



302 EMERGENCY PLANNING NOTIFICATION

State Form 52016 (1-05)

Indiana Department of Environmental Management
Indiana Emergency Response Commission

Read Instruction found after this form before completing this form

1. Facility Information:

ID Number _____
Name _____
Street Address _____
City _____ County _____ ZIP code _____
Telephone _____ E-mail _____

2. Contact Information:

Contact Person _____
Address _____
(if different than facility address)
City _____ County _____ ZIP code _____
Telephone _____ E-mail _____

3. Extremely Hazardous Substance (EHS) Storage Information:

EHS Name _____ CAS Number _____
Maximum quantity stored at any time _____ (pounds)
Is the facility a planning facility for the first time? ☐ Yes ☐ No
Date the EHS was initially brought on site _____
Calendar years facility reported as a planning facility _____

4. Certification

I have determined that the above facility does store an EHS as defined by SARA Title III above the TPQ and therefore is subject to Section 302 of EPCRA.

Name of official filling out form

Signature of official

Title

Date (*month, day, year*)

302-Instructions

Section 302 of SARA Title III outlines the requirements if an EHS is present at a facility in a quantity greater than or equal to the established TPQ. The presence of EHSs in such quantities designates a facility as a planning facility.

The facility must, therefore, submit written notification within **60 days** of storing an EHS to the following:

- **IDEM** **LEPC—County where the facility is located**
Indiana Emergency Response Commission
Attn: Tier II
100 N. Senate Ave.
Indianapolis, IN 46204

1 Facility Information

- Facility ID Number**—Provide the facility identification number for the facility. If the facility ID number is unknown, please refer to the IDEM CRTK web page for contact information. If this is a new facility or a first time filer, indicate this in the designated space.
- Name of the Facility**—Enter the actual name of the facility, generally the name appearing on an exterior sign at the facility.
- Street Address**—Provide the actual, complete street address of the facility, including number, name, and type of roadway. Providing only post office box numbers, railroads, routes, or highways is UNACCEPTABLE.
- City**—Provide the name of the city where the facility is located. If the facility is remotely located, the name of the closest city, the city in which the primary responding fire department is located, or the township in which the facility is located must be designated.
- County**—Provide the name of the county in which the facility is located. This must be consistent with the location of the city.
- ZIP Code**—Provide either the 5 or 9 digit zip code for the facility. If the facility is remotely located, provide the zip code of the post office that serves the area.
- Telephone**—Provide the facility telephone number.
- E-mail**—Provide email address for the facility.

2 Contact Information

- Contact Person**—Enter the name of the designated contact person for the facility.
- Address**—Provide the address of the contact person named above if this address is different from the facility address.
- Telephone**—Provide the telephone number for the contact person. This should be a 24 hour contact number.
- E-mail**—Provide email address of the contact person.

3 EHS Storage Information

- EHS Name**—Provide the common name or trade name of the substance or mixture.
- Storage Quantity**—Provide the maximum quantity stored at the facility at any time during the year.
- Date of Introduction**—Enter the date the EHS was first brought on site. This is the date the facility became a planning facility.
- Reporting**—Provide each calendar year this facility filed notification with the SERC and appropriate LEPC.

- Certification**—Please provide name of the facility official filling out this form, their professional title and signature, and the date of completion.