



Changes & Enhancement

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UT Dallas

12/13/2016

2016 Tier 2 Requirements (EPA)

Facility Search

302 Automation – FL only

Non-Tier 2 reports

Company name and mailing address copy

Year to year copy (Chemical report tag)

Super User

Alabama

Facility State Field

- Master ID Number

Colorado

Facility Information

- Fire District

Florida

Facility State Field (optional)

- Does your facility have a written emergency response plan?
- Does your facility have a hazardous materials response team?
- Does your local fire department have an up-to-date pre-plan for your facility?

Ohio

Contact Information

- Fire Dept, 2nd Emergency Contact (req.)
- Regulatory POC, Emergency Contact email & fax (optional)



ENHANCEMENTS

2016 Online Filing Home

Search Existing Facilities

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY	
Facility ID	Facility Name	Street Address	City	County	FIND

5718970 UTD 1
5718971 UTD 2

ide: Owner / Operator (name, mail address, phone & email); Emergency Contact (name & 2
h must be 24-hour); Tier II Information Contact (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: 2

No of Results per page : 50 ▾

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
1.	5718970	UTD 1 Contact Information	NC	Not Filed	<input type="checkbox"/>

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](#)

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.

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 *	<input type="text" value="UTD 1"/>
Department	<input type="text"/>
Company Name **	<input type="text" value="UTD"/>
Facility Email	<input type="text"/>
Fire District	<input type="text"/>

Copy company name to other facilities

Copy Facility Information

Note: You can copy Company Name: "UTD" to other facilities

Company Name: UTD

Select All Facilities

(FacID:5718971) UTD 2 ()

Copy

Country

Mailing Address

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

Street

City

State

ZIP

Location

Latitude *

Longitude *





Copy Facility Information

Note: You can copy Mailing Address: "140 Pepsi Lane, Fayetteville, NC 28301" to other facilities

Mailing Address: 140 Pepsi Lane, Fayetteville, NC 28301

- Select All Facilities
- (FacID:5718971) UTD 2 (800 Richardson, Richardson, TX 78001)


Copy


ID	FACILITY NAME	STATE	FILING STATUS
5718970	<p>UTD 1    </p> <p>Contact Information</p> <ul style="list-style-type: none"> 1. Bao Tran - Carrier Edit Delete 2. Bao Tran - Emergency Contact Edit Delete 3. Bao Tran - Fac. Emergency Coordinator Edit Delete 4. Bao Tran - Owner / Operator Edit Delete 5. Bao Tran - Tier II Information Contact Edit Delete <p>Chemical Information</p> <ul style="list-style-type: none"> 1. (e)-crotonaldehyde (123-73-9) (Copied from 302) Edit Delete Copy 2. Diesel Fuel (68476-34-6) (Copied from Tier2) Edit Delete Copy 3. Diesel Fuel / Off Road (68476-34-6) (Copied from Tier2) Edit Delete Copy 	FL	Not Filed


E-Plan Online Filing Submission Management

Access ID: 1000001 (Duk)

EPCRA 312 (Tier2)			EPCRA 302		EPCRA 304		EPCRA 311		Facility Emergency Plans		
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="button" value="2016"/> <input type="button" value="2015"/> <input type="button" value="2014"/> <input type="button" value="2013"/> 				<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>USE THIS FUNCTION TO IMPORT AN EXISTING TIER2 '.ZIP', TIER2 '.T2S', OR CAMEO '.ZIP' FILE.</p> <ul style="list-style-type: none"> NOTE THAT THE TIER2 '.ZIP' OR TIER2 '.T2S' FILE SHOULD CONTAIN UP TO NINE (9) DATA FILES AND CAMEO '.ZIP' FILE SHOULD CONTAIN 16 DATA FILES. THESE DATA FILES SHOULD HAVE COMMA-SEPARATED VALUES AND '.MER' FILE EXTENSIONS. 			







Submission Home
EPCRA 304 Filing Management
Validate Record
Invoice for 2017
Manage Submission
Logout

Emergency Release Follow-up Notification Form (EPCRA 304)

* Fields are mandatory fields

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

Facility Information

Facility Name : UTD 1 (Facility ID: 5/189/0)

Facility Address : 140 Pepsi Lane, Fayetteville, Baker County, FL 28301, USA

Latitude: 35.048889, Longitude: -78.863333
USNG: 17S PU 94674 00552

Contact Information

First Name	<input type="text" value="Rex"/>	Last Name	<input type="text" value="Toan"/>
Email	<input type="text" value="bt@utdallas.edu"/>	Phone Number	<input type="text" value="123-456-7890"/>

Released chemical(s) Information

1. Incident Date (MM/DD/YYYY) *
2. Incident Time (HH:MM am/pm) * Set current time



SUPER USER (SUPERVISORY ACCOUNT)



Parent Company



Child Company

Submission Home Manage Submission Logout

Submission Information **Sub-Submission Information**

Manage Sub-Submission Information

Search Existing Account

Request Account Review Permission

Sub-account Information:

ACCOUNT ID	NAME	DATE REQUESTED	DATE APPROVED	STATUS
1000003	Bao	2016-11-28	2016-12-09	Granted


Account Search Engine

Request Status


Submission Home Manage Submission Logout

Submission Information **Sub-Submission Information**

Manage Sub-Submission Information

 **1 New Access Request:**

ACCESS ID	NAME	DATE REQUESTED	OPTION
1000000	UTD	2016-11-18	<div style="border: 1px solid blue; border-radius: 10px; padding: 5px;"> Select ▾ Select Accept Deny Hold </div>

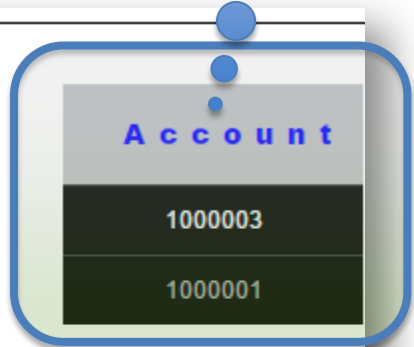
 **Requester's Account Information (Review)**

ACCOUNT ID	NAME	DATE REQUESTED	DATE APPROVED	STATUS
1000001	Duk	2016-11-28	2016-12-09	Accept ▾

Sub-Accounts Menu

First Responder View

Access ID: 1000001 (Duk)



 indicates facility with uploaded document(s)

No.	Id	Facility Name	Company Name	Type	Filing Year	Street Address	City	County	State
1	5718971	UTD 2	UTD	Tier2	2016	3813 Highway 421 North	Wilmington	New Hanover	NC
2	5718986	Test OH	UTD	Tier2	2016	1152 Indian run	Richardson	Adams	OH



THANK YOU