



SOUTHWEST FLORIDA LOCAL EMERGENCY PLANNING COMMITTEE

Emergency Planning and Community Right to Know Act (EPCRA) Workshop

February 27th, 2024

Immediately following adjournment of the Quarter 3 LEPC Meeting

Zoom Link:

<https://us06web.zoom.us/j/82356566293?pwd=cYExmYgSgaoXG9LoiXzpsDErw2nr92.1>

Join by phone: 1-929-205-6099

Meeting ID: 823 5656 6293

Passcode: 354531

Agenda:

1. Welcome/ Introduction
2. Overview of EPCRA and Florida's LEPC Program
3. EPCRA's Requirements for Local Govt, State Govt and Facilities with Hazardous Chemicals
4. HAZMAT Information Available to the Public
5. Submitting Tier II reports in Florida
6. Contact Information for Florida's LEPC's
7. Questions and Answers
8. Closing Remarks

E-Plan Tier 2 Reporting System Users Guide for Florida Facilities



State of Florida Emergency Response Commission
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
(850) 815-4000

Getting Started



To begin your filing, go to the E-Plan website at <https://erplan.net/eplan/home.htm>

A screenshot of the E-Plan website home page. The page has a header with logos for the Department of Homeland Security, E-Plan, UT Dallas, and the Environmental Protection Agency. Below the header is a navigation menu on the left with links like Home, Chemical Search, WMD Information, NIOSH Pocket Guide, ATSDR Toxic Profile, and CHEMTREC. The main content area is titled "E-Plan - Emergency Response Information System" and is divided into two columns. The left column is for "FIRST RESPONDERS" and includes a "Login Page" button for Federal, State, and Local Government Personnel. The right column is for "Online Tier2 eSubmit" and includes a "Login Page" button for Tier II Submitters, Facility Managers, and Business Owners. A red circle highlights the "Online Tier2 eSubmit" section, and a red arrow points from a text box on the right to this section.

Your page should look like this. Filers click on the Login Page button under Online Tier2 eSubmit.

[Click here to file Tier 2 report in E-Plan.](#)

Welcome to E-Plan's Online Tier II Reporting System

This easy E-Plan online reporting system will allow you to create a report you can submit to your state to meet their requirement for filing of (SARA Title III) Tier II Emergency and Hazardous Chemical Inventory Reports. This system is for Tier II filing organizations to file their Tier II reports to the State each year. However, filing Tier II report via E-Plan may not fulfill the mandate per your state SERC and/or county LEPC and local fire department. Contact your State and County officials to see if they accept E-Plan as a form of electronic filing.

If you have comments or questions, please use the [Contact Us](#) button on any E-Plan website page.

Important Notes

1. Completed Tier II forms for reporting year 2017 are due by **March 1, 2018**.
2. For reporting year 2017, **UT Dallas** institutes **an administrative charge** for organizations that use E-Plan for creating/filing online Tier II reports. Please look at the **list** to see if a charge for creating/filing applies to each facility. Detailed instructions including how and where to pay online payment are available. Please view this step-by-step **guide**.
3. For the 2017 reporting year, nine States (i.e., **Alabama, Florida, Georgia, Mississippi, Montana, New York, North Carolina, South Carolina, and Tennessee**) and several Counties (i.e., **Warren County (OH), Chesapeake City (VA), Hopewell City (VA), Patrick County (VA), Pittsylvania County (VA), and Shenandoah County (VA)**, Virginia E-Plan as an electronic reporting system.
4. If your State requires you to submit such information, you may submit such information via E-Plan. Please refer to your state's web site and the **EPA's State Tier II Reporting Requirements and Procedures** for submission details.
6. E-Plan online Tier II training video. Click **here** to watch.

Links to retrieve login information

New Florida filers/facilities only!

Sign In

If you have already registered for an account, enter your Access ID and password in the boxes below and Sign In to access or update your account and data.

[Forgot Access ID](#)

[Forgot Password](#)

Sign In

New to E-Plan?

Create An Account

If you already have an account, you will enter your login information here. If you do not know your login, or if you are uncertain if your facility has an existing account, click on **Forgot Access ID** or **Forgot Password** to retrieve your login information. **Note: Your email address must match the email that is reflected as the account owner, or the information will not be provided.**

If you are assuming filing responsibilities from someone else, you will need to submit a request to E-Plan by clicking on the **Contact Us** link. E-Plan will ask you to verify your affiliation with the facility/company via email before providing login information.

If your facility is a new filer in the State of Florida, you will click on the orange 'Request New Account' button. Fill in the requested information and your account information will be emailed to you.

Do not create a new account if your company filed last year!

E-Plan Online Filing Submission Management

Access ID: 1058002 (Wendy Reynolds)

EPCRA 302 , 311 Notifications

These notification options are for the current year 2024 only.

EPCRA 312 (Tier2)	EPCRA 302	EPCRA 311
ENTER NEW DATA/ RETRIEVE OLD DATA	COPY DATA	IMPORT TIER2
<p>USE THIS FUNCTION TO ENTER DATA FOR A NEW YEAR OR MAKE CHANGES TO DATA OF AN YEAR ALREADY SUBMITTED</p> <ul style="list-style-type: none">SELECT A YEAR TO FILE/RETRIEVE TIER II DATA: <input type="text" value="Select Filing Year"/>CURRENTLY FILED YEARS : <input type="text" value="2023"/> <input type="text" value="2022"/> <input type="text" value="2021"/> <input type="text" value="2016"/> <p><input type="button" value="Continue"/></p>	<p>USE THIS FUNCTION TO COPY DATA FROM A SUBMITTED YEAR TO ANY YEAR UP TO THE CURRENT FILING YEAR</p> <p>NOTE: COPY FUNCTION WILL TRANSFER ALL PREVIOUSLY FILED TIER II DATA AND SITE PLANS</p> <p>FROM: <input type="text" value="Previous Year"/></p> <p>TO: <input type="text" value="Filing Year"/></p> <p><input type="button" value="Copy Data"/></p>	<p>USE THIS FUNCTION TO IMPORT AN EXISTING TIER2 '.ZIP', TIER2 '.T2S', OR CAMEO '.ZIP' FILE.</p> <p>NOTE: THE TIER2 OR CAMEO DATA FILES WILL BE IMPORTED WITHOUT AUTO FILING YEAR CONVERSION. FOR EXAMPLE, IF A TIER2 DATA FILE IS FOR YEAR 2018, IT WILL BE IMPORTED AS YEAR 2018 SUBMISSION. YOU WILL NEED TO CONVERT THE FACILITY DATA FROM 2018 TO THE FILING YEAR USING THE COPY DATA FUNCTION</p> <ul style="list-style-type: none">NOTE THAT THE TIER2 '.ZIP' OR TIER2 '.T2S' FILE SHOULD CONTAIN ONE XML DATA FILE AND DOCUMENTS UNDER SITEPLANSTEMP FOLDER.XML DATA FILE SHOULD HAVE XML TAGGED VALUES AND '.XML' FILE EXTENSION. <p><input type="button" value="Import 'zip / t2s'"/></p>

Do not click the gold EPCRA 302 or EPCRA 311 tabs! EPCRA 302 and 311 notifications should be submitted during the calendar year in which the substance became present at or above TPQ. You are still required to submit a Tier 2 after the end of the calendar year.

Instructions on how to file a EPCRA 302 notification in E-Plan may be found on our Technical Resources page at <https://www.floridadisaster.org/dem/response/technological-hazards/epcra/technical-resources/>.

Submitting a EPCRA 311 notification is similar to a Tier 2, however there is no Consolidated Annual Registration Form or Fee.

E-Plan Online Filing Submission Management

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New Filers Use this column.

New Tier 2 filers, that did not submit EPCRA 302 or 311 during the previous calendar year, will go to the first column and select a filing year from the drop-down box and click 'Continue'. From there, you will enter your data in the same order as described for existing filers.

E-Plan Online Filing Submission Management

Access ID: 1058002 (Wendy Reynolds)

EPCRA 302 , 311 Notifications

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Existing facilities will go to the 2nd column and copy from the previous year to the next filing year and click 'Copy Data'.

Existing Filers
Use this
column.

E-Plan Online Filing Submission Management

Access ID: 1058002 (Wendy Reynolds)

EPCRA 302 , 311 Notifications

These notification options are for the current year 2024 only.

EPCRA 312 (Tier2)

EPCRA 302

EPCRA 311

ENTER NEW DATA/ RETRIEVE OLD DATA

USE THIS FUNCTION TO ENTER DATA FOR A NEW YEAR OR MAKE CHANGES TO DATA OF AN YEAR ALREADY SUBMITTED

- SELECT A YEAR TO FILE/RETRIEVE TIER II DATA:

Select Filing Year ▼

- CURRENTLY FILED YEARS :

2022 2021 2020

2019 2018 2017

Continue

COPY DATA

USE THIS FUNCTION TO COPY DATA FROM A SUBMITTED YEAR TO ANY YEAR UP TO THE CURRENT FILING YEAR

NOTE:
COPY FUNCTION WILL TRANSFER ALL PREVIOUSLY FILED TIER II DATA AND SITE PLANS

FROM: Previous Year ▼

TO: Filing Year ▼

COPYING COMPLETED!

CLICK THIS : 2022

IMPORT TIER2

USE THIS FUNCTION TO IMPORT AN EXISTING TIER2 '.ZIP', TIER2 '.T2S', OR CAMEO '.ZIP' FILE.

