



# Using E-Plan to Submit Tier II

Mathew Marshall  
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## 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

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## 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

# 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 **"2019 filing option"** will be available for use in E-Plan on **January 1, 2020**. Tier II reports due on March 1, 2020 should reflect chemical inventories for the previous calendar year January 1 - December 31, 2019
2. For reporting year 2019, **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. E-PLAN Webinars on "How to use E-Plan to submit a 2019 Tier2 report". Registration at <https://register.gotowebinar.com/rt/8493223051306225675>

### Dates are:

- \* Friday, Jan 17, 2020 8:00 AM – 9:00 AM CST
- \* Friday, Jan 31, 2020 12:30 PM – 1:30 PM CST
- \* Friday, Feb 14, 2020 8:00 AM – 9:00 AM CST
- \* Friday, Feb 28, 2020 12:30 PM – 1:30 PM CST

4. For the 2019 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.
5. 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.
6. Please refer to your state's web site and the **EPA's State Tier II Reporting Requirements and Procedures** for submission details.
7. E-Plan online Tier II training video. Click **here** to watch.

## 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.

Access ID #

[Forgot Access ID](#)

Password

[Forgot Password](#)

Sign In

New to E-Plan?

[Create An Account](#)

Forgot Access ID

New to E-Plan

# 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

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 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:

2018 

TO:

**Step 2**

2019 

**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'



## 2019 Online Filing Home

Search Existing Facilities [Reset](#)

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\* 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 [Legend Help!](#)

Page 1 of 1 1 Total number of facilities: 6

[Add New Facility](#) [Delete Facilities](#)  
No of Results per page : 50

NO.	ID	FACILITY NAME		STATE	FILING STATUS	DELETE
1.	6536135	<b>ABC Chemical Company</b> Contact Information 1. M M - Emergency Contact 2. M M - Owner / Operator 3. M M - Tier II Information Contact Chemical Information 1. sulfuric acid		FL	Not Filed	<input type="checkbox"/>
2.	6638301	<b>Cutting Edge Planning and Training</b> Contact Information 1. Mathew Marshall - Emergency Contact 2. Mathew Marshall - Fac. Emergency Coordinator 3. Mathew Marshall - Owner / Operator 4. Mathew Marshall - Owner / Operator 5. Mathew Marshall - Primary		NJ	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	<input type="text" value="Mathew Marshall"/>
Password	<input type="button" value="Edit"/>
Email	<input type="text" value="mathew.marshall0511@gm."/>
<b>Emergency Plan Notification / Tier2 Reporting Authority Email Address(es)</b> (up to 5) Add one email in each line or add comma(,) at the end of each email	
<div><div>Mathew.marshall0511@gmail.com, m.marshall@utdallas.edu</div><div></div></div>	



# Facility 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.

## Facility Details

Facility Name \*

ABC Chemical Company (DEMO)

Department

Company Name \*\*

Cutting Edge Planning & Training Inc.

Copy company name to other facilities

Facility Email

mathew.marshall0511@gmail.com

Fire District

Report Year

2019

Emergency 24-Hour Phone Number

Facility Notes

## Physical Address

Street \*

FM 1358

City \*

Oakville

State \*

TX

County \*

Live Oak

ZIP \*

78060

Country

USA

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

Mailing Address [Copy mailing address to other facilities](#)

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

Street

City

State

ZIP

Country

## Location

[Lookup Lat/Long](#)

[Validate Lat/Long](#)

