submission of a Tier II form is required by the Kansas Commission on Emergency Planning & Response under the Federal Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) and Kansas EPCRA. The Tier II form provides state and local officials and the public with information on extremely hazardous and hazardous chemical substances present at your facility.

**WHO MUST SUBMIT THIS FORM?**

The owner or operator of a facility where extremely hazardous or hazardous chemical substances are used, produced or stored must submit Tier II information either by hard copy or via the web if the quantity of hazardous chemicals on hand exceeds specific thresholds (see below). If you wish to use the web and have not previously requested a user ID and password, contact the Hazardous Chemical Information Unit as directed on page four (4) of these instructions.

**WHAT CHEMICALS MUST BE REPORTED?**

Hazardous chemical substances that must be reported include any substances for which your facility must prepare or have available material safety data sheets under OSHA's Hazard Communication Standard 1910.1200. If your facility has more than 10,000 lbs of a hazardous chemical on hand at any one time during the calendar year, the chemical must be reported on the Tier II.

In addition, extremely hazardous substances as specified in 40 CFR Part 355 must be reported on the Tier II form if a facility has more than 500 pounds or the threshold planning quantity, on hand, at any one time during the calendar year, whichever is lower. To obtain a list of extremely hazardous substances and their respective thresholds, contact the Kansas Department of Health & Environment at (785) 296-1688 or find the "Title III List of Lists" at <http://www.epa.gov/superfund/contacts/infocenter/epcra.htm>.

**WHAT CHEMICALS ARE EXCLUDED?**

Section 311(e) of EPCRA excludes the following substances from reporting requirements. These exclusions do not apply to the reporting of extremely hazardous substances under Section 302 of EPCRA.

- (1) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration.
- (2) Any substance present as a solid in a manufactured item to the extent exposure to the substance does not occur under normal conditions of use.
- (3) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public.
- (4) Any substance to the extent it is used in a research laboratory or a hospital or other medical facility under the direct supervision of a

technically qualified individual.

(5) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

This information does not have to be submitted if all the chemicals located at your facility are exempt from reporting. OSHA regulations, Section 1910.1200(b), stipulate exemptions from the requirement to prepare or have available MSDS.

**WHEN TO SUBMIT THIS FORM.**

Owners or operators of facilities that have chemical substances on hand in quantities that are subject to reporting under Section 312 of EPCRA must submit Kansas Tier II forms by March 1 of each year. If new chemical substances that require reporting are brought on site an update is required within 2 months for Section 302 extremely hazardous substance reporting and within 3 months for Section 311 inventory reporting. The Kansas Tier II can be used to update, by marking the appropriate box in item 6 of the Kansas Tier II form (Section 302, Section 311 and update, or Section 312 and update).

**WHERE TO SEND YOUR COMPLETED TIER II.**

Send a completed Tier II form to each of the following organizations:

- (1) Kansas Department of Health & Environment  
Right-to-Know Section  
1000 SW Jackson, Suite 330  
Topeka KS 66612-1366
- (2) Local Emergency Planning Committee. To obtain the address either call KDHE at (785) 296-1688 or find at [http://www.kansas.gov/kdem/contact\\_us/index.shtml](http://www.kansas.gov/kdem/contact_us/index.shtml).
- (3) The fire protection service which covers your facility.

**PENALTIES**

Any owner or operator who violates Tier II reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 per day for each such violation.

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**How to Fill Out the Tier II Form**

**1. REPORTING PERIOD & PAGES**

Enter the year for which the report applies. If there is more than one page, enter the page number and the total number of pages. The Tier II form may be copied as needed.

**2. FACILITY IDENTIFICATION**

Enter the full name of your facility and company identification where appropriate. Enter the full street address or state route. If a street address is not available, enter other information that describes the physical location of the facility (such as longitude and latitude, section, township and range). Include city, county, state and zip code. Enter the nearest cross street intersection (list the street). If submitting an aggregate report, write "see attached aggregate report" here.

**2a. NEW FACILITY**

Indicate whether or not the facility is new and filing for the first time by your company.

**3. OWNER/OPERATOR**

Enter the owner's or operator's full business name, mailing address and phone number. If the forms are submitted by someone other than the owner/operator list the submitter on the line provided.

**4. EMERGENCY CONTACTS**

Enter the name, title and work phone number of two local persons who can be called if emergency responders need assistance in responding to an incident at the facility. Provide an emergency phone number where such emergency information will be available 24 hours a day. This requirement is mandatory. The facility must make an arrangement to ensure that 24-hour contacts are available. Also, the first person listed under "Emergency Contacts," is the facility coordinator as described in 40 CFR Part 355.