NOTE:
THE TIER2 OR CAMEO DATA FILES WILL BE IMPORTED WITHOUT AUTO FILING YEAR CONVERSION. FOR EXAMPLE, IF A TIER2 DATA FILE IS FOR YEAR 2018, IT WILL BE IMPORTED AS YEAR 2018 SUBMISSION. YOU WILL NEED TO CONVERT THE FACILITY DATA FROM 2018 TO THE FILING YEAR USING THE COPY DATA FUNCTION

- NOTE THAT THE TIER2 '.ZIP' OR TIER2 '.T2S' FILE SHOULD CONTAIN ONE XML DATA FILE AND DOCUMENTS UNDER SITEPLANSTEMP FOLDER.
- XML DATA FILE SHOULD HAVE XML TAGGED VALUES AND '.XML' FILE EXTENSION.

Import 'zip / t2s'

When your data is finished copying 'COPYING COMPLETED!' will flash. Click on the button beneath this message for the current filing year. This will take you to the Online Filing Home page.

Online Filing Home Overview

The Online Filing Home page is where you will review/update the Tier 2 data. You may return to this page from any page in your Tier 2 by clicking on 'Tier2 Filing Management' in the gray header bar at the top of the page (not shown). **Be sure you have saved your information or changes first!**

If you are a new filer or need to file for new facilities, click 'Add New Facility' on the right side of the page. To edit or delete a facility, add a new chemical, or add a new contact, click on one of the four gray icons next to the facility name. This page also reflects your filing status. After completing the steps described in these instructions, return to this page to confirm that the status has change from 'Not Filed' to 'Filed'.

20XX Online Filing Home

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY	
<input type="text" value="Facility ID"/>	<input type="text" value="Facility Name"/>	<input type="text" value="Street Address"/>	<input type="text" value="City"/>	<input type="text" value="County"/>	<input type="button" value="FIND"/>

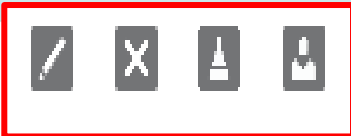
Federal requirements include: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2 phone numbers, one of which must be 24-hour); Tier II Information Contact (name, email & phone).

Following is the submitted facility information

Page 1 of 1 1 Total number of facilities: 1

No of Results per page : 50

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE <input type="checkbox"/>
1.	6341361	Firefly Shipworks, LTD, Hera Contact Information 1. Malcolm Reynolds - Emergency Contact 2. Zoe Washburn - Emergency Contact 3. Zoe Washburn - Fac. Emergency Coordinator 4. Firefly Shipworks, LTD, Hera - Facility Phone 5. Allied Spacecraft Corporation - Owner / Operator 6. Kaylee Frye - Tier II Information Contact Chemical Information 1. Styrene Monomer, Inhibited (100-42-5) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed	<input type="checkbox"/>



Use these icons to edit or delete a facility, add a new chemical, or add a new contact.

Current filing status.

Confirm Facility Information

Begin your filing by clicking on the facility's name to review the Facility Information. You will do this for each facility in your Tier 2.

20XX Online Filing Home

FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<input type="text" value="Facility Name"/>	<input type="text" value="Street Address"/>	<input type="text" value="City"/>	<input type="text" value="County"/>

Code: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2 phone numbers, one of which must be 24-hour); Tier II Information Contact (name, phone & email)
facility information

Number of facilities: 1

FACILITY NAME	STATE	FILING STATUS
Firefly Shipworks, LTD, Hera Contact Information 1. Malcolm Reynolds - Emergency Contact 2. Zoe Washburn - Emergency Contact 3. Zoe Washburn - Fac. Emergency Coordinator 4. Firefly Shipworks, LTD, Hera - Facility Phone 5. Allied Spacecraft Corporation - Owner / Operator 6. Kaylee Frye - Tier II Information Contact Chemical Information 1. Styrene Monomer, Inhibited (100-42-5) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed



Verify facility info



Edit Delete
Edit Delete
Edit Delete
Edit Delete
Edit Delete
Edit Delete
Copy
Copy

Confirm Facility Information (cont'd.)

Facility Information

* Fields are Federal mandatory fields

** Fields are E-Plan mandatory fields

Remember to press the button after updating any information on this page. Otherwise, the changes will not be saved.

Facility Details	
Facility Name *	<input type="text" value="Firefly Shipworks, LTD, Hera"/>
Department	<input type="text"/>
Company Name **	<input type="text" value="Allied Space Corporation"/>
	<input type="button" value="Copy company name to other facilities"/>
Facility Email	<input type="text"/>
Fire District	<input type="text"/>
Report Year	2018
Facility Phone Number	<input type="text" value="850-555-5555"/>
Facility Notes	<input type="text"/>

Add to notes if facility:

1. Has been sold
2. Changed Name
3. Chemicals were removed
4. No longer operational.

At the top of the page confirm that any required information, indicated by red asterisks, is correct. You may also enter in other relevant information to the Facility Notes field, such as if the facility was sold (with the date), if the name has changed, if chemicals were removed (with the date), or if the facility is no longer operational. If you have selected 'Hazards Not Otherwise Classified' on any of your chemicals, you will need to note the specific hazard here as well.

If you removed a previously reported chemical or your facility has closed, you will also need to complete a Statement of Determination/ Deregistration Form and upload it to the documents section in your report. Please also email a copy of the form to our office, your Local Emergency Planning Committee (LEPC), and the local fire department. The Statement of Determination/ Deregistration Form and map of the LEPCs may be found at the links below:

<https://www.floridadisaster.org/dem/response/technological-hazards/epcra/technical-resources/>

<https://www.floridadisaster.org/dem/response/technological-hazards/serc/lepc/>

Physical Address	
Street *	<input type="text" value="2555 Shumard Oak Blvd."/>
City *	<input type="text" value="Tallahassee"/>
State *	<input type="text" value="FL"/>

Confirm Facility Information (cont'd.)

Mailing Address

Check if Mailing Address same as Physical Address. Enter Mailing Address below if different.

Street

City

State

ZIP

Country

Location

Latitude *

Longitude *

USNG

Manned * Yes No

Maximum No. of Occupants *

Note: Maximum No. of Occupants must be more than 0 if you select "Yes"

Type of Facility *

<input type="radio"/> Yes	<input type="radio"/> No	----	EPC
<input type="radio"/> Yes	<input checked="" type="radio"/> No	----	EPC
<input type="radio"/> Yes	<input type="radio"/> No	----	EPC
<input type="radio"/> Yes	<input checked="" type="radio"/> No	----	EPC
<input type="radio"/> Yes	<input type="radio"/> No	----	CAA

Submission

I certify under penalty of law that I have provided the information responsible for obtaining the information, I believe to be true and correct.

Name and official title of owner/operator
Owner/Operator's authorized representative

https://sandbox.erplan.net/tier2/onlinefiling/utilities/validationMap.htm?lat=30.3865175&longit - In...

https://sandbox.erplan.net/tier2/onlinefiling/utilities/validationMap.htm?lat=30.3865175&longitude=-84.23274509999999

Scroll down the page to continue reviewing the facility's information.

In the Location box, validate the latitude and longitude location of your facility. When you click on the button you are presented with a Google map with a pin indicating the position of your facility based on the address you entered. If your facility is in a complex or industrial park that shares a common address, but has multiple buildings, you may drag the pin to the exact location of your facility within the complex.

Confirm Facility Information (cont'd.)

Location

Latitude *

Longitude *

USNG

Manned * Yes No

Maximum No. of Occupants *

Note: Maximum No. of Occupants must be more than 0 if you select "Yes" on Manned.

Type of Facility *

- Yes No ---- EPCRA 302 Facility (Emergency Planning) [More Info](#)
- Yes No ---- EPCRA 311 Facility [More Info](#)
- Yes No ---- EPCRA 312 Facility (Tier2) [More Info](#)
- Yes No ---- EPCRA 313 Facility (TRI) [More Info](#)
- Yes No ---- CAA 112 Facility (RMP-Chemical Accident Prevention) [More Info](#)

Maximum No. of Occupants refers to the number of people permitted in the building at any one time by state building codes. For more information on Florida Building Codes go to <https://floridabuilding.org/c/default.aspx>

Submission

I certify under penalty of law that I have personally examined and am familiar with the information contained in this submission, and that based on my ir responsible for obtaining the information, I believe the information submitted is true, accurate, and complete.

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

Signature * **Signing the Tier 2 report**

At the bottom of this page, enter or confirm the name of the person signing the report. This should be the Owner/Operator or an Authorized Representative with knowledge and/or responsibility for materials stored at the facility. Click 'Save & Continue' when finished.

Confirm Facility Information (cont'd.)

On the next page you will list the Facility Identification information. Federal law requires, at a minimum, the 6-digit North American Industry Code System (NAICS) number and the 9-digit Dun & Bradstreet number. You may look up your NAICS code at <https://www.naics.com/search/>. You should be able to obtain your Dun & Bradstreet number from your Accounting Department. If you do not have a Dun & Bradstreet, simply enter '0'.

You may also see additional ID numbers listed here, including the 'Florida Facility ID', or Florida SERC Number. This is a number assigned by our office and will remain at that location in perpetuity. If you relocate to a new location, and there are no previous Tier 2 reports for that location, the state will assign a new SERC number to that location.

[State Fields](#)

[Documents](#)

[Validate Record](#)

Facility Identification

Required data!



* Report a 6-digit **NAICS** code and 9-digit **Dun and Bradstreet** number (Federal requirements)
(Dun and Bradstreet: Non-business entities may enter "N/A")

ID Type	ID Value	Description		
NAICS	334511	Search, Detection, Navigation, Guidance, Aeronautical, and Nautical System and Instrument Manufacturing	Edit	Delete
Dun & Bradstreet	0	None	Edit	Delete

ID Type

ID Value

Description

[Add](#)

[Reset](#)

[Next](#)

Confirm Facility Information (cont'd.)