Latitude \*

Longitude \*

USNG

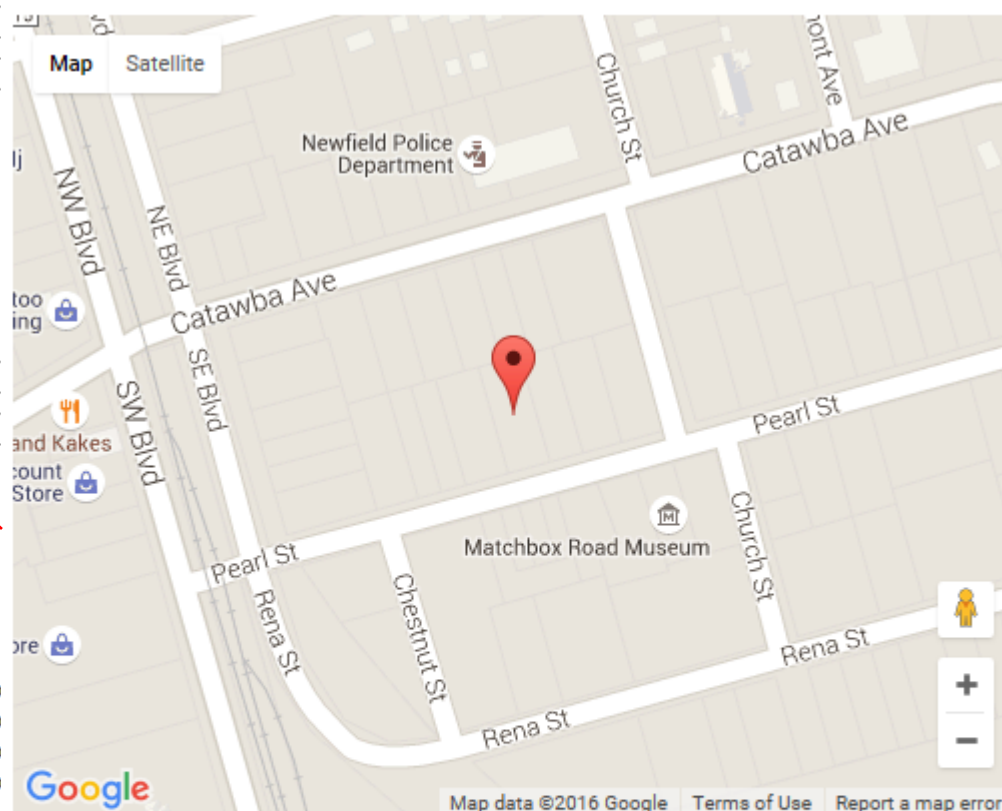
Manned \* ☒ Yes ☐ No

Maximum No. of Occupants \*

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

Type of Facility \* ☒ Yes ☐ No ---- EP  
☐ Yes ☒ No ---- EP  
☒ Yes ☐ No ---- EP  
☐ Yes ☒ No ---- EP  
☐ Yes ☒ No ---- CA

[More Info](#)



**Click and drag the marker to correct Latitude/Longitude.**

**Current position:** [Click to update Lat/Long](#)

39.54623300000001, -75.0228209

**Closest matching address:**

10 Pearl St, Newfield, NJ 08344, USA

I certify under penalty of law that I have provided true and accurate information contained in this submission, and I am 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](#)[ADD NEW FACILITY](#)[ADD NEW CONTACT](#)[ADD NEW CHEMICAL](#)

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		<a href="#">Edit</a>	<a href="#">Delete</a>
NAICS	611519	Fire Fighter Training School	<a href="#">Edit</a>	<a href="#">Delete</a>

ID Type

ID Value

Description

[Add](#)

Select Type ▼  
Select Type  
TRI  
SIC  
Dun & Bradstreet  
State ID  
RMP  
NAICS  
EIN#  
Other  
334613 Blank  
Magnetic and

[Next](#)[Contact Us](#) | [FAQ](#) | [E-PLAN ONLINE TIER](#)[IDE](#) | [E-PLAN ONLINE 302 SUBMIT - USER'S GUIDE](#)



[Submission Home](#) [Filing Management](#)

[Facility Information](#)

[Facility Identification](#)

**State Fields**

[Documents](#)

## State Applicable Fields

**Cutting Edge Planning and Training (FacID:2880760)**

10 Pearl Street  
Newfield, NJ, 08344, USA

No Applicable State Fields

[Next](#)

| [Contact Us](#) | [FAQ](#) | Instructional Video Tours

Select a Tour




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		<a href="#">Delete</a>
2	738510	Draft-EPlan Best Practices for Authorizing Authorities.pdf	File	Other	Authorizing best practices		<a href="#">Delete</a>
3	738511	ABC Chem Company Site Plan.jpg	File	Diagrams	Site Plan		<a href="#">Delete</a>

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 ▼

File Category

SDS ▼

File

 No file chosen

Max file size 9 Mb

File Description

# Add/Edit Contact

## 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

Title *	<input type="text"/>
Last Name or Business Name *	<input type="text"/>
First Name *	<input type="text"/>
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"/>
<div><input type="button" value="Save &amp; Continue"/> <input type="button" value="Cancel"/></div>	

[CURRENT FACILITY](#)[CONTACT LIST](#)[CHEMICAL LIST](#)

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

[Contact Information](#)[Phone Information](#)[Facility Association](#)[Documents](#)[Validate Record](#)

