



Using E-Plan to Submit Tier II

Mathew Marshall
E-Plan State Tier 2 Coordinator

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).

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

- E-Plan webinar for Tier II Submitters (REGISTER NOW)**
 - 1/24/2017 1:00 PM EST (FULL),
 - 2/2/2017 10:00 AM EST (FULL),
 - 2/13/2017 1:00 PM EST, and
 - 2/22/2017 10:00 AM EST
- Completed Tier II forms for reporting year 2016 are due by **March 1, 2017**.
- For reporting year 2016, **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**.
- For the 2016 reporting year, ~~nine States (i.e., Alabama, Florida, Georgia, 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.
- 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.
- Please refer to your state's web site and the **EPA's State Tier II Reporting Requirements and Procedures** for submission details.
- 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.

[Forgot Access ID](#)

[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

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 :

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:

Previous Year

2015
2014
2013
2012
2011
2010

Copy Data

IMPORT TIER2

USE THIS FUNCTION TO IMPORT AN EXISTING TIER2 '.ZIP', TIER2 '.T2S', OR CAMEO '.ZIP' FILE.

- 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.

Import 'zip / t2s'



E-Plan Online Filing Submission Management

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Select Filing Year

- CURRENTLY FILED YEARS :

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:

Step 2

TO:

Step 3

IMPORT TIER2

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- SELECT A YEAR TO FILE/RETRIEVE TIER II DATA:

Select Filing Year

- CURRENTLY FILED YEARS :

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:

TO:

COPYING COMPLETED!




CLICK THIS :

IMPORT TIER2

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- THESE DATA FILES SHOULD HAVE COMMA-SEPARATED VALUES AND '.MER' FILE EXTENSIONS.

2017 Online Filing Home

 Search Existing Facilities





FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<input type="text" value="Facility ID"/>	<input type="text" value="Facility Name"/>	<input type="text" value="Street Address"/>	<input type="text" value="City"/>	<input type="text" value="County"/>

*** 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

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.	5894167	<p>Cutting Edge Planning and Training    </p> <p>Contact Information</p> <p>1. Mathew Marshall - Emergency Contact Edit Delete</p> <p>2. Mathew Marshall - Owner / Operator Edit Delete</p> <p>3. Mathew Marshall - Tier II Information Contact Edit Delete</p> <p>Chemical Information</p> <p>1. Diesel Fuel (68334-30-5) Edit Delete Copy</p> <p>2. Mercury (62-37-3) Edit Delete Copy</p>	NJ	Not Filed	<input type="checkbox"/>

Important: On Completion of data entry please click on "Validate Record" to finalize filing

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](#)

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 *

Department

Company Name **

[Copy company name to other facilities](#)