Answering these questions **is not** mandatory in Florida. However, providing this information is helpful for first responders. Please contact our office for if you need additional guidance.

ate Fields

Documents

Validate Record

State Applicable Fields

Not required in Florida, but the information is very useful to first responders!

* Fields are State mandatory fields

Does your facility have a written emergency response plan? Yes No

Does your facility have a hazardous materials response team? Yes No

Does your local fire department have an up-to-date pre-plan for your facility? Yes No

Update & Continue



Reset

Confirm Facility Information (cont'd.)

Document Upload

* Fields are Federal mandatory fields

- I have submitted a site plan.
- I have attached a description of dikes and other safeguard measures.
- I have attached a list of site coordinate abbreviations.

No.	Document ID	File Name	File Type	File Category	File Description	Download	
1	986469	Styrene Monomer, Inhibited SDS.pdf	File	SDS	Safety Data Sheet		Delete
2	986470	Sulfuric Acid SDS.pdf	File	SDS	Safety Data Sheet		Delete

File types: PDF, DOC, JPG are only allowed.
If entering a link, choose File type as Link
and put the link as http://somewebsite in the description field.

All Fields are Mandatory

File Type

File Category

File Browse... Max file size 9 Mb

File Description

Upload

Back to Online Filing Home

Upload any relevant documentation on this page, including Safety Data Sheets (SDS), facility site plans or maps, and the previously mentioned Statement of Determination/Deregistration Form. Select the type of document you wish to upload from the File Category drop-down menu, browse your computer for the document, then select the desired file. Finally, enter a description and click 'Upload'. When you are finished, click the 'Back to Online Filing Home' button.

Site plans are not required but are definitely encouraged! They are a valuable resource to first responders!

Confirm Contact Information

20XX Online Filing Home

Code: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2 phone numbers, one of w

facility information

Legend Help!

Number of facilities: 1

FACILITY NAME

Firefly Shipworks, LTD, Hera

Contact Information

1. Malcolm Reynolds - Emergency Contact
2. Zoe Washburn - Emergency Contact
3. Zoe Washburn - Fac. Emergency Coordinator
4. Firefly Shipworks, LTD, Hera - Facility Phone
5. Allied Spacecraft Corporation - Owner / Operator
6. Kaylee Frye - Tier II Information Contact



- Edit Delete
- Edit Delete
- Edit Delete
- Edit Delete
- Edit Delete
- Edit Delete

Click on name or 'Edit' to confirm or update contact info.

To review an existing contact's information, click on the contact's name, or the 'Edit' link to the right of the name. This will take you to the pages to make any changes to their email, title, and phone number.

If the contact person has changed, you may overwrite the information in these screens instead of adding a new contact from the Online Filing Home page.

Confirm Contact Information (cont'd.)

Contact Information

Malcolm Reynolds (Emergency Contact)

* Federal requirements include: Owner / Operator (name, mail address, phone & email)
Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour)
Tier II Information Contact (title, name, email & phone).

* Fields are mandatory

Title *	<input type="text" value="Captain"/>
Last Name or Business Name *	<input type="text" value="Reynolds"/>
First Name *	<input type="text" value="Malcolm"/>
Street Address	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
State	<input type="text" value="Select State"/>
ZIP	<input type="text"/>
Country	<input type="text" value="USA"/>
Email *	<input type="text" value="m.reynolds@alliedspacecraftcorp.com"/>

Required data

Review/update the title, last name or business name, first name, and valid email address are required information.

If you are entering the Owner/Operator information, enter the name of the entity that owns or operates the facility in the Last Name or Business Name field. Do not enter a specific person's name as the Owner/Operator unless it is the name of the business.

Click Save & Continue to advance to the next page.

Confirm Contact Information (cont'd.)

Minimum Federal requirements.

Contact Phone Information

Malcolm Reynolds (Emergency Contact)

* Federal requirements include: Owner / Operator (name, mail address, phone & email)
Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour)
Tier II Information Contact (title, name, email & phone).

Phone Type	Phone Number		
Work	850-555-5555	Edit	Delete
24-hour	850-555-5500	Edit	Delete

Phone Type

Select Phone Type ▼

Phone Number

Add

Reset

Next

To change a phone number, click 'Edit' next to the number. This will populate in the Phone Number field below the table and the 'Add' button will change to 'Update'. Make the desired changes and click the 'Update' button. When finished, click 'Next' to be taken to the next screen.

The Owner/Operator, Emergency Contact, and Tier 2 Information Contact are all required under federal law.

Facilities with an Extremely Hazardous Substance must also provide contact information for the Facility Emergency Coordinator. If this applies to your facility, click on the 'Tier2 Filing Management' in the gray header bar at the top of the page (not shown) and add a new contact using the fourth gray icon next to the facility's name (see slide 7).

The Emergency Contact and the Facility Emergency Coordinator are both required to have two phone numbers entered into E-Plan, one of which must be designated '24-hour' as the Phone Type. E-Plan will not accept the Tier 2 when the record is validated if this requirement is not met.

Confirm Contact Information (cont'd.)

In some cases, one person may be the contact for multiple facilities or may serve in multiple contact roles at the same facility. The facility you are working on will be highlighted in yellow.

If the contact is, for example, the Emergency Contact for multiple facilities, you may add them to those facilities by selecting the contact type from the drop-down menu and then checking the box next to the facility you wish to add them to. Do not check the highlighted facility. You will then click the 'Add' button.

Association Documents Validate Record

Associate Contact With Facility

Malcolm Reynolds (Emergency Contact)

Note: You can associate "Malcolm Reynolds" with other facilities such that the contact information can be copied to the other associated facilities.

Facility Name	Contact Type		
(FacID:5894462) Firefly Shipworks, LTD., Hera	Emergency Contact	Edit	Delete

Select All Facilities and Contact Type Select Contact Type ▼

(FacID:5894462) Firefly Shipworks, LTD., Hera (Current facility)

Add

Reset

Next

If the person will serve in multiple contact roles for the current (*highlighted*) facility, click the drop-down arrow, select the contact type, check the box for the current facility, then click the 'Add' button.

After you have completed changes to this page, or there are no changes, click on 'Tier2 Filing Management' in the gray header bar at the top of the page to return to the Online Filing Home screen.

Confirm Chemical Information

20XX Online Filing Home

ber of facilities: 1

FACILITY NAME

Firefly Shipworks, LTD, Hera

Contact Information

1. Malcolm Reynolds - Emergency Contact
2. Zoe Washburn - Emergency Contact
3. Zoe Washburn - Fac. Emergency Coordinator
4. Firefly Shipworks, LTD, Hera - Facility Phone
5. Allied Spacecraft Corporation - Owner / Operator
6. Kaylee Frye - Tier II Information Contact

Chemical Information

1. Styrene Monomer, Inhibited (100-42-5)
2. Sulfuric Acid (7664-93-9)



Edit Delete

Edit Delete

Edit Delete

Edit Delete

Edit Delete

Edit Delete

Edit Delete Copy

Edit Delete Copy

Click on either link to access chemical information.

Click on the chemical name, or the 'Edit' link to the right of the chemical, to edit or verify the existing chemical information. You may also copy chemical data to another facility in this Tier 2 report by clicking 'Copy'.

Confirm Chemical Information (cont'd.)

Chemical Information

* Fields are Federal mandatory fields

** Fields are E-Plan mandatory fields

Remember to press the [Save & Continue](#) button after updating any information on this page. Otherwise, the changes will not be saved.

If the chemical is an Extremely Hazardous Substance, the EHS box is automatically checked based on the CAS Number entered. Enter or confirm the number of days on site and the physical states of the chemical.

Chemical Details

CAS Number ** [Help](#)

Chemical Name *

EHS * Trade Secret

Days on site *

Chemical information identical to previous year

Note that sulfuric acid is an extremely hazardous substance

Physical State *(Check all that apply)

Pure Mixture

Solid Liquid Gas

Confirm Chemical Information (cont'd.)

Physical Hazards **(Check all that apply)*

Copy chemical hazards to other chemicals

- Explosive
- Flammable (gases, aerosols, liquids, or solids)
- Oxidizer (liquid, solid or gas)
- Self-reactive
- Pyrophoric (liquid or solid)
- Pyrophoric Gas
- Self-heating
- Organic peroxide
- Corrosive to metal
- Gas under pressure (compressed gas)
- In contact with water emits flammable gas
- Combustible Dust

Health Hazards **(Check all that apply)*

- Acute toxicity (any route of exposure)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity (single or repeated exposure)
- Aspiration hazard
- Simple Asphyxiant
- Hazard Not Otherwise Classified

If you select 'Hazard Not Otherwise Classified', you will need to enter the specific hazard in the Facility Notes portion of the Facility Information.

At least one Physical or Health Hazard must be selected. If 'Hazard Not Otherwise Classified' is selected, you will need to enter the specific hazard in the Facility Notes portion of the Facility Information. This information is available on the Safety Data Sheet for the chemical.

Confirm Chemical Information (cont'd.)

Confirm or enter chemical quantities in pounds. Do not enter Range Codes. If chemicals are stored in multiple containers, enter the maximum amount in the largest container in the last field in the box. If the quantities are not above TPQ, the Below Reporting Thresholds box is checked automatically.