## Contact Information

### Mathew Marshall (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="VP"/>
Last Name or Business Name *	<input type="text" value="Marshall"/>
First Name *	<input type="text" value="Mathew"/>
Street Address	<input type="text" value="90 3rd Street"/>
City	<input type="text" value="Bonita Springs"/>
County	<input type="text" value="Collier"/>
State	<input type="text" value="GA"/>
ZIP	<input type="text" value="34134"/>
Country	<input type="text" value="USA"/>
Email *	<input type="text" value="mathew.marshall0511@gmail.com"/>

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

[CURRENT FACILITY](#)[CONTACT LIST](#)[CHEMICAL LIST](#)

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

[Contact Information](#)[Phone Information](#)[Facility Association](#)[Documents](#)[Validate Record](#)

## Contact Phone Information

Mathew Marshall (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	
Mobile - Cell	<a href="#">239-287-7069</a>	<a href="#">Edit</a> <a href="#">Delete</a>
24-hour	<a href="#">2392877069</a>	<a href="#">Edit</a> <a href="#">Delete</a>

Phone Type

Phone Number

[Add](#)

Select Phone Type ▾

Select Phone Type

24-hour

Mobile - Cell

Emergency

Work

Home

Fax

Beeper - Pager

[Next](#)[| Contact Us](#) [| FAQ](#) [| E-PLAN ONLINE TIER2 SUBM](#)[E-PLAN ONLINE 302 SUBMIT - USER'S GUIDE](#)



[CURRENT FACILITY](#)[CONTACT LIST](#)[CHEMICAL LIST](#)

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

[Contact Information](#)[Phone Information](#)[Facility Association](#)[Documents](#)[Validate Record](#)

## Associate Contact With Facility

### Mathew Marshall (Emergency Contact)

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

Facility Name	Contact Type		
(FacID:5807848) ABC Chemical Company (DEMO)	Emergency Contact	<a href="#">Edit</a>	<a href="#">Delete</a>

- ☐ **Select All Facilities and Contact Type** Select Contact Type ▼
- ☐ (FacID:5807847) Cutting Edge Planning and Training
- ☒ (FacID:5807848) ABC Chemical Company (DEMO) (Current facility)

[Add](#)[Reset](#)[Next](#)

CURRENT FACILITY

CONTACT LIST

CHEMICAL LIST

Cutting Edge Planning and Training (FacID: 6360502) [EDIT](#) [DELETE](#)  
10 Pearl Street  
Newfield, NJ 08344, USA

Chemical Information

[Storage Locations](#)

[Mixture Components](#)

[State Fields](#)

[Documents](#)

[Validate Record](#)

## 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.

### Chemical Details

CAS Number \*\*

[Lookup](#)

[Help](#)

Chemical Name \*

[Lookup](#)

[EHS](#)

☒ EHS \*

☐ Trade Secret

Chemical information identical to previous

Copy Chemical Hazards to other Chemicals

Physical State \*(Check all that apply)

- ☐ Pure
- ☒ Mixture
- ☒ Solid
- ☒ Liquid
- ☐ Gas

Physical Hazards \*(Check all that apply)

- ☐ 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

Copy below chemical hazard information to:

Battery (0)

No Hazard information to copy (2017 only)

[Go Back](#) [Copy](#)

ABC Chemical Company (DEMO) (6360503)

- ☐ Chlorine (CAS:7782505, Tier2 )
- ☐ Diethylene Glycol Monobutyl Ether (CAS:112345, Tier2 )
- ☐ Ethylene Oxide (CAS:75218, Tier2 )
- ☐ HYDROFLUORIC ACID (CAS:7664393, Tier2 )

TEST TEST TEST (6360504)

- ☐ Chlorine (CAS:7782505, Tier2 )
- Physical Hazard**
  - Corrosive to metal
  - Gas under pressure (compressed gas)
- Health Hazard**
  - Respiratory or skin sensitization

TEST TEST (6360505)

- ☐ Sulfuric Acid Batteries (CAS:0000000, Tier2 )
- ☐ wolverine (CAS:0000, Tier2 )

test (6360506)

- ☐ Chlorine (CAS:7782505, Tier2 )

- ☐ Specific target organ toxicity (single or repeated exposure)
- ☐ Aspiration hazard
- ☐ Simple Asphyxiant
- ☐ Hazard Not Otherwise Classified

Quantity

Max Daily Amount Code

Maximum Daily Amount in pounds\*

Avg Daily Amount Code

Average Daily Amount in pounds\*

Maximum Amount in largest container (pounds)

