

Tier II Emergency and Hazardous Chemical Inventory

Reporting Period From January 1, 2014 to December 31, 2014

Annual Update Revised Facility Information has changed from the last submission

Facility Identification				Owner/Operator Details					
Facility ID	:	6853		Name	:	Jo Pyle			
Name	:	TRACY AREA ELEMENTARY SCHOOL		Address	:	700 S 4th St			
Street	:	700 S 4TH ST	City	:	Tracy				
State	:	MN	Zip	:	56175				
County	:	Lyon	Municipality	:					
Fire Department	:	TRACY		Phone	:	507-629-5518	Email	:	sommervoldp@tracy.k12.mn.us
Lat/Long	:	44.228276/-95.623607	FTE	:					
Fax	:	507-629-5525	Phone	:	507-629-5518				
Maximum Occupants	:	3000	Email	:	sommervoldp@tracy.k12.mn.us				
			<input checked="" type="checkbox"/> Manned <input type="checkbox"/> Unmanned						
SIC Code : 8211				Parent Company Details					
NAICS Code : 611110				Name	:				
EIN ID(Tax Number) : 90-0501338				Dun and Brad No	:				
RMP Facility ID :				Address	:				
Dun and Brad No :				Phone	:				
Nature of Business : Education									
Subject to EPCRA Section 312 (Annual Inventory)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Tier II Information Contact					
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Name	:	Joe Pyle			
Subject to Section 112r of Clean Air Act (CAA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Title	:	facility supervisor			
Subject to EPCRA Section 313 (Toxic Release Inventory - TRI)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Phone	:	507-629-4436	24 Hr.Phone	:	507-629-4436
				Email	:	pylejh@tracy.k12.mn.us			
Mailing Address				Facility Emergency Planning Coordinator					
Company Name	:	TRACY AREA ELEMENTARY SCHOOL							
Attention	:	Chad Anderson							
Street Address 1	:	934 PINE ST							
Street Address 2	:								
City	:	TRACY	State	:	MN				
Zip	:	56175	Phone	:	507-629-5500				
Country	:	United States							
Emergency Contacts									
Name	Title	Phone	24 Hr.Phone	Email					
JOE PYLE	Facilities Supervisor	507-629-4436	507-629-4436	pylej@tracy.k12.mn.us					
KELVIN POPE	ELEM. DAY CUSTODIAN	507-629-3268	507-629-3268	popek@tracy.k12.mn.us					
Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.				Optional Attachments					
Joe Pyle, facility supervisor				<input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> Site Coordinate Abbreviations <input type="checkbox"/> Other Safeguard measures <input type="checkbox"/> Facility Emergency Response Plan					
Name and official title of owner/operator or authorized representative		Date Signed	Telephone Number	Signature					
		3/4/2015 9:03:51 AM	507-629-4436						

Tier II Emergency and Hazardous Chemical Inventory

Facility/Site Name : TRACY AREA ELEMENTARY SCHOOL ID : 6853

Reporting Period From January 1, 2014 to December 31, 2014

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Location						
			Container Type	Pressure	Temperature	Storage Location	Description	Lat/Long	Max Amt At Location(lbs)
Chemical ID : 458099 Check if Chemical Information is changed from the last submission : <input type="checkbox"/> CAS # : 68476-30-2 Trade Secret : <input type="checkbox"/> Chemical Name : FUEL OIL EHS : <input type="checkbox"/> Contains EHS : <input type="checkbox"/> Exceeds TPQ : <input type="checkbox"/> EHS Name : <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Chemical Added On : Exceed TPQ On : Check if the chemical is below reporting threshold : <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate <input checked="" type="checkbox"/> Delayed (Chronic)	200 : Max Daily Amt (lbs) 02 : Max Daily Amt Code 150 : Avg Daily Amt (lbs) 02 : Avg Daily Amt Code 0 : Max Amt in Largest Container (lbs) 365 : No of days onsite	[B]Below ground tank	[1]Ambient pressure	[4]Ambient temperature	SOUTH EAST END OF BLDG		44.2282 76/-95.6 23607	