

# Using E-Plan to File Year 2016 Tier II Reports



State of Florida Emergency Response Commission



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## E-Plan - Emergency Response Information System

### FIRST RESPONDERS

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Federal, State, and Local Government Personnel

### Online Tier2 eSubmit

[Login Page](#)

Tier II Submitters, Facility Managers, and Business Owners

[\\*Click here to file Tier II report in E-Plan.\\*](#)

# 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. **E-Plan webinar for Tier II Submitters (REGISTER NOW)**

- 1/5/2017 10:00 AM EST (FULL),
- 1/24/2017 1:00 PM EST (FULL),
- 2/2/2017 10:00 AM EST,
- 2/13/2017 1:00 PM EST, and
- 2/22/2017 10:00 AM EST

\*Admin fee paid by FL\*

- 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



## E-Plan Online Facility Filing

A new Access ID will be generated in the next page for your submission. For confidentiality purposes please provide a password for this Submission. This password will protect your submission against unauthorized access.

\*Do not create a new account if your company filed last year.\*

Password:

Confirm Password:

Name of Submitter:

Email address

Please enter the below verification code  
(characters are case sensitive)

w4@D-

[Continue](#)

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

\*Fill out above information and a unique Access ID will be sent to the email provided.\*

# 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.

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- [E-Plan webinar for Tier II Submitters \(REGISTER NOW\)](#)**
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  - 2/2/2017 10:00 AM EST,
  - 2/13/2017 1:00 PM EST, and
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- 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.
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- 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.

**\*Use existing Access ID & Password\***

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[Forgot Access ID](#)

[Forgot Password](#)

Sign In

New to E-Plan?

Create An Account

# E-Plan Online Filing Submission Management

Access ID: 1025394 ( ABC Company )

\*Florida filers don't click on this tab.\*

EPCRA 312 (Tier2)	<b>EPCRA 302</b>		
<b>ENTER NEW DATA/ RETRIEVE OLD DATA</b>	<b>COPY DATA</b>	<b>IMPORT TIER2</b>	
<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"><li>Select a year to file/retrieve Tier II data: <input type="text" value="Select Filing Year"/></li><li>Currently filed Years : <input type="button" value="2015"/> <input type="button" value="2014"/> <input type="button" value="2013"/> <input type="button" value="2012"/> <input type="button" value="2011"/> <input type="button" value="2010"/></li></ul> <p><input type="button" value="Continue"/></p>	<p>Use this function to copy data from a submitted year to any year up to the current filing year</p> <p><b>Note:</b> Copy function will transfer all previously filed Tier II data and site plans</p> <p><b>*Select 2015*</b></p> <p>From: <input type="text" value="Previous Year"/></p> <p>To: <input type="text" value="Filing Year"/></p> <p><b>*Select 2016*</b></p> <p><input type="button" value="Copy Data"/></p>	<p>Use this function to import an existing Tier2 '.zip', Tier2 '.t2s', or CAMEO '.zip' file.</p> <ul style="list-style-type: none"><li>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.</li><li>These data files should have comma-separated values and '.mer' file extensions.</li></ul> <p><input type="button" value="Import 'zip / t2s'"/></p>	

# Filing Management



**\*Green box indicates attached document.\***

2016 Online Filing Home

Search Existing Facilities

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<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!](#)

**\*Verify facility info\***

Page 1 of 1 1 Total number of facilities: 1

[Add New Facility](#) [Delete Facilities](#)

No of Results per page : 50

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
1.	5808397	<b>ABC Company (DEM test facility)</b> Contact Information 1. John Doe - Emergency Contact 2. John Doe - Owner / Operator 3. John Doe - Tier II Information Contact Chemical Information 1. Diesel Fuel #2 (68476-34-6) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed	<input type="checkbox"/>

**\*Current filing status.\***

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

[Validate Record](#)

[First Responder View](#)

# 1. Confirm all facility information is correct

## 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 \*\*

Facility Email

Fire District

Report Year 2016

Facility Phone Number

Facility Notes

[Copy company name to other facilities](#)

\*New for 2016\*

\*Add to notes if facility\*:

1. Has been sold
2. Changed Name
3. Chemicals were removed
4. No longer operational.

### Physical Address

Street \*

City \*

State \*

# 1. Confirm all facility information is correct

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

**\*New for 2016\***

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 "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](#)

**\*New for 2016: "yes" box auto checked when EHS reported above TPQ.\***

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.