Below Reporting Thresholds † ☐

Chemical Storage Locations

Chlorine (CAS#: 7782505)

Location	Maximum Amount	Storage/Pressure/Temperature Types	
Building 3	0.0	Cylinder / Greater than ambient pressure / Ambient temperature	<a href="#">Edit</a> <a href="#">Delete</a>

Storage Locations

Storage Type\*

Pressure Type\*

Temperature Type\*

Location\*

Maximum amount at Location

Add

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

Next

## Chemical Components

Chlorine (CAS#: 7782505)

Component Chemical Name	CAS Number	Max Code	Percentage	
Chlorine	7782505		10.0, Vol	<a href="#">Edit</a> <a href="#">Delete</a>
Sodium Thiosulfate	10102177		90.0, Vol	<a href="#">Edit</a> <a href="#">Delete</a>

### Mixture Components

CAS Number   [Help](#)

Component

EHS \* ☐

Physical State ☐ Gas ☐ Liquid ☐ Solid

Maximum Amount Code

Percentage

## Submission Report for Access ID 1014804

### 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 5894167 : Cutting Edge Planning and Training

**Error:** The entered description for NAICS code 611519 differs from the official description in NAICS 2017.

Entered description : Fire Fighter Training School

Official description : Other Technical and Trade Schools

[Edit NAICS at the Facility Identification Page to fix error.](#)

Chemical : **Diesel Fuel(68334305)**

**Error:** At least one hazard must be checked for Chemical Submission. [Edit chemical and check at least one hazard to fix this error \(See below\).](#)

#### Physical Hazards:

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

#### Health Hazards:

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

Once your report has passed ALL submission tests for filing year 2016,  
Click [Upload Data to E-Plan](#) to complete the Tier II submission.

Exporting Tier II report to:

[Tier2 zip file](#)

[.t2s File](#)

[PDF file](#)

## Successfully updated!

**Error:** Days on site should be between 1 and 365 for Chemical Submission. [Edit Days on site to fix this error.](#)

Chemical : **Chlorine(7782505)**

**Error:** At least one hazard must be checked for Chemical Submission. [Edit chemical and check at least one hazard to fix this error \(See below\).](#)

### Physical Hazards:

- |  |  |
|--|--|
| <input type="checkbox"/> Explosive<br><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)<br><input type="checkbox"/> Oxidizer (liquid, solid or gas)<br><input type="checkbox"/> Self-reactive<br><input type="checkbox"/> Pyrophoric (liquid or solid)<br><input type="checkbox"/> Pyrophoric Gas | <input type="checkbox"/> Self-heating<br><input type="checkbox"/> Organic peroxide<br><input checked="" type="checkbox"/> Corrosive to metal<br><input checked="" type="checkbox"/> Gas under pressure (compressed gas)<br><input type="checkbox"/> In contact with water emits flammable gas<br><input type="checkbox"/> Combustible Dust |
|--|--|

### Health Hazards:

- |  |   |
|--|---|
| <input type="checkbox"/> Acute toxicity (any route of exposure)<br><input type="checkbox"/> Skin corrosion or irritation<br><input type="checkbox"/> Serious eye damage or eye irritation<br><input type="checkbox"/> Respiratory or skin sensitization<br><input type="checkbox"/> Germ cell mutagenicity<br><input type="checkbox"/> Hazard Not Otherwise Classified | <input type="checkbox"/> Carcinogenicity<br><input type="checkbox"/> Reproductive toxicity<br><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)<br><input type="checkbox"/> Aspiration hazard<br><input type="checkbox"/> Simple Asphyxiant |
|--|---|

**FacID 6090267 : TEST TEST**

**State Requirement Error:** Please fill a valid email address for the State requirement labelled **Valid e-mail address for your proof of receipt.** [Edit Facility and click on State Fields tab to access the State Specific Fields and click on update button to fix this error.](#)

**Entered Email:**

**Error:** Days on site should be between 1 and 365 for Chemical Submission. [Edit Days on site to fix this error.](#)

Chemical : **Sulfuric Acid Batteries(0000000)**

**Error:** At least one hazard must be checked for Chemical Submission. [Edit chemical and check at least one hazard to fix this error \(See below\).](#)

### Physical Hazards:

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Self-heating |
|------------------------------------|---------------------------------------|



## Submission Report for Access ID 1014804

### 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 5807848 : ABC Chemical Company (DEMO)

**Warning:** Latitude (26.327516615972293) of Live Oak County, TX should be between 28.056681 and 28.786949. Edit Facility and correct value to fix this warning.

