12/21/2015

TIER II

Recieved 2/9/16

Page 1 of 4

Emergency and Hazardous Chemical Inventory

HD 0030

Avera Hand County Memorial Hospital

Reporting Period: January 1 to December 31, 2015

HD 0030 State ID #: Avera Hospital Facility Name: **Facility Information:** 300 W 5th ST Facility Phone: 6058532421 Miller, SD 57362 Hand County 44.52 -98.99 Latitude: Longitude: Max # of Occupants: 150 Manned: Yes Dun & Bradstreet #: NAICS Code: 622110 TRI Facility ID #: n/a RMP Facility ID #: n/a ☐ Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? ☐ Subject to Chemical Accident Prevention under Section 112 (r) of CAA (40 CFR part 68, Risk Management Program)? Owner or Operator Information: Parent Company Information: Avera Hand County Memorial Hospital 300 W 5th ST Miller, SD 57362 6058532421

Facility Emergency Coordinator:

Tier II Information Contact:

Thomas Lichty

Avera Hand County Memorial Hospital

300 W 5th St Miller, SD 57362

Thomas.Lichty@Avera.org

Comments:

Emergency and Hazardous Chemical Inventory

HD 0030

Avera Hand County Memorial Hospital

Reporting Period: January 1 to December 31, 2015

Emergency Contacts:

Contact #1:

Work Phone:

Thomas Lichty

Contact #2:

Bryan Breitling

Title:

6058530361

Title:

Work Phone:

6058530399

24-hour Phone: 6054613374

24-hour Phone: 6054508706

Email:

Email:

TIER II

Emergency and Hazardous Chemical Inventory

HD 0030

Avera Hand County Memorial Hospital

Reporting Period: January 1 to December 31, 2015

Chemical Description: Name: Heating Fuel CAS #: 0 0 0 0 0 0 0 - 0 0 - 0 Pure or Mixture	Physical & Health Hazards:	Inventory: Maximum (range code): 08 Maximum:	Storage: Type: B Temperature: 4 Pressure: 1 Confidential: Location: north of boiler room in parking lot
□ Solid or ☑ Liquid or □ Gas □ Trade Secret □ Chemical is or contains Extremely Hazardous Substance (EHS) EHS Name: If mixture, weight of EHS portion (range code): □ Ingredient in product made or mixed on-site Non-EHS Names:	release of pressure Reactive Acute (immediate) Delayed (chronic) Measure: GAL	Average (range code): 07 Average: 6000 Days on-site: 365 Max Per Container: 9600	

Comments:

☐ Chemical is or contains Extremely Hazardous ☐ Reactive (Substance (EHS) ☐ Acute (EHS Name: ☐ Delayed (If mixture, weight of EHS portion (range (Chronic) code): ☐ ☐ Ingredient in product made or mixed on-site Measure: LBS	Average (range code): 04 Average: 1200 Days on-site: 365 Max Per Container: 550	Type: C Temperature: 4 Pressure: 1 Confidential: Location: room accross from Electical rooms at west end of building
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Comments:

Emergency and Hazardous Chemical Inventory

HD 0030	Avera Hand County Memorial Hospital	Reporting Period: January 1 to December 31, 20		
Attachments	s :			
□ Site	Plan ☐ List of site coordinate abbreviations	☐ Dscriptions of dikes & other safety measures		

Amount Stored - Range Codes			
Code	From	То	
01	0 lb.	99 lb.	
02	100 lb.	499 lb.	
03	500 lb.	999 lb.	
04	1,000 lb.	4,999 lb.	
05	5,000 lb.	9,999 lb.	
06	10,000 lb.	24,999 lb.	
07	25,000 lb.	49,999 lb.	
08	50,000 lb.	74,999 lb.	
09	75,000 lb.	99,999 lb.	
10	100,000 lb.	499,999 lb.	
11	500,000 lb.	999,999 lb.	
12	1,000,000 lb.	9,999,999 lb.	

☐ Other:

☐ Facility map

Types of Storage - Codes			
Code	Description	Code	Description
A	Above ground tank	N	Plastic bottles/jugs
3	Underground tank	0	Tote bin
0	Tank inside building	Р	Tank wagon
)	Steel drum	Q	Rail car
Ξ	Plastic/non-metal drum	R	Other
=	Can	S	Battery
3	Carboy		
1	Silo		
	Fiber Drum		
J	Bag		
<	Box		
-	Cylinder		

Storage Conditions - Codes			
Code	Pressure	Code	Temperature
1	Ambient	4	Ambient
2	Greater than ambient	5	Greater than ambient
3	Less than ambient	6	Less than ambient but not cryogenic
		7	Cryogenic

Certification (read and sign after completing all sections):

I certify under penalty of law that I have prsonally examined and am familiar with all information submitted in pages 1 through _4_. Based on my inquiry of the individuals responsible for obtaining this data, I believe the submitted information is true, accurate, and complete.

Name and Title, Owner/Operator or owner/operator's authorized representative

Thomas Lichty

12/21/2015 12:24:10PM

Signature