Quantity		
Max Daily Amount Code		Select Max Code ▾
Maximum Daily Amount in pounds*	Always enter amounts in pounds!	25,000
Avg Daily Amount Code		Select Avg Code ▾
Average Daily Amount in pounds*		25,000
Maximum Amount in largest container (pounds)		1,000
Below Reporting Thresholds †		<input type="checkbox"/>

† **Note:** Voluntary reporting of amounts below reporting requirement thresholds. (This checkbox does not apply to most submissions.)
By checking this box, you are certifying that this chemical is not of a reportable quantity under Section 312 of the Emergency Planning and Community Right-to-Know Act. For hazardous chemicals, only check this box if the quantity is below the TPQ or 500 lbs., whichever is less. (For a list of EHS chemicals and TPQs, please reference the EPA's hazardous substances (anything with a MSDS), only check this box if the quantity is below 10,000 lbs. In addition, this box may be checked if the chemical you are reporting is an exemption from Tier II reporting under 40 CFR 370.10-13.

Confirm Chemical Information (cont'd.)

If the storage location has changed, update the location by clicking on 'Edit' in the far-right column. The information will populate in the box below and the 'Add' button will change to 'Update'. Make the necessary changes and click 'Update'. To add a location, simply complete the fields in this same box and click 'Add'.

Important: Please be detailed when describing the location. Ex: Tank Farm in Northwest Corner of property. A separate location should be entered for each area where chemicals are stored. All fields must be completed for E-Plan to accept the entry.

ixture Components	State Fields	Documents
-------------------	--------------	-----------

Chemical Storage Locations

Sulfuric Acid (CAS#: 7664939)

Existing location

Location	Maximum Amount	Storage/Pressure/Temperature Types	
Warehouse	8000.0 , pounds	Battery / Ambient pressure / Ambient temperature	Edit Delete

Multiple storage locations at a single facility must be listed separately.

Storage Locations

Storage Type* ▼

Pressure Type* ▼

Temperature Type* ▼

Location* Confidential

Maximum amount at Location ▼

Confirm Chemical Information (cont'd.)

Chemical Components

Sulfuric Acid (CAS#: 7664939)

Component	Chemical Name	CAS Number	Max Code	Percentage
Mixture Components				
CAS Number	<input type="text"/>	<input type="button" value="Lookup"/>		
	Help			
Component	<input type="text"/>	<input type="button" value="Lookup"/>		
EHS *	<input type="button" value="EHS"/>			
Physical State	<input type="checkbox"/> Gas	<input type="checkbox"/> Liquid	<input type="checkbox"/> Solid	
Maximum Amount Code	<input type="text" value="Select Max Code"/> <input type="button" value="v"/>			
Percentage	<input type="text"/>	<input type="button" value="v"/>		
<input type="button" value="Add"/> <input type="button" value="Reset"/> <input type="button" value="Next"/>				

It is not necessary to enter mixture components for all chemicals reported on the Tier 2, especially common substances like gasoline or diesel fuel. However, this screen is useful for reporting specialty or name-brand substances that are a mixture of several chemicals. Just be aware that all of the components listed should add up to 100%. It may also be simpler to aggregate the chemicals and only report those substances that are at or above TPQ. Please contact our office if you need additional guidance.

Enter or confirm the frequency with which the facility receives this substance and how it is transported.

CURRENT FACILITY	CONTACT LIST	CHEMICAL LIST
Firefly Shipworks, LTD., Hera (FacID: 5894462) EDIT DELETE		
2555 Shumard Oak Blvd. Tallahassee, FL 32399, USA		
State Fields		Docu

State Applicable Fields

Sulfuric Acid (CAS#: 7664939)

Frequency of Shipments

Mode of Shipments (Check all that apply):

Highway

Rail

Pipeline

Ship or Barge

Other





Frequency of Shipments refers to how often chemicals are shipped to the site.

Validate Record

Include: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2 phone numbers, one of which must be 24-hour); Tier II Information

and facility information [Legend Help!](#)

Number of facilities: 1

FACILITY NAME	STATE	FILING STATUS
<p>Firefly Shipworks, LTD, Hera    </p> <p>Contact Information</p> <ul style="list-style-type: none">1. Malcolm Reynolds - Emergency Contact Edit Delete2. Zoe Washburn - Emergency Contact Edit Delete3. Zoe Washburn - Fac. Emergency Coordinator Edit Delete4. Firefly Shipworks, LTD, Hera - Facility Phone Edit Delete5. Allied Spacecraft Corporation - Owner / Operator Edit Delete6. Kaylee Frye - Tier II Information Contact Edit Delete <p>Chemical Information</p> <ul style="list-style-type: none">1. Styrene Monomer, Inhibited (100-42-5) Edit Delete Copy2. Sulfuric Acid (7664-93-9) Edit Delete Copy	FL	Not Filed

Current filing status

After you have finished updating your Tier 2 report, return to the Online Filing Home page by clicking on Tier2 Filing Management in the gray header bar at the top of the page. Note that your status is still 'Not Filed'. Next, click on the 'Validate Record' button [Validate Record](#) at the bottom of the Online Filing Home page.

Important: On Completion of data entry please click on "Validate Record" to finalize filing

[Validate Record](#)

[First Responder View](#)

Validate Record (cont'd.)

Submission Report for Access ID 1066584

Notes:

Errors indicated on this page identify required fields not completed. While Federal and State requirements are mandatory, E-Plan requirements provide extremely needed information to first responders in emergency scenarios.

FacID 7308618 : Firefly Shipworks, LTD., Hera

Chemical : Lead Acid Batteries

Error: Missing Chemical Storage Location. [Click here to fix this error.](#)

Once your report has passed ALL submission tests for filing year 2023,

Click to Continue Submission (Upload Data to E-Plan)

Exporting Tier II report to:

In the example to the left, you can see that the validation process discovered an error. To fix any errors that you encounter, click on the blue text. This will take you to the page where the error occurred where you can make the corrections. When finished, save your work, and re-validate your record by clicking on the 'Validate Record' link in the gray header bar at the top of the page.

If an error message occurs, click the blue link next to the requirement.
This will take you to the appropriate page to correct the error.

Validate Record (cont'd.)

Submission Report for Access ID 1058002

Notes:

Errors indicated on this page identify required fields not completed. While Federal and State requirements are mandatory, E-Plan requirements provide extremely needed information to first responders in emergency scenarios.

Once the facility has passed all checks, click the 'Select Facilities' button in the center of the page. If you wish to review a draft of the report before uploading, you may download a copy in the desired file format.

Important: The report is not filed yet!

FacID 5894462 : Firefly Shipworks, LTD., He

Facility Passed all Checks

With all errors corrected, the Tier 2 data can be uploaded to E-Plan.

Once your report has passed ALL submission tests for filing year 2023, Click **Select facilities** to Continue Submission (Upload Data to E-Plan)

Exporting Tier II report to:

Tier2 zip file

.t2s File

PDF file

Validate Record (cont'd.)

Submit Facility Information

Access ID: 1058002 (Wendy Reynolds)

<input type="checkbox"/> Select all	Facility ID	Facility Name	State	Filing Status	Validation Status	Invoice ID
<input type="checkbox"/>	6548180	Firefly Shipworks, LTD., Hera	FL	Not Filed	Pass	

Reporting Authority Emails:
(Up to 5 cc emails)

Submit

Print PDF

Select facilities to upload.

Note that you can print a draft copy Tier 2 report before final upload.

On the next screen, check the boxes for the facilities you wish to upload. You may also click the box for 'Select All'. If there are other parties to whom you wish to provide a copy of the Tier 2, you may enter them in the 'Reporting Authority Emails' box below the facilities. This is especially useful if the local fire department prefers to receive a digital copy of the Tier 2 via email. Click 'Submit' to be taken to the Consolidated Annual Registration Form.

Consolidated Annual Registration Form

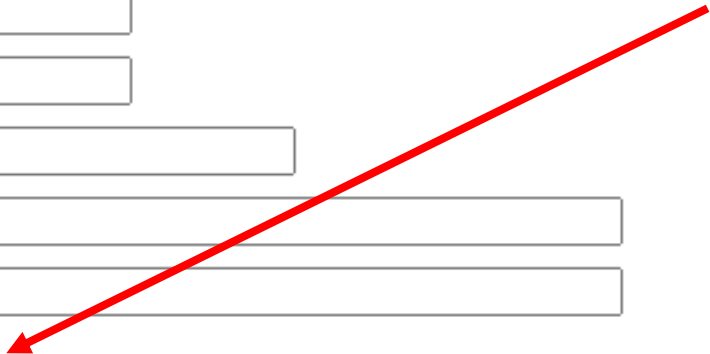
FLORIDA STATE EMERGENCY RESPONSE COMMISSION (SERC) CONSOLIDATED ANNUAL REGISTRATION FORM

Owner/Operator Information

Filing Year	20XX
Company Name *	<input type="text" value="Allied Spacecraft Corporation"/>
Business Mailing Address (Street or P.O. Box) *	<input type="text" value="2555 Shumard Oak Blvd."/>
City *	<input type="text" value="Tallahassee"/>
State *	<input type="text" value="FL"/>
Zip *	<input type="text" value="32399"/>
NAICS Code *	<input type="text" value="334511"/>
Telephone *	<input type="text"/>
Contact Person *	<input type="text"/>
Title *	<input type="text"/>
Check this box to generate a Payment Link (without Login)	<input type="checkbox"/>

Note all fields are required.

If someone other than the person completing the filing is responsible for paying the fee via credit card or electronic check, click this box to generate a payment link that does not require a login. Once you click 'Submit' you will be redirected to a page to enter the email address of the card or bank account holder.



Consolidated Annual Registration Form cont'd.

Note the fee rate is determined by your reported chemicals and answers to these questions.