Name and official title of owner/operator OR  
Owner/Operator's authorized representative

Signature \*

**\*Signing the Tier II report\***

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

# 1. Confirm all facility information is correct



## Copy Facility Information

Note: You can copy Mailing Address: "2555 Shumard Oak Boulevard, Tallahassee, FL 32399, USA" to other facilities

Mailing Address: 2555 Shumard Oak Boulevard, Tallahassee, FL 32399, USA

- Select All Facilities
- (FacID:5810829) ABC Company (DEM test facility) - Annex ( Post Office Box 55555, Tallahassee, FL 32399, USA )

[Copy](#)

\*Note different mailing addresses.\*

# 1. Confirm all facility information is correct

**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 "Manned"

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

**Submission**

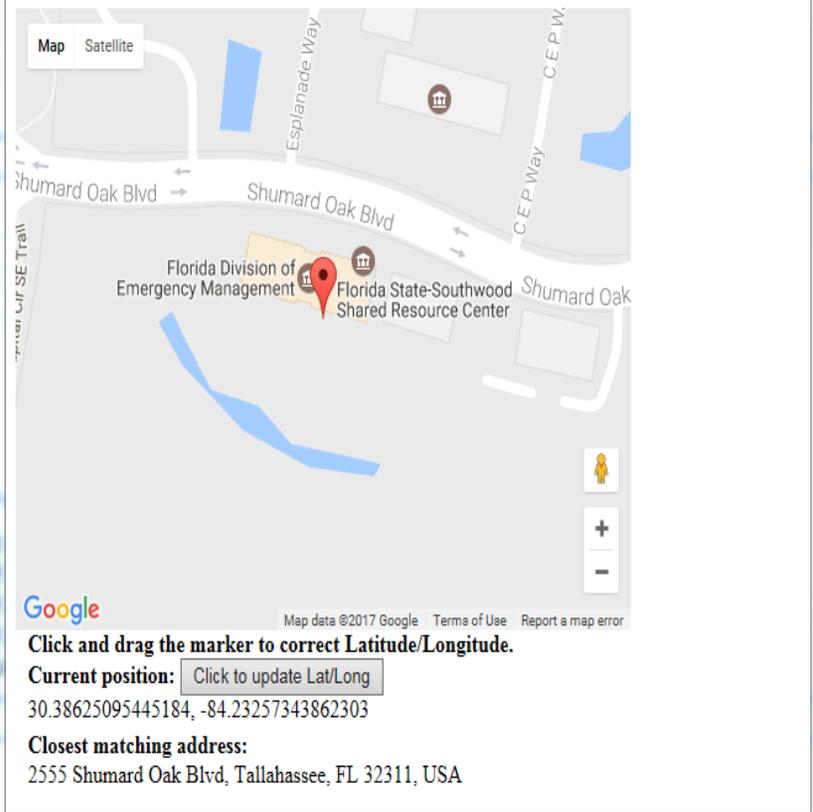
I certify under penalty of law that I have personally examined and am familiar with the information contained in this submission, and that based on my inquiry of those individuals responsible for obtaining the information, I believe the information submitted is true, accurate, and complete.

Name and official title of owner/operator OR  
Owner/Operator's authorized representative

Signature \*

https://tier2.erplan.net/onlinefiling/utilities/validationMap.htm?lat=30.3862...

https://tier2.erplan.net/onlinefiling/utilities/validationMap.htm?lat=30.38625095445184&



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

**Current position:**

30.38625095445184, -84.23257343862303

**Closest matching address:**  
2555 Shumard Oak Blvd, Tallahassee, FL 32311, USA

# 1. Confirm all facility information is correct



Management Validate Record Invoice for 2016 Invoice History

CURRENT FACILITY

CONTACT LIST

CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) [EDIT](#) [DELETE](#)  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

Facility Identification

[State Fields](#)

[Documents](#)

[Validate Record](#)

## Facility Identification

\* Report a 6-digit **NAICS** code and 9-digit **Dun and Bradstreet** number (Federal requirements)  
(Dun and Bradstreet: Non-business entities may enter "N/A")

\*Required data.\*

ID Type	ID Value	Description		
NAICS	921190	Other General Government Support	<a href="#">Edit</a>	<a href="#">Delete</a>
Dun & Bradstreet	00-000-0000	Not Provided	<a href="#">Edit</a>	<a href="#">Delete</a>

ID Type

ID Value

Description

[Add](#)

[Reset](#)

[Next](#)

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

\*To find your Dun and Bradstreet number go here:  
<http://mycredit.dnb.com/search-for-duns-number/>

\*To find your 6-digit NAICS code go here:  
<http://www.naics.com/search/>

# 1. Confirm all facility information is correct



[Tier2 Filing Management](#) [Validate Record](#) [Invoice for 2016](#) [Invoice History](#)

CURRENT FACILITY

CONTACT LIST

CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) [EDIT](#) [DELETE](#)  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