**5. SECTION REPORTING**

Indicate what section the Kansas Tier II is being submitted to satisfy (Section 302, 311, or 312). You can check more than one, if applicable.

Indicate whether this is the initial submission for the calendar year, or an update that is being sent because your facility is using, producing or storing additional hazardous chemicals that were not reported earlier.

Also check the box if you are submitting the same information this year as last year.

**6a. CHEMICAL DESCRIPTION**

The main sections of the Tier II form require specific information on amounts and locations of hazardous chemicals as defined in the OSHA Hazard Communication Standard.

Enter the chemical name or common name of each hazardous chemical substance, along with the Chemical Abstract Service (CAS) registry number, if available. For mixtures, enter the CAS number of the

HAZARD CATEGORY COMPARISON FOR REPORTING UNDER SECTIONS 311-312	
EPA Hazard Categories	OSHA Hazard Categories
Fire Hazard	Flammable Combustion Liquid Pyrophoric Oxidizer
Sudden Release of Pressure	Explosive Compressed Gas
Reactive	Unstable Reactive Organic Peroxide Water Reactive
Immediate (Acute)	Highly Toxic Toxic Irritant Sensitizer Corrosive Other hazardous chemicals with an adverse effect with short term exposure
Delayed (Chronic) Health Hazard	Carcinogens Other chemicals with an adverse effect with long term exposure

mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank. For all mixtures, report as many components as possible and their CAS numbers, under section 6b.

If you are withholding the name of a chemical, as a trade secret, in accordance with criteria specified in EPCRA Section 322, enter the generic class or category that is structurally descriptive of the chemical and check the box marked "Trade Secret". Trade secret information should be submitted to EPA and must include substantiation. Please refer to EPA's final regulation on trade secrecy (40 CFR Part 350) for details.

**CHEMICAL FORM**

Check all boxes that apply to the chemical reported. If the chemical is or contains an extremely hazardous substance check the "EHS" box and list the specific substance in section 6b. If the substance is a mixture check the "MIX" box and list components of the mixture in section 6b.

**EXAMPLE**

You have pure chlorine gas on hand, as well as two mixtures that contain liquid chlorine. You write "chlorine" and enter the CAS number. Then you check "pure" and "mix" B as well as "liquid" and "gas".

**CHEMICAL HAZARDS**

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical hazard categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard, 29 CFR

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1910.1200. Mark extremely hazardous substances.

**6b. MIXTURE COMPONENT INFORMATION**

If the chemical reported in 6a is a mixture, then list each component of that mixture, the percentage of that component in the mix, (if known) and the Chemical Abstract Service (CAS) number, if available for the component. If additional space is needed use the back of the Kansas Tier II form along with appropriate references.

**6c. STORAGE CODES AND LOCATIONS**

List all non-confidential chemical locations in this column, along with storage containers and the conditions of storage associated with each location. Please note that a particular chemical may be located in several places around the facility. Each row of boxes followed by a line represents a unique location for the same chemical.

CONTAINER STORAGE CODES Enter in the First Box	
CODES	TYPES OF STORAGE
A	Above Ground Tank
B	Below Ground Tank
C	Tank Inside Building
D	Steel Drum
E	Plastic or Non-Metallic Drum
F	Can
G	Carboy
H	Silo
I	Fiber Drum
J	Bag
K	Box
L	Cylinder
M	Glass Bottles or Jugs
N	Plastic Bottles or Jugs
O	Tote Bin
P	Tank Wagon
Q	Rail Car
R	Other

PRESSURE CODES Enter in the Second Box	
CODES	STORAGE CONDITIONS
(PRESSURE)	
1	Ambient pressure
2	Greater than ambient pressure
3	Less than ambient pressure
TEMPERATURE CODES Enter in the Third Box	
CODES	STORAGE CONDITIONS
(TEMPERATURE)	
4	Ambient temperature
5	Greater than ambient temperature
6	Less than ambient temperature, but not cryogenic
7	Cryogenic conditions

Provide a brief description of the precise location of the hazardous chemical substances reported in 6a, so that emergency responders can locate the area easily. You may find it advantageous to provide the optional site plan or site coordinates. For each chemical, indicate at a minimum the building or lot. Where practical, the room or area may be indicated.

If the chemical is present in more than one building, lot, or area, continue your responses down the page as needed. If the chemical exists everywhere at the plant site simultaneously, you may report the chemical is ubiquitous.

**INVENTORY AMOUNTS**

For each hazardous chemical, estimate the greatest amount present at your facility at any one time during the calendar year. Enter the estimated amount in pounds.

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year. Enter this estimated amount.

Enter the estimated number of days that the hazardous chemical was found on-site.