Registration Fee

Please answer questions below to calculate the filing fees applicable for your submission

Is your facility a governmental body (federal, state, country or local) facility?

Yes No

Does your facility have an extremely hazardous substance at or above threshold planning quantity?

Yes No

Please have your method of payment ready BEFORE clicking on the Submit button.

Calculated Fees

Enter Number of employees (statewide)

0

Filing Rate

\$ 10.00

Filing Fees (Minimum \$25 , Maximum \$2000)

\$ 0

Calculate

Reset

Enter # of employees, then click on "Calculate"

Click 'Submit' to pay online.

Submit

Under 'Registration Fee' answer all questions until no other questions pop up. Note that some questions, as in the case of the extremely hazardous substance question in the example, are prepopulated based on the chemicals reported.

Government entities do not pay an annual fee.

Enter the number of employees statewide and click the 'Calculate' button to determine the total fee for the year. Finally, click the 'Submit' button to be taken to the payment module.

Other Fee Questions

Is your facility regulated by the Department of Environmental Protection for storage tanks (Section 376.303 of the Florida Statutes)?

Is your facility regulated by the Department of Agriculture and Consumer Services (Chapter 527, Florida Statutes)?

Is your facility regulated by the Public Service Commission for gas transmission and distribution lines (Chapter 368, Florida Statutes)?

Is your facility's primary function to grow crops or raise farm animals?

The questions above are examples of the additional questions that may pop up as you answer the Registration Fee questions. These questions determine the amount per employee your facility is required to pay. The minimum fee for any facility is \$25.00. Facilities with Extremely Hazardous Substances, or that do not qualify for a fee reduction based on the above questions, pay \$10.00 per employee, but not more than \$2,000.00 per year. Facilities that qualify for a fee reduction pay \$2.50 per employee, but not more than \$500.00 per year.

NIC Payment System

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1058002	TIER2 Annual Registration for FY 2022	\$1,000.00	1	\$1,000.00
Total				\$1,000.00

Payment

Payment Type

Payment Type *

Select One ▾

Next >

Customer Information

Payment Information

Cancel

Transaction Summary

TIER2 Annual Registration for FY 2022	\$1,000.00
TOTAL	\$1,000.00

Need Help?

Select Payment Method and Continue to proceed with payment.

After clicking 'Submit' you will be redirected to the NIC e-payment system. The Payment Type tab displays the fee type and amount and asks for the payment method. Select the method of payment (credit card or bank account) from the drop-down menu and click the 'Next' button.

NIC Payment System (continued)

Enter the customer information on the Customer Info tab and click 'Next'. **Please note that NIC assesses a \$3.00 service fee for each transaction.** If you do not wish to pay the services fee, you may cancel the transaction and mail in a check.

Top of Page

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1058002	TIER2 Annual Registration for FY 2022	\$1,000.00	1	\$1,000.00
Total				\$1,000.00

Payment

Payment Type ✓ [Edit](#)

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *

First Name * Last Name *

Transaction Summary

TIER2 Annual Registration for FY 2022	\$1,000.00
Service Fee	\$3.00
TOTAL	\$1,003.00

Need Help?

Please complete the Customer Information Section.

Bottom of Page

Company Name

Address *

Address 2

City * State *

ZIP/Postal Code *

Phone Number *

Email ?

[Next >](#)

Payment Information

[Cancel](#)

NIC Payment System (continued)

[Top of Page](#)

[Bottom of Page](#)

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1058002	TIER2 Annual Registration for FY 2022	\$1,000.00	1	\$1,000.00
Total				\$1,000.00

Payment

Payment Type ✓ [Edit](#)

Credit/Debit Card

Customer Information ✓ [Edit](#)

Address: Malcolm Reynolds
Allied Spacecraft Corporation
2555 Shumard Oak Blvd.
Tallahassee, FL 32399

Country: United States





Phone Number: 555-555-1234

Email Address:

Payment Information

Complete all required fields [*]

Credit Card Number *

Credit Card Type    

Expiration Month *

Expiration Year *

Security Code *


Name on Credit Card *

[Next >](#)

[Cancel](#)

Enter the credit card information on the Payment tab and click 'Next'. As previously mentioned, **NIC assesses a \$3.00 service fee for each transaction.** If you do not wish to pay the services fee, you may cancel the transaction and mail in a check.

NIC Payment System (continued)

Payment Information 

Credit Card
Visa ****8522
Exp. 04/2029

Name on Credit Card
Gift Card Recipient

[Edit](#)

[Cancel](#) [Submit Payment](#)

On the final page click 'Submit Payment' to complete your transaction. Once the transaction is complete, you will be automatically redirected back to Invoice page in E-Plan. You will also receive a payment confirmation email.

Invoice - Wendy Reynolds (1058002)

[Link to print copy of the fee form.](#)

Florida State Filing
Download Consolidated Annual Registration Form

State Emergency Response Commission
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

Telephone (850) 413-9970 or (800) 635-7179 (Florida only)

On the Invoice page, click 'Download' to obtain your Consolidated Annual Registration Form, which serves as your invoice.

Email Confirmation – Tier 2 Filed



eplan@utdcsepi.org

Brackett, Sam

E-Plan's Online Tier2 Data Submission Receipt



Tier2Facilities.pdf
15 KB

Dear sam brackett:

THIS IS AN AUTOMATED RESPONSE. PLEASE DO NOT REPLY TO THIS MESSAGE.

Your Tier II data was successfully processed by the E-Plan's Online Tier II Reporting System at The University of Texas at Dallas

Following table lists the current status of your facilities created under Access ID **1052748**

Facility Id	Facility Name	State	Filing Year	Filing Status	First Submit Date
5808397	ABC Company (DEM test facility)	FL	2016	Filed	Thu Jan 05 17:52:38 UTC 2017

If you need assistance, please contact the E-Plan Admin Team via the "Contact Us" button at <https://tier2.erplan.net>.

Best regards,
E-Plan Admin Team

Finally, the submitter will receive an email with an electronic copy of the filed Tier 2 and the status will show 'Filed' on the Online Filing Home page.

Congratulations! Your filing is now complete!

State Tier 2 Unit

Representative	Representative
Wendy Reynolds 850-815-4317 Wendy.Reynolds@em.myflorida.com	Sylvester Williams 850-815-4309 Sylvester.Williams@em.myflorida.com
NAICS Codes & Industry Sectors	NAICS Codes & Industry Sectors
11 – Agriculture, Forestry, Fishing and Hunting 21 – Mining 22 – Utilities 23 – Construction 31-33 – Manufacturing 51 – Information 52 – Finance and Insurance 53 – Real Estate Rental and Leasing 54 – Professional, Scientific, and Technical Services 56 – Administrative and Support and Waste Management and Remediation Services 72 – Accommodation and Food Services 81 – Other Services (except Public Administration) 92 – Public Administration	42 – Wholesale Trade 44-45 – Retail Trade 48-49 – Transportation and Warehousing 55 – Management of Companies and Enterprises 61 – Educational Services 62 – Health Care and Social Assistance 71 – Arts, Entertainment, and Recreation

Using E-Plan to Submit Tier II

- Mathew Marshall
- E-Plan State Tier2
Coordinator





SARA
Title III

- Information required by the Federal Emergency Planning and Community Right to Know Act, October 17, 1986, also known as Title III of the Superfund Amendments and Reauthorization Act (SARA).

•



40 CFR Part 370.10 Who must comply with the hazardous chemical reporting requirements

(a) You must report if OSHA requires your facility to prepare or have available MSDS (SDS) for a hazardous chemical and if either of the following conditions is met:

- (1) An **EHS** is present at your facility at any one time in an amount equal to or greater than 500 pounds (227 kg—approximately 55 gallons) or TPQ.
- (2) **Non-EHS** is present at your facility at any one time in an amount equal to or greater than 10,000 pounds (or 4,540 kg).

*****Check with the State, LEPC and Fire Department for different amounts**

ERPLAN.NET

Contact Us

Mobile Site



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[E-Plan Online Filing \(Tier2\)](#)

[E-Plan News](#)

[EPCRA Title III](#)

[Consolidated List of Lists](#)

[EPA Tier2 Submit](#)

[Weather](#)

[Other Important Links](#)

E-Plan - Emergency Response Information System

FIRST RESPONDERS

[Login Page](#)

Federal, State, and Local
Government Personnel

Online Tier2 eSubmit

[Login Page](#)

Tier II Submitters, Facility
Managers, and Business
Owners

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Welcome to *E-Plan's Online Tier II Reporting System*

This easy E-Plan online reporting system will allow you to create a report you can submit to your state to meet their requirement for filing of (SARA Title III) Tier II Emergency and Hazardous Chemical Inventory Reports. This system is for Tier II filing organizations to file their Tier II reports to the State each year. However, filing Tier II report via E-Plan may not fulfill the mandate per your state SERC and/or county LEPC and local fire department. Contact your State and County officials to see if they accept E-Plan as a form of electronic filing.

If you have comments or questions, please use the [Contact Us](#) button on any E-Plan website page.