Facility Identification

State Fields

Documents

Validate Record

## State Applicable Fields

\*New for 2016\*

- 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?  ▾

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

\*Providing this data is currently optional.\*

# 1. Confirm all facility information is correct

CURRENT FACILITY				CONTACT LIST	CHEMICAL LIST
ABC Company (DEM test facility) (FacID: 5808397) <a href="#">EDIT</a> <a href="#">DELETE</a>					
2555 Shumard Oak Boulevard					
Tallahassee, FL 32399, USA					
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	739123	Site Plan.pdf	File	Diagrams	Site Plan 2016		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   Max file size 9 Mb

File Description

\*Can upload site plan,  
SDS, SOD, etc.\*

# 2. Confirm all contact information is correct

## 2016 Online Filing Home

Search Existing Facilities

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<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!](#)

[Add New Facility](#) [Delete Facilities](#)

Page 1 of 1 1 Total number of facilities: 1

No of Results per page : 50

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
1.	5808397	<b>ABC Company (DEM test facility)</b> Contact Information 1. John Doe - Emergency Contact 2. John Doe - Owner / Operator 3. John Doe - Tier II Information Contact Chemical Information 1. Diesel Fuel #2 (68476-34-6) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed	<input type="checkbox"/>

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

[Validate Record](#)

[First Responder View](#)

**\*Click on name or edit to access contact info.\***

# 2. Confirm all contact information is correct

CURRENT FACILITY CONTACT LIST CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) EDIT DELETE  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

Contact Information Phone Information Facility Association Documents Validate Record

## Contact Information

John Doe (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

\*Required data\*

Title *	Office Manager
Last Name or Business Name *	Doe
First Name *	John
Street Address	2555 Shumard Oak Boulevard
City	Tallahassee
County	Leon
State	FL
ZIP	32399
Country	USA
Email *	John.Doe@ABCCompany.com

Save & Continue Cancel

# 2. Confirm all contact information is correct



CURRENT FACILITY CONTACT LIST CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) [EDIT](#) [DELETE](#)  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

[Contact Information](#)

**Phone Information**

[Facility Association](#)

[Documents](#)

[Validate Record](#)

## Contact Phone Information

John Doe (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	
Work	555-555-5555	<a href="#">Edit</a> <a href="#">Delete</a>
24-hour	555-555-5556	<a href="#">Edit</a> <a href="#">Delete</a>

Phone Type

Select Phone Type ▼

Phone Number

[Add](#)

[Reset](#)

[Next](#)

\*Minimum Federal requirements.\*

# 2. Confirm all contact information is correct



[Submission Home](#) [Tier2 Filing Management](#) [Validate Record](#) [Invoice for 2016](#) [Invoice History](#)

[Manage Submission](#)

CURRENT FACILITY CONTACT LIST CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) [EDIT](#) [DELETE](#)  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

[Contact Information](#)

[Phone Information](#)

**Facility Association**

[Documents](#)

[Validate Record](#)

## Associate Contact With Facility

John Doe (Emergency Contact)

Note: You can associate "John Doe" with other facilities such that the contact information can be copied to the other associated facilities.

Facility Name	Contact Type		
(FacID:5808397) ABC Company (DEM test facility)	Owner / Operator	<a href="#">Edit</a>	<a href="#">Delete</a>
(FacID:5808397) ABC Company (DEM test facility)	Emergency Contact	<a href="#">Edit</a>	<a href="#">Delete</a>
(FacID:5808397) ABC Company (DEM test facility)	Tier II Information Contact	<a href="#">Edit</a>	<a href="#">Delete</a>

Select All Facilities and Contact Type [Select Contact Type](#)

(FacID:5808397) ABC Company (DEM test facility) (Current facility)

[Add](#)

[Reset](#)

[Next](#)

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

\*If you have more than one facility, you may add the same Contact person by selecting specific facilities and the drop down to select the specific contact type and then click Add.\*

\*If you only have one facility, click Next.\*

# 3. Confirm all chemical information is correct



## 2016 Online Filing Home

Search Existing Facilities

FACILITY ID	FACILITY NAME	STREET ADDRESS	CITY	COUNTY
<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!](#)

[Add New Facility](#) [Delete Facilities](#)

Page 1 of 1 1 Total number of facilities: 1

No of Results per page : 50

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
1.	5808397	<b>ABC Company (DEM test facility)</b> Contact Information 1. John Doe - Emergency Contact 2. John Doe - Owner / Operator 3. John Doe - Tier II Information Contact Chemical Information 1. Diesel Fuel #2 (68476-34-6) 2. Sulfuric Acid (7664-93-9)	FL	Not Filed	<input type="checkbox"/>

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

[Validate Record](#)

[First Responder View](#)