**Warning:** Longitude (-81.82378227116396) of Live Oak County, TX should be between -98.335031 and -97.808774. Edit Facility and correct value to fix this warning.

Contact : Mathew Marshall

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

Contact : Mathew Marshall

**Error:** Title is required for Fac. Emergency Coordinator. Edit Contact (of type Fac. Emergency Coordinator) and enter Title to fix this error.

Contact : Mathew 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.

**State Requirement Error:** Please fill a value for the State requirement labelled During this reporting year, was this facility sold to another company, or did it close operations or discontinue storing reportable quantities of hazardous substances? If yes, you must enter the effective date. Answering 'No' means that as of the end of the reporting year you were still operating this facility and storing reportable quantities of hazardous substances.. Edit Facility and click on State Fields tab to access the State Specific Fields and click on update button to fix this error.

**Error:** NAICS code 111111 is not on the most recent (2012) list of 6-digit codes. Edit NAICS at the Facility Identification Page to fix error.

FacID 5807847 : Cutting Edge Planning and Training

Facility Passed all Checks

Once your report has passed ALL submission tests for filing year 2016,

Click [Upload Data to E-Plan](#) to complete the Tier II submission.

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 2017 " tab above.

Access ID: 1014804 ( Mathew Marshall )

<input type="checkbox"/> Select all	Facility ID	Facility Name	State	Filing Status	Validation Status	Invoice ID
	6090265	ABC Chemical Company (DEMO)	TX	Not Filed	Not Pass	
	6090264	Cutting Edge Planning and Training	NJ	Not Filed	Not Pass	
	6090267	TEST TEST	AL	Not Filed	Not Pass	
<input checked="" type="checkbox"/>	6090266	TEST TEST TEST	NC	Not Filed	Pass	
	6090268	test	FL	Not Filed	Not Pass	

Reporting Authority Emails:  
(Up to 5 cc emails)

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

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

Owner/Operator Information

Filing Year

2019

Company Name \*

M

Business Mailing Address (Street or P.O. Box) \*

123 main

City \*

bonita

State \*

FL

Zip \*

34134

NAICS Code \*

221330

Telephone \*

Contact Person \*

Title \*

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

Calculated Fees

Enter Number of employees (statewide)

0

Filing Rate

\$ 0.0

Filing Fees

\$ 0.0

Calculate

Reset

NORTH CAROLINA STATE EMERGENCY RESPONSE COMMISSION (SERC)  
CONSOLIDATED ANNUAL REGISTRATION FORM

Owner/Operator Information

Filing Year

2019

Company Name \*

TEST TEST TEST

First Name \*

Mathew

Last Name \*

Marshall

Business Mailing Address (Street or P.O. Box) \*

90 3rd Street

City \*

Bonita Springs

State \*

GA

Zip \*

34134

Dun and Bradstreet Code \*

000000000

Telephone \*

239-287-7069

E-Mail \*

mathew.marshall0511@gmail

Registration Fee

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

1.

Is your facility a family farm enterprise?

Yes

No
2.

Is your facility owned by federal, state, or local government?

Yes

No
3.

Is your facility a non-profit corporation?

Yes

No
4.

Is your facility a motor vehicle dealership?

Yes

No

Calculated Fees

Number of EHS Chemicals

2

x \$90.00

Number of Non-EHS Chemicals

0

x \$50.00

Number of Exempt Chemicals

0

Number of Chemicals Below TPO

0

Filing Fees

\$180.00

FACILITY ID	FACILITY NAME	FILING FEE
6638303	TEST TEST TEST	\$180.00
	EHS Battery (CAS: )	
	EHS Chlorine (CAS: 7782505)	

Submit

E-PLAN PAYMENT FOR FILING YEAR 2019

Payment Information

Company Name \*

TEST TEST

Name \*

marshall matt

Billing Address \*

123

City \*

miami

State \*

FL

Zip \*

33990

Country \*

USA

Phone

2392877069

Email

m.marshall@utdallas.edu

PO Number

Total Amount Due:

\$25.00

Payment Method

- ☐ Credit Card Payment
- ☐ Check/Money Order

Submit

# Questions?

Contact:

Mathew Marshall

[m.marshall@utdallas.edu](mailto:m.marshall@utdallas.edu)

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.

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