Important Notes

1. The "**2024 filing option**" will be available for use in E-Plan on **January 1, 2025**. Tier II reports due on March 1, 2025 should reflect chemical inventories for the previous calendar year January 1 - December 31, 2024
2. For reporting year 2024, **UT Dallas** institutes **an administrative charge** for organizations that use E-Plan for creating/filing online Tier II reports. Please look at the [list](#) to see if a charge for creating/filing applies to each facility. Detailed instructions including how and where to pay online payment are available. Please view this step-by-step [guide](#).
3. For the 2024 reporting year, 11 States (i.e., **Alabama, Alaska, Florida, Georgia, Iowa, Mississippi, Montana, New York, North Carolina, South Carolina, and Tennessee**) and several Counties (i.e., **Warren County (OH), Chesapeake City (VA), Hopewell City (VA), Patrick County (VA), Pittsylvania County (VA), Richmond City (VA), Smyth County (VA), Virginia Beach City (VA), and Waynesboro City (VA)**) accept E-Plan as an electronic form of Tier II reports.
4. If your State SERC and/or County LEPC's accept Tier2 Submit such as .t2s or Tier2 zip file electronically, you can create and export data via E-Plan. Please [Contact Us](#) to ask a question or report a problem.
5. Please refer to your state's web site and the [EPA's State Tier II Reporting Requirements and Procedures](#) for submission details.
6. E-Plan online Tier II training video. Click [here](#) to watch (**Jan 19, 2024**).

Sign In

If you have already registered for an account, enter your Access ID and password in the boxes below and Sign In to access or update your account and data.

[Forgot Access ID](#)

[Forgot Password](#)

New to E-Plan?

Forgot Access ID

New to E-Plan

E-Plan Online Filing Submission Management

Access ID: 1014804 (Mathew Marshall)

You have incomplete invoice(s)
Please [Click Here](#) to complete payment process.

EPCRA 312 (Tier2)

EPCRA 302

EPCRA 304

EPCRA 311

Facility Emergency Plans

ENTER NEW DATA/ RETRIEVE OLD DATA

USE THIS FUNCTION TO ENTER DATA FOR A NEW YEAR OR MAKE CHANGES TO DATA OF AN YEAR ALREADY SUBMITTED

- SELECT A YEAR TO FILE/RETRIEVE TIER II DATA:

Select Filing Year ▾

- CURRENTLY FILED YEARS :

2023 2022 2021

2020 2019 2018

2017 2016 2015

2014 2013 2012

2011 2010

Continue

COPY DATA

USE THIS FUNCTION TO COPY DATA FROM A SUBMITTED YEAR TO ANY YEAR UP TO THE CURRENT FILING YEAR

NOTE:
COPY FUNCTION WILL TRANSFER ALL PREVIOUSLY FILED TIER II DATA AND SITE PLANS

FROM:

Previous Year ▾

TO:

Filing Year ▾

Copy Data

IMPORT TIER2

USE THIS FUNCTION TO IMPORT AN EXISTING TIER2 '.ZIP', TIER2 '.T2S', OR CAMEO '.ZIP' FILE.

NOTE:
THE TIER2 OR CAMEO DATA FILES WILL BE IMPORTED WITHOUT AUTO FILING YEAR CONVERSION. FOR EXAMPLE, IF A TIER2 DATA FILE IS FOR YEAR 2018, IT WILL BE IMPORTED AS YEAR 2018 SUBMISSION. YOU WILL NEED TO CONVERT THE FACILITY DATA FROM 2018 TO THE FILING YEAR USING THE COPY DATA FUNCTION

- NOTE THAT THE TIER2 '.ZIP' OR TIER2 '.T2S' FILE SHOULD CONTAIN ONE XML DATA FILE AND DOCUMENTS UNDER SITEPLANSTEMP FOLDER.
- XML DATA FILE SHOULD HAVE XML TAGGED VALUES AND '.XML' FILE EXTENSION.

Import 'zip / t2s'

E-Plan Online Filing Submission Management

Access ID: 1014804 (Mathew Marshall)

EPCRA 312 (Tier2)

EPCRA 302

EPCRA 304

EPCRA 311

Facility Emergency Plans

ENTER NEW DATA/ RETRIEVE OLD DATA

USE THIS FUNCTION TO ENTER DATA FOR A NEW YEAR OR MAKE CHANGES TO DATA OF AN YEAR ALREADY SUBMITTED

- SELECT A YEAR TO FILE/RETRIEVE TIER II DATA:

Select Filing Year 

- CURRENTLY FILED YEARS :

2019 2018 2017

2016 2015 2014

2013 2012 2011

2010

Continue

COPY DATA

USE THIS FUNCTION TO COPY DATA FROM A SUBMITTED YEAR TO ANY YEAR UP TO THE CURRENT FILING YEAR


NOTE:
COPY FUNCTION WILL TRANSFER ALL PREVIOUSLY FILED TIER II DATA AND SITE PLANS

Step 1

FROM:

2021 

TO:
Step 2

2022 

Step 3

Copy Data

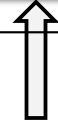
IMPORT TIER2

USE THIS FUNCTION TO IMPORT AN EXISTING TIER2 '.ZIP', TIER2 '.T2S', OR CAMEO '.ZIP' FILE.

NOTE:
THE TIER2 OR CAMEO DATA FILES WILL IMPORTED WITHOUT AUTO FILING YEAR CONVERSION. FOR EXAMPLE, IF A TIER2 DATA FILE IS FOR YEAR 2018, IT WILL BE IMPORTED AS YEAR 2018 SUBMISSION. YOU WILL NEED TO CONVERT THE FACILITY DATA FROM 2018 TO THE FILING YEAR USING THE COPY DATA FUNCTION

- NOTE THAT THE TIER2 '.ZIP' OR TIER2 '.T2S' FILE SHOULD CONTAIN ONE XML DATA FILE AND DOCUMENTS UNDER SITEPLANSTEMP FOLDER.
- XML DATA FILE SHOULD HAVE XML TAGGED VALUES AND '.XML' FILE EXTENSION.

Import 'zip / t2s'



2022 Online Filing Home

Search Existing Facilities [Reset](#)

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<input type="text" value="Facility ID"/>	<input type="text" value="Facility Name"/>	<input type="text" value="Street Address"/>	<input type="text" value="City"/>	<input type="text" value="County"/>

*** Federal requirements include: Owner / Operator (name, mail address, phone & email); Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour); Tier II Information Contact (title, name, email & phone).**

Following is the submitted facility information [Legend Help!](#)

[Add New Facility](#)

[Delete Facilities](#)

Page 1 of 1 1 Total number of facilities: 6

No of Results per page :

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
1.	7241924	<p>ABCDEFG</p> <p>Contact Information</p> <p>1. M M - Emergency Contact Edit Delete</p> <p>2. marshall Marshall - Emergency Contact Edit Delete</p> <p>3. M M - Owner / Operator Edit Delete</p> <p>4. marshall Marshall - Tier II Information Contact Edit Delete</p> <p>Chemical Information</p> <p>1. Diesel Edit Delete Copy</p> <p>2. SULFURIC ACID (7664-93-9) Edit Delete Copy</p>	FL	Not Filed	<input type="checkbox"/>

Important: On Completion of data entry please click on "Validate Record" to finalize filing

[Validate Record](#)

[First Responder View](#)

Account Information and Reporting Authority Email Addresses

Access ID 1014804

Submitter Name

Password

Email

Emergency Plan Notification / Tier2 Reporting Authority Email Address(es) (up to 5)

Add one email in each line or add comma(,) at the end of each email

Mathew.marshall0511@gmail.com,
m.marshall@utdallas.edu

2022 Online Filing Home

Search Existing Facilities Reset

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<input type="text" value="Facility ID"/>	<input type="text" value="Facility Name"/>	<input type="text" value="Street Address"/>	<input type="text" value="City"/>	<input type="text" value="County"/>

*** Federal requirements include: Owner / Operator (name, mail address, phone & email); Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour); Tier II Information Contact (title, name, email & phone).**

Following is the submitted facility information Legend Help!

No of Results per page :

Page 1 of 1 1 Total number of facilities: 6

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
1.	7241924	<p>ABCDEFGH</p> <p>Contact Information</p> <p>1. M M - Emergency Contact Edit Delete</p> <p>2. marshall Marshall - Emergency Contact Edit Delete</p> <p>3. M M - Owner / Operator Edit Delete</p> <p>4. marshall Marshall - Tier II Information Contact Edit Delete</p> <p>Chemical Information</p> <p>1. Diesel Edit Delete Copy</p> <p>2. SULFURIC ACID (7664-93-9) Edit Delete Copy</p>	FL	Not Filed	<input type="checkbox"/>

Important: On Completion of data entry please click on "Validate Record" to finalize filing

Facility Information

* Fields are mandatory fields
** Fields are E-Plan mandatory fields

Remember to press the **Save & Continue** button after updating any information on this page. Otherwise, the changes will not be saved.

Facility Details

Facility Name *

Department

Company Name **

Facility Email

Fire District

Report Year

Emergency 24-Hour Phone Number

Facility Notes

Physical Address (Location where chemicals are present)

Street *

State *

County *

Note: The 'county name' is the 'city name' when there is no associated county.

City *

ZIP *

Country

Mailing Address

Check if Mailing Address same as Physical Address. Enter Mailing Address below if different.

Street	<input type="text" value="2101 Pace"/>
City	<input type="text" value="Covington"/>
State	<input type="text" value="GA"/>
ZIP	<input type="text" value="300014"/>
Country	<input type="text" value="USA"/>

Location

Latitude *	<input type="text" value="33.5998211"/>
Longitude *	<input type="text" value="-83.86015569999999"/>
USNG	Not Available
Manned *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Maximum No. of Occupants *	<input type="text" value="0"/>

Note: Maximum No. of Occupants must be more than 0 if you select "Yes" on Manned.