Facility Email

Fire District

Report Year

Facility Phone Number

Facility Notes

Physical Address

Street *

City *

State *

County **

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

ZIP *

Country

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

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

Latitude *

Longitude *

USNG

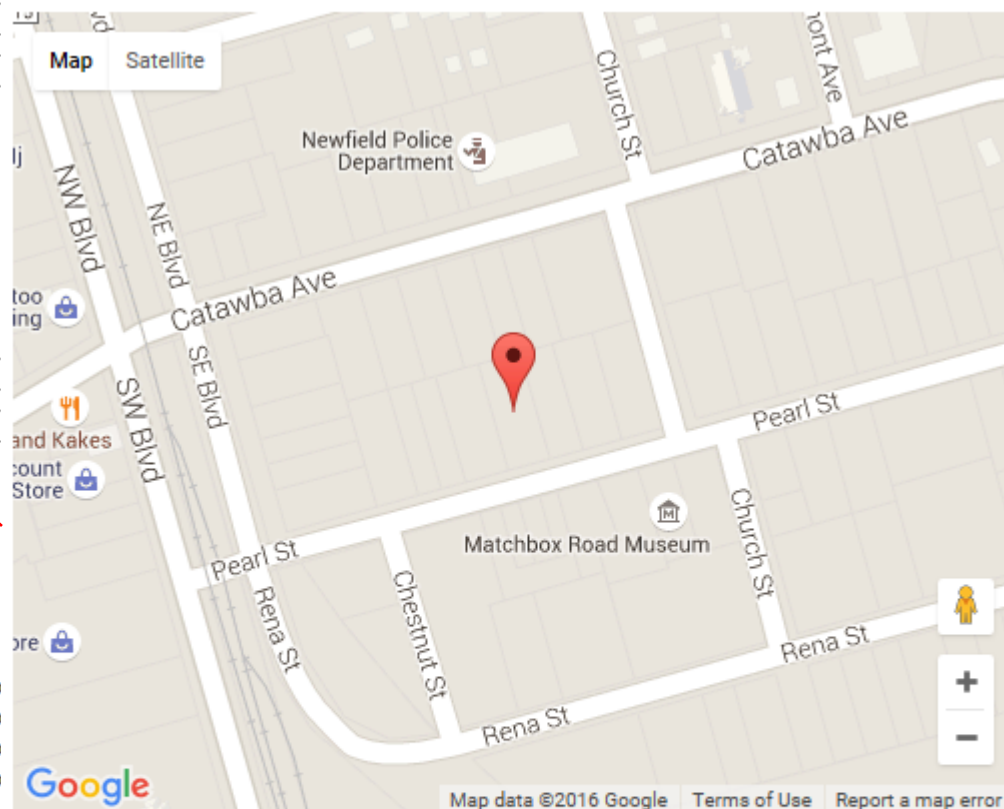
Manned * Yes No

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:

39.54623300000001, -75.0228209

Closest matching address:

10 Pearl St, Newfield, NJ 08344, USA

Submission

I certify under penalty of law that I have provided the information contained in this submission, and 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 *

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		Edit	Delete
NAICS	611519	Fire Fighter Training School	Edit	Delete

ID Type

ID Value

Description

Select Type

Select Type

TRI

SIC

Dun & Bradstreet

State ID

RMP

NAICS

EIN#

Other

334613 Blank

Magnetic and



[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		Delete
2	738510	Draft-EPlan Best Practices for Authorizing Authorities.pdf	File	Other	Authorizing best practices		Delete
3	738511	ABC Chem Company Site Plan.jpg	File	Diagrams	Site Plan		Delete

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 Category

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"/>

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"/>

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	239-287-7069	Edit	Delete
24-hour	2392877069	Edit	Delete

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	Edit	Delete

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

[Add](#)

[Reset](#)

[Next](#)

Cutting Edge Planning and Training (FacID: 5894167) [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

Days on site *

Chemical information identical to previous year

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


Health Hazards *(Check all that apply)

- Acute toxicity (any route of exposure)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity(single or repeated exposure)
- Aspiration hazard
- Simple Asphyxiant

- Hazard Not Otherwise Classified

Quantity


Max Daily Amount Code

Select Max Code 

Maximum Daily Amount in pounds*

10

Avg Daily Amount Code

Select Avg Code 

Average Daily Amount in pounds*

5

Chemical Storage Locations

Chlorine (CAS#: 7782505)

Location	Maximum Amount	Storage/Pressure/Temperature Types	
Building 3	0.0	Cylinder / Greater than ambient pressure / Ambient temperature	Edit Delete

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	Edit Delete
	Sodium Thiosulfate	10102177		90.0, Vol	Edit Delete

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](#)

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 to complete the Tier II submission.

Exporting Tier II report to:

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 2016 " tab above.

Access ID: 1014804 (Mathew Marshall)

<input type="checkbox"/> Select all	Facility ID	Facility Name	State	Filing Status	Validation Status	Invoice ID
	5807848	ABC Chemical Company (DEMO)	TX	Not Filed	Not Pass	
<input checked="" type="checkbox"/>	5807847	Cutting Edge Planning and Training	NJ	Not Filed	Pass	

Reporting Authority Emails:
(Up to 5 cc emails)

[Submit](#)

[Print PDF](#)

E-PLAN PAYMENT FOR FILING YEAR 2016

Payment Information

Company Name *	Cutting Edge Planning and Training
Name *	Mathew Marshall
Billing Address *	90 3rd Street
City *	Bonita Springs
State *	GA
Zip *	34134
Country *	USA
Phone	239-287-7069
Email	mathew.marshall0511@gmail.com
PO Number	
Total Amount Due:	\$25.00

Payment Method

- Credit Card Payment
 Check/Money Order

Submit

DETAIL DESCRIPTION

NO.	STATE	# OF FACILITIES	ADMINISTRATIVE CHARGE PER FACILITY	EXTENDED COST	FACILITY ID
1.	NJ	1	\$25.00	\$25.00	5807847

Invoice - Mathew Marshall (1014804)

INVOICE NO.	COMPANY NAME	INVOICE DATE	STATUS	PAYMENT METHOD	AMOUNT DUE	OPTION
EPLAN2016-1047521	Cutting Edge Planning and Training	2017-01-03	Not Paid	Credit Card	\$25.00	Download Invoice Cancel Invoice Edit Billing Info Pay by Credit Card
Detail List		Not Filed	NJ	\$25.00	(FacID:5807847) Cutting Edge Planning and Training	

Questions?

Contact:

Mathew Marshall

239-287-7069

m.marshall@utdallas.edu