Calculate all amounts as weight in pounds. To convert gas or liquid volume to weight in pounds, multiply by the appropriate density factor. (For liquids multiply gallons x specific gravity from the MSDS x 8.33 = weight in pounds).

If a chemical is part of a mixture, you have the option of reporting either the weight of the entire mixture or only the portion of the mixture that is a particular hazardous chemical. For example, if a hazardous solution weighs 100 pounds, but is composed of only 6 percent

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of a particular hazardous chemical, you can indicate either 100 pounds of the mixture or five pounds of the chemical. For extremely hazardous substances (EHS) the amount of an EHS at a facility (both in pure EHS substances and EHSs in mixtures) must be combined for purposes of threshold determination.

If you are reporting this chemical even though it is present in quantities below the reporting threshold, you may mark the "Optional Report" box. These materials will not be included in the fee calculations.

**7. CERTIFICATION**

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier II submission is true, accurate and complete. On the first page of the Tier II report, enter your full name and official title. Sign your name and enter the current date. An original signature is required on at least the first page of the submission. Submissions to the Kansas State Emergency Response Commission, LEPC, and fire department must each contain an original signature on at least the first page.

Subsequent pages must contain either an original signature, a photocopy of the original signature, or a signature stamp. A signature stamp can be used provided the Hazardous Chemical Information Unit receives a letter from the person authorized to sign legal documents and whose signature stamp will be used, stating the signature facsimile is being authorized for use. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.

**8. OPTIONAL ATTACHMENTS**

If you choose to attach one of the following, check the appropriate attachments box at the bottom of the Tier II form.

- (1) A site plan with site coordinates indicated for buildings, lots and areas throughout your facility.
- (2) A list of site coordinate(s) abbreviations that correspond to buildings, lots and areas throughout your facility.
- (3) A description of dikes and other safeguard measures for storage locations throughout your facility.

**CONFIDENTIAL INFORMATION**

Under Section 324 of EPCRA, you may elect to have certain location information confidential. If you choose to do so, contact the Kansas State Emergency Response Commission/Hazardous Chemical Information Unit for instructions.

**AGGREGATE REPORTING**

If you have common ownership or operate several facilities that have the same chemicals at each location in similar quantities\* you can complete one Kansas Tier II report and the aggregate reporting form for all these facilities. \*Similar quantities\* is defined in the chart below. The Kansas Tier II is complete as per the instruction except in section 2 you will indicate "see attached Aggregate Reporting Form". The Aggregate Reporting Form is completed listing each facility, name, location (address

or legal description), and the county in which it is located. If a particular facility is new and has not been previously reported by you, indicate this by placing a check mark in the appropriate box under the column marked "New Facility".

Attach the Aggregate Reporting Form to the Kansas Tier II.

\*Similar quantities are defined as quantities that fall within the same range codes of the federal Tier II reporting ranges. This table has been reproduced for your reference.

Range Code	Weight in Pound	
	From	To
01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	60,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	higher than 1 billion

An example of a similar quantity would be gasoline reported at two locations, the first at 12,000 pounds the second at 40,000 pounds. Both quantities fall in the 04 range above and are therefore considered similar in quantities. If the same chemical substance at two locations falls within two different range codes they are not considered similar in quantity and must be reported as separate facilities.

**SPECIAL REPORTING CONSIDERATIONS**

- 1. Facilities storing threshold quantities of petroleum fuels (gasoline, gasohol, aviation fuel, diesel #1 and #2) shall be exempt from fee requirements provided: the petroleum fuel storage tank is registered with KDHE's Storage Tank Program, the petroleum fuels have been reported on the special storage tank form provided by the department to comply with Section 312 Tier II reporting, and the facility owner/operator has paid the storage tank program annual fee in compliance with K.A.R. 4-17 or 28-44-28.
- 2. Each owner/operator of an oil or gas well required to report under Section 312 (Tier II) of the federal act and K.A.R. 28-66-3 shall pay an annual fee of \$25 regardless of the number of wells (as defined under K.S.A. 66-150) reporting under an individual owner or operator business name.
- 3. Sand, gravel, clay, salt or brine are reportable under Section 312; however, no fees are associated with these "hazardous" substances.

**WEB BASED REPORTING**

Section 312 Tier II reports can now be submitted via the web. The website is located at <http://kansas.tier2online.com>. To gain access, facilities will need a User ID and password. Contact [Maria Questrich](mailto:maria.questrich@kdhhs.gov) at [marquei@kdhhs.gov](mailto:marquei@kdhhs.gov) or (785)296-1688 for this information.