Type of Facility *	<input type="radio"/> Yes <input checked="" type="radio"/> No ---- EPCRA 302 Facility (Emergency Planning) More Info
	<input type="radio"/> Yes <input checked="" type="radio"/> No ---- EPCRA 311 Facility More Info
	<input checked="" type="radio"/> Yes <input type="radio"/> No ---- EPCRA 312 Facility (Tier2) More Info
	<input checked="" type="radio"/> Yes <input type="radio"/> No ---- EPCRA 313 Facility (TRI) More Info
	<input type="radio"/> Yes <input checked="" type="radio"/> No ---- CAA 112 Facility (RMP-Chemical Accident Prevention) More Info

Submission

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

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

Signature *



Click and drag the marker to correct Latitude/Longitude.

Current position: [Click to update Lat/Long](#)
33.5998211, -83.86015569999999

Closest matching address: [Click to update Address](#)
2101 Pace St, Covington, GA 30014, USA

Mailing Address
 Check if Mailing Address same as Physical Address. Enter M
 Street
 City
 State
 ZIP
 Country

Location [Validate Lat/Long](#) [Lookup Lat/Long](#)
 Latitude *
 Longitude *
 USNG
 Manned * Yes No
 Maximum No. of Occupants *
 Note: Maximum No. of Occupants must be more than 0 if you select "Yes" on Man
 Type of Facility *
 Yes No ---- EPCRA 302 F
 Yes No ---- EPCRA 311 F
 Yes No ---- EPCRA 312 Facility (Tier2) [More Info](#)
 Yes No ---- EPCRA 313 Facility (TRI) [More Info](#)
 Yes No ---- CAA 112 Facility (RMP-Chemical Accident Prevention) [More Info](#)

Submission

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

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

Signature *

[Save & Continue](#) [Reset](#) [Cancel](#)

CURRENT FACILITY

CONTACT LIST

CHEMICAL LIST

Test 123 (FacID: 7530744) [EDIT](#) [DELETE](#)
2101 Pace St
Covington, GA 30014, USA

[Facility Information](#)

Facility Identification

[State Fields](#)

[Documents](#)

[Validate Record](#)

Facility Identification

Error: A Dun and Bradstreet must be reported for a Facility Submission (Federal requirement). [To Add Dun and Bradstreet, Edit Facility -> Facility Identification link -> Add Dun and Bradstreet](#)

Error: A NAICS code must be reported for a Facility Submission. [To Add NAICS code, Edit Facility -> Facility Identification link -> Add NAICS Code](#)

* Report a 6-digit **NAICS** code and 9-digit **Dun and Bradstreet** number (Federal requirements)
(**Dun and Bradstreet:** Non-business entities may enter "N/A")

ID Type	ID Value	Description		
---------	----------	-------------	--	--

ID Type

Select Type ▾

ID Value

Description

[Add](#)

[Reset](#)

[Next](#)

Cutting Edge Planning and Training (FacID: 5608662) [EDIT](#) [DELETE](#)
10 Pearl Street
Newfield, NJ 08344, USA

[Facility Information](#)**Facility Identification**[State Fields](#)[Documents](#)[Validate Record](#)

Facility Identification

* Report a **NAICS** code and **Dun and Bradstreet** number (Federal requirement)
(**Dun and Bradstreet**: Non-business entities may enter "N/A")

ID Type	ID Value	Description		
Dun & Bradstreet	060606672		Edit	Delete
NAICS	611519	Fire Fighter Training School	Edit	Delete

ID Type

ID Value

Description

Select Type ▼

Select Type

TRI

SIC

Dun & Bradstreet

State ID

RMP

NAICS

EIN#

Other

334613 Blank

Magnetic and

State Applicable Fields

* Fields are State mandatory fields

State Requirement Error: Please fill a value for the State requirement labelled **Does your facility have onsite, trained fire personnel to specifically and immediately (regardless of date and time) address fire incidents? (select "No" if unsure).**
State Requirement Error: Please fill a value for the State requirement labelled **Comments (please provide the primary route to the facility and, if known, the alternate route).**

Note: Georgia requires all reporting to be electronic utilizing E-Plan. You may use Tier2 Submit to create a T2S file, but it must be submitted through E-Plan. Please see [Georgia's reporting instructions](#)

Does your facility have onsite, trained fire personnel to specifically and immediately (regardless of date and time) address fire incidents? (select "No" if unsure) * Yes No

Comments (please provide the primary route to the facility and, if known, the alternate route) *

Update & Continue

Reset




ABC Chemical Company (DEMO) (FacID: 5807848) [EDIT](#) [DELETE](#)
 90 3rd Street
 Bonita Springs, TX 76520, USA

[Facility Information](#)[Facility Identification](#)[State Fields](#)[Documents](#)[Validate Record](#)

Document Upload

* Fields are Federal mandatory fields

- I have submitted a site plan.
 I have attached a description of dikes and other safeguard measures.
 I have attached a list of site coordinate abbreviations.

No.	Document ID	File Name	File Type	File Category	File Description	Download	
1	738509	E-Plan training flyer-CEPT.pdf	File	Notification	E-Plan Class Flyer		Delete
2	738510	Draft-EPlan Best Practices for Authorizing Authorities.pdf	File	Other	Authorizing best practices		Delete
3	738511	ABC Chem Company Site Plan.jpg	File	Diagrams	Site Plan		Delete

File types: PDF, DOC, JPG are only allowed.
 If entering a link, choose File type as Link
 and put the link as http://somewebsite in the description field.

All Fields are Mandatory

File Type

File Category

File No file chosen

Max file size 9 Mb

File Description

Contact Information

*** Federal requirements include: Owner / Operator (name, mail address, phone & email)
Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour)
Tier II Information Contact (title, name, email & phone).**

* Fields are mandatory

Job Title	<input type="text"/>
Last Name or Business Name *	<input type="text" value="Marshall"/>
First Name	<input type="text"/>
Street Address *	<input type="text" value="123 Main St"/>
City *	<input type="text" value="Covington"/>
County	<input type="text"/>
State *	<input type="text" value="GA"/>
ZIP *	<input type="text" value="300014"/>
Country *	<input type="text" value="USA"/>
Email *	<input type="text" value="Mathew.marshall0511@gmail.com"/>

Contact Phone Information

Marshall (Owner / Operator)

Error: Phone Number is required for Owner / Operator. [Edit Contact \(of type Owner / Operator\) and enter at least one contact Phone number.](#)
Error: An Emergency contact is required for a Facility Submission. [Add New Contact of type Emergency Contact to fix this error.](#)
Error: A Tier II Information contact is required for a Facility Submission. [Add New Contact of type Tier II Information Contact to fix this error.](#)

*** Federal requirements include: Owner / Operator (name, mail address, phone & email)
Emergency Contact (title, name & 2 phone numbers, one of which must be 24-hour)
Tier II Information Contact (title, name, email & phone).**

Phone Type	Phone Number	
Phone Type		
Phone Number		
<input type="button" value="Add"/>		<input type="button" value="Next"/>

✓ Select Phone Type

- 24-hour
- Mobile - Cell
- Emergency
- Work
- Home
- Fax

Associate Contact With Facility

Marshall (Owner / Operator)

Note: You can associate " **Marshall**" with other facilities such that the contact information can be copied to the other associated facilities.

Error: Title is required for Emergency Contact. [Edit Contact \(of type Emergency Contact\)](#) and enter Title to fix this error.

Error: First Name is required for Emergency Contact. [Edit Contact \(of type Emergency Contact\)](#) and enter First Name to fix this error.

Error: At least 2 Phone numbers (Including 24 hr phone number) are required for Emergency Contact. [Edit Contact \(of type Emergency Contact\)](#) and enter at least 2 phone number to fix this error.

Error: A Tier II Information contact is required for a Facility Submission. [Add New Contact of type Tier II Information Contact](#) to fix this error.

Facility Name	Contact Type		
(FacID:7530744) Test 123	Emergency Contact	Edit	Delete
(FacID:7530744) Test 123	Owner / Operator	Edit	Delete

Select All Facilities and Contact Types

Facility id	Facility Name
<input type="checkbox"/> 7378121	ABCDEFGH
<input type="checkbox"/> 7378122	Cutting Edge Planning
<input type="checkbox"/> 7378123	ABC Chemical Compar
<input type="checkbox"/> 7378124	TEST TEST TEST
<input type="checkbox"/> 7378125	TEST TEST
<input type="checkbox"/> 7378126	test
<input checked="" type="checkbox"/> 7530744	Test 123

Select Contact Type

- Emergency Contact
- Owner / Operator
- Tier II Information Contact
- Fac. Emergency Coordinator
- Submitter
- Chemical Carrier
- Billing
- Facility Phone
- Parent Company
- Fire Department
- Carrier
- Carrier Emergency

Chemical Information

* Fields are Federal/State mandatory fields

** Fields are E-Plan mandatory fields

Remember to press the [Save & Continue](#) button after updating any information on this page. Otherwise, the changes will not be saved.

Chemical Details

CAS Number ** [Lookup](#) [Help](#)

Chemical Name * [Lookup](#) [EHS](#)

EHS *

Stored in **Batteries?**

Days on site *

Chemical information

- CHLORINE (7782505)
- CHLORINE AZIDE (13973881)
- CHLORINE DIOXIDE (10099044)
- Chlorine Dioxide Solution-500-5000 Mg./l (10049044)
- Chlorine Dioxide, Hydrate, Frozen (70377945)

Physical State *(Check all that apply)

Pure Mixture

Solid Liquid Gas

Chemical Details

CAS Number **

[Help](#)

Chemical Name *

EHS *

Trade Secret

Stored in **Batteries**?

Days on site *

Chemical information identical to previous year

Physical State **(Check all that apply)*

Pure Mixture

Solid Liquid Gas

Physical Hazards *(Check all that apply)

Copy chemical hazards to other chemicals

- Explosive
- Flammable (gases, aerosols, liquids, or solids)
- Oxidizer (liquid, solid or gas)
- Self-reactive
- Pyrophoric (liquid or solid)
- Pyrophoric Gas
- Self-heating
- Organic peroxide
- Corrosive to metal
- Gas under pressure (compressed gas)
- In contact with water emits flammable gas
- Combustible Dust

Health Hazards *(Check all that apply)

- Acute toxicity (any route of exposure)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity (single or repeated exposure)
- Aspiration hazard
- Simple Asphyxiant

Quantity

Max Daily Amount Code

Select Max Code

Maximum Daily Amount in pounds*

10000

Avg Daily Amount Code

Select Avg Code

Average Daily Amount in pounds*

10000

Maximum Amount in largest container (pounds) *

2000

Below Reporting Thresholds †

† **Note:** Voluntary reporting of amounts below reporting requirement thresholds. **(This checkbox does not apply to most submissions.)**

By checking this box, you are certifying that this chemical is not of a reportable quantity under **Section 312 of the Emergency Planning and Community Right to Know Act of 1986**. For EHS chemicals, only check this box if the quantity is below the TPQ or 500 lbs., whichever is less. (For a list of EHS chemicals and TPQs, please reference the EPA's **Consolidated List of Lists**.) For hazardous substances (anything with a SDS), only check this box if the quantity is below 10,000 lbs. In addition, this box may be checked if the chemical you are reporting is granted a specific exemption from Tier II reporting under 40 CFR 370.10-13.

Chemical Storage Locations

CHLORINE (CAS#: 7782505)

Error: Missing Chemical Storage Location.

Location

Maximum Amount

Storage/Pressure/Temperature Types

Storage Locations

Storage Type*

Select Storage Type

Pressure Type*

Select Pressure Type

Temperature Type*

Select Temperature Type

Location*

Storage locations are confidential, and the Confidential Location form is attached or submitted to your state per their directions.

[Download Confidential Location Form](#)

Maximum amount at
Location

Select unit

Add

Reset

Next

Chemical Storage Locations

Chlorine (CAS#: 7782505)

Location	Maximum Amount	Storage/Pressure/Temperature Types	
Building 3	0.0	Cylinder / Greater than ambient pressure / Ambient temperature	Edit Delete

Storage Locations

Storage Type*

Pressure Type*

Temperature Type*

Location*

Maximum amount at Location

Select Storage Type ▼

Select Storage Type

Select Pressure Type ▼

Select Temperature type ▼

Select Temperature type

Ambient temperature

Greater than ambient temperature

Less than ambient temp. / not cryog

Cryogenic conditions

Cylinder

Fiber Drum

Glass bottles or jugs

Plastic bottles or jugs

Plastic or non-metallic drum

Rail car

Silo

Steel Drum

Tank inside building

Tank wagon

Tote bin

Confidential

Select unit ▼

Storage Locations

Storage Type*

Cylinder

Pressure Type*

Greater than ambient pressure

Temperature Type*

Ambient temperature

Location*

Chlorine Storage Building

Storage locations are confidential, and the Confidential Location form is attached or submitted to your state per their directions.

[Download Confidential Location Form](#)

Maximum amount at Location

10000

pounds

Add

Reset

Next

State Applicable Fields

CHLORINE (CAS#: 7782505)

* Fields are State mandatory fields

State Requirement Error: Please fill a value for the State requirement labelled **Mode of Shipment**.

State Requirement Error: Please fill a value for the State requirement labelled **Frequency of Shipment per Year**.

State Requirement Error: Please fill a value for the State requirement labelled **Average Shipment Qty (lbs)**.

State Requirement Error: Please fill a value for the State requirement labelled **Physical State in Transit**.

State Requirement Error: Please fill a value for the State requirement labelled **Carrier**.

Mode of Shipment - Truck *

Mode of Shipment - Tank Truck *

Mode of Shipment - Rail Car *

Mode of Shipment - Tank Car *

Mode of Shipment - Pipeline *

Mode of Shipment - Barge *

Other (Specify) *

Mode of Shipment - If other, specify in text *

Frequency of Shipment per Year *

Average Shipment Qty (lbs) *

Physical State in Transit *

Carrier *

FacID 7530744 : Test 123

Contact : **Marshall**

Error: Title is required for Emergency Contact. [Edit Contact \(of type Emergency Contact\)](#) and enter Title to fix this error.

Error: First Name is required for Emergency Contact. [Edit Contact \(of type Emergency Contact\)](#) and enter First Name to fix this error.

Error: At least 2 Phone numbers (Including 24 hr phone number) are required for Emergency Contact. [Edit Contact \(of type Emergency Contact\)](#) and enter at least 2 phone number to fix this error.

Contact : **Marshall**

Error: Title is required for Tier II Information Contact. [Edit Contact \(of type Tier II Information Contact\)](#) and enter Title to fix this error.

Error: First/Last Name is required for Tier II Information Contact. [Edit Contact \(of type Tier II Information Contact\)](#) and enter First/Last Name to fix this error.

FacID 7530744 : Test 123

Validated : 2024-11-20 15:28:50.0 UTC

Facility **Passed** all Checks

Once your report has passed ALL submission tests for filing year 2023,
Click [Select facilities](#) to Continue Submission (Upload Data to E-Plan)

Exporting Tier II report to:

[Tier2 zip file](#)

[.t2s File](#)

[PDF file](#)

Submit Facility Information

Notes:

- 1) Select the Facilities which you would like to submit to the E-Plan database. Once you submit, these facilities and their information will be available to the First Responders through the E-Plan system.
- 2) If you have already filed the Facility information with E-Plan (status shows as Filed) and make any further changes to the Facility/Contact/Chemical information, you DO NOT have to re-upload the information. All changes are automatically available to the First Responders and the State officials. However, you will not get a confirmation email for the changes. To print the changed information, click on Print PDF button
- 3) The selection box will not be shown if (1) A facility is linked with an invoice, (2) Filing Status is "Filed" or (3) Validation status is "Not Pass." **To complete filing for a facility already linked to an invoice, please click the "invoice for 2023 " tab above.**
- 4) Facilities in **Florida**: Before filling out your Consolidated Annual Registration Form, please have available your credit card information.

Access ID: 1014804 (Mathew Marshall)

<input type="checkbox"/> Select all	Facility ID	Facility Name	State	Filing Status	Validation Status	E-Plan Invoice ID
<input type="checkbox"/>	7378125	TEST TEST	AL	Not Filed	Pass	
<input checked="" type="checkbox"/>	7530744	Test 123	GA	Not Filed	Pass	
	7378124	TEST TEST TEST	NC	Not Filed	Not Pass	
<input type="checkbox"/>	7378126	test	FL	Not Filed	Pass	
<input type="checkbox"/>	7378121	ABCDEFGF	FL	Not Filed	Pass	
Check Invoice Page	7378123	ABC Chemical Company (DEMO)	FL	Not Filed	Pass	
<input type="checkbox"/>	7378122	Cutting Edge Planning and Training	NJ	Not Filed	Pass	

Reporting Authority Emails:
(Up to 10 cc emails)

Mathew.marshall0511@gmail.com,
m.marshall@utdallas.edu

Submit

Print PDF

E-PLAN PAYMENT FOR FILING YEAR 2023

Payment Information

Company Name *	GA Test
Name *	Matt Marshall
Billing Address *	123 Main St
City *	Covington
State *	GA
Zip *	300014
Country *	USA
Phone	2392877069
Email	Mathew.marshall0511@gmail.com
PO Number	
Total Amount Due:	\$25.00

Payment Method

- Credit Card Payment
- Check/Money Order

Submit

DETAIL DESCRIPTION

NO.	STATE	# OF FACILITIES	ADMINISTRATIVE CHARGE PER FACILITY	EXTENDED COST	FACILITY ID
1.	GA	1	\$25.00	\$25.00	7530744

Select Facilities for PDF

Note:

The selection box will be shown if Validation status is "Pass"

<input type="checkbox"/> Select all	No.	ID	Facility Name	State	Filing Status	Validation Status	Invoice Status
<input type="checkbox"/>	1	7241924	ABCDEFGH	FL	Not Filed	Not Pass	
<input type="checkbox"/>	2	7241925	Cutting Edge Planning and Training	NJ	Not Filed	Pass	
<input type="checkbox"/>	3	7241926	ABC Chemical Company (DEMO)	FL	Not Filed	Pass	
<input type="checkbox"/>	4	7241927	TEST TEST TEST	NC	Not Filed	Pass	
<input type="checkbox"/>	5	7241928	TEST TEST	AL	Not Filed	Pass	
<input type="checkbox"/>	6	7241929	test	FL	Not Filed	Pass	Paid

[Create PDF](#)

[Back](#)

Questions?



The correct way to report a mixture or a pure chemical is to report what the SDS is for. For example, if the SDS is for the sulfuric acid battery, then report it as is (mixture), then the facility should check off the box that says “EHS” and write it sulfuric acid, and the amount present in the batteries. So the facility would be checking off all the hazards on the SDS.

If the facility also has sulfuric acid in pure form, it is best to advise them to report it in the “pure” chemical section.

In order to determine if they have to report, since sulfuric acid is an EHS, the facility would be to aggregate the amount of sulfuric acid present in pure form with those amount present in mixtures, such as batteries, and other mixtures.

Btw, we are going to post a cross-walk of the old and the new physical and health hazards on our website hopefully today.

*Sicy Jacob
Chemical Engineer
Regulations Implementation Division
Office of Emergency Management
U.S. EPA, MailCode 5104A
1200 Pennsylvania Avenue, NW*