Kansas Department of Health & Environment  
 1000 SW Jackson, Suite 330, Topeka, Kansas 66612-1365  
 Phone: (785) 296-1688

<b>1 Reporting Period</b>		Page _____ of _____												
<i>Important: Read all instructions before completing form</i>														
<b>2 Facility Identification</b>		<b>3 Owner/Operator Name</b>												
<b>KANSAS</b>	<b>2a New Facility</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name _____ Bus. Phone ( ) _____												
<b>EPCRA</b>	Name _____	Address _____												
<b>TIER II</b>	Street Address/Legal Desc. _____	City _____ State _____ Zip _____ Country _____												
<b>Emergency and Hazardous Chemical Inventory</b>	City _____ County _____ State _____ Zip _____	Submitter _____												
	Nearest Cross Street _____	Dun & Brad # _____												
	Phone ( ) _____ NAICS _____													
	Send correspondence to: <input type="checkbox"/> Facility Address <input type="checkbox"/> Owner/Operator Address <input type="checkbox"/> Either	<b>5 Please Indicate as Appropriate</b>												
<b>4 Emergency Contacts</b>		<input type="checkbox"/> Section 302 <input type="checkbox"/> Section 311 <input type="checkbox"/> Section 312												
1. Name _____ Title _____	Bus. or Day ( ) _____ 24 Hr. Phone ( ) _____	<input type="checkbox"/> Initial Submission <input type="checkbox"/> Update <input type="checkbox"/> Check if information is identical to last year												
2. Name _____ Title _____	Bus. or Day ( ) _____ 24 Hr. Phone ( ) _____	<i>For Official Use Only</i>												
	Facility ID # _____ Parent ID # _____ Entered By _____													
<b>6a Chemical Description</b>	<b>6b Mixture Component Information</b>	<b>6c Storage Codes and Locations</b>												
	<i>If you checked Mix - This section is optional</i>	(Non-Confidential)												
CAS _____ Trade Secret <input type="checkbox"/>	Mixture Component _____ Percent _____ CAS # _____	<table border="1" style="border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">C</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">P</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">T</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">O</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">H</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">E</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">N</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">A</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">R</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">T</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">S</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">T</td> </tr> </table>	C	P	T	O	H	E	N	A	R	T	S	T
C	P	T												
O	H	E												
N	A	R												
T	S	T												
Chemical Name: _____														
Chemical Form: _____														
Check all that apply: <input type="checkbox"/> GHS <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix		Maximum Daily Amount (In Pounds)												
Chemical Hazards		Average Daily Amount (In Pounds)												
Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Delayed <input type="checkbox"/> Immediate		Number of Days on Site _____ <input type="checkbox"/> Optional Report												
<b>7 Certification (Read and sign after completing all Sections)</b>		<b>8 Optional Attachments</b>												
I certify under penalty of law, I have personally examined and am familiar with the information submitted in pages 1 through _____ and based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate and complete.		<input type="checkbox"/> I have attached a site plan.												
Name and official title of owner/operator or authorized representative _____	Signature _____ Date Signed _____	<input type="checkbox"/> I have attached a list of site coordinate abbreviations												
		<input type="checkbox"/> I have attached a description of dikes and other safeguard measures												

6a	Chemical Description	6b			6c		
		Mixture Component Information <i>If you checked Mix - This section is optional</i>			Storage Codes and Locations (Non-Confidential)		
	CAS _____ Trade Secret <input type="checkbox"/>	Mixture Component	Percent	CAS #	C O D E	A M B I E N T	H A Z A R D
	Chemical Name:						
	Chemical Form						
	Check all that apply: <input type="checkbox"/> EHS <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix				Maximum Daily Amount (In Pounds)		
	Chemical Hazards				Average Daily Amount (In Pounds)		
	Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Delayed <input type="checkbox"/> Immediate				<input type="checkbox"/> Optional Report Number of Days on Site		
	CAS _____ Trade Secret <input type="checkbox"/>	Mixture Component	Percent	CAS #			
	Chemical Name:						
	Chemical Form						
	Check all that apply: <input type="checkbox"/> EHS <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix				Maximum Daily Amount (In Pounds)		
	Chemical Hazards				Average Daily Amount (In Pounds)		
	Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Delayed <input type="checkbox"/> Immediate				<input type="checkbox"/> Optional Report Number of Days on Site		
	CAS _____ Trade Secret <input type="checkbox"/>	Mixture Component	Percent	CAS #			
	Chemical Name:						
	Chemical Form						
	Check all that apply: <input type="checkbox"/> EHS <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix				Maximum Daily Amount (In Pounds)		
	Chemical Hazards				Average Daily Amount (In Pounds)		
	Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Delayed <input type="checkbox"/> Immediate				<input type="checkbox"/> Optional Report Number of Days on Site		