**\*Click on either link to access chemical information.\***

# 3. Confirm all chemical information is correct

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

Chemical Name \*

EHS  Trade Secret

Days on site \*

Chemical information identical to previous year

\*Note that sulfuric acid is an extremely hazardous substance\*

### Physical State \*(Check all that apply)

Pure  Mixture

Solid  Liquid  Gas

### Hazards \*(Check all that apply)

Fire  Sudden Release of Pressure  Reactive

### Health Effects \*(Check all that apply)

Acute  Chronic

### 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 †

\*Always enter amounts in pounds\*

† Note: Voluntary reporting of amounts below reporting requirement thresholds. (This checkbox does not apply to most submissions.) By checking this box, you are certifying that this chemical is not of a reportable quantity under Section 312 of the Emergency Planning and Community Right to Know Act of 1986. For EHS chemicals, only check this box if the quantity is below the TPQ or 500 lbs., whichever is less. (For a list of EHS chemicals and TPQs, please reference the EPA's Consolidated List of Lists.) For hazardous substances (anything with a MSDS), only check this box if the quantity is below 10,000 lbs. In addition, this box may be checked if the chemical you are reporting is granted a specific exemption from Tier II reporting under 40 CFR 370.10-13.

# 3. Confirm all chemical information is correct



ABC Company (DEM test facility) (FacID: 5808397) [EDIT](#) [DELETE](#)  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

## Chemical Storage Locations

Sulfuric Acid (CAS#: 7664939)

Location	Maximum Amount	Storage/Pressure/Temperature Types	
First floor UPS battery room	1500.0 , pounds	Battery / Ambient pressure / Ambient temperature	<a href="#">Edit</a> <a href="#">Delete</a>

\*Existing location\*

### Storage Locations

Storage Type\*

Pressure Type\*

Temperature Type\*

Location\*   Confidential

Maximum amount at Location

\*Can add multiple locations as needed\*

# 3. Confirm all chemical information is correct



Tier2 Filing Management Validate Record Invoice for 2016 Invoice History

Manage Submission

CURRENT FACILITY CONTACT LIST CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) EDIT DELETE  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

tion Storage Locations Mixture Components State Fields Documents Validate Record

## Chemical Components

Sulfuric Acid (CAS#: 7664939)

Component Chemical Name	CAS Number	Max Code	Percentage	
Sulfuric Acid	7664939	04	10.0, Wt	Edit Delete

### Mixture Components

CAS Number    
[Help](#)

Component

EHS \*

Physical State  Gas  Liquid  Solid

Maximum Amount Code

Percentage

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

\*Adding a Mixture Component is optional.\*

\*Either Add the Mixture Component by entering the necessary fields and clicking Add or if there is no Mixture Component, click Next.\*

# 3. Confirm all chemical information is correct



Tier2 Filing Management Validate Record Invoice for 2016 Invoice History Manage Submission

CURRENT FACILITY CONTACT LIST CHEMICAL LIST

ABC Company (DEM test facility) (FacID: 5808397) EDIT DELETE  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399, USA

[ation](#) [Storage Locations](#) [Mixture Components](#) **[State Fields](#)** [Documents](#) [Validate Record](#)

## State Applicable Fields

Sulfuric Acid (CAS#: 7664939)

Frequency of Shipments

Mode of Shipments (Check all that apply):

Highway

Rail

Pipeline

Ship or Barge

Other

[Update & continue](#)

[Reset](#)

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

\*Frequency and Mode of Shipments refers to how often chemicals are shipped to the site.\*

\*Providing this data is currently optional.\*

# 4. Validate Record

## 2016 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: 1

No of Results per page : 50

NO.	ID	FACILITY NAME	STATE	FILING STATUS	DELETE
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\*Current filing status\*

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

# 4. Validate Record



[Submission Home](#) [Tier2 Filing Management](#) [Validate Record](#) [Invoice for 2016](#) [Invoice History](#)

[Manage Submission](#)

## Submission Report for Access ID 1052748

**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 5808397 : ABC Company (DEM test facility)

**Error:** A Fac. Emergency Coordinator is required for a EPCRA 302 Facility Submission. [Add New Contact of type Fac. Emergency Coordinator to fix this error.](#)

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](#)

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

\*If an error message occurs, click the blue link next to the requirement. This will bring you to the page necessary to satisfy the requirement.\*

# 4. Validate Record



## Submission Report for Access ID 1052748

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 5808397 : ABC Company (DEM test facility)

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:

\*With all errors corrected, the Tier II data can be uploaded to E-Plan.\*

# 4. Validate Record



## 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.**
- 4) Facilities in **Florida**: Before filling out your Consolidated Annual Registration Form, please have available your **Federal Employer Identification (FEI) No.** and credit card information if making an online payment.

\*Select facilities to upload.\*

Access ID: 1052748 ( sam brackett )

<input type="checkbox"/> Select all	Facility ID	Facility Name	State	Filing Status	Validation Status	Invoice ID
<input checked="" type="checkbox"/>	5808397	ABC Company (DEM test facility)	FL	Not Filed	Pass	

Reporting Authority Emails:  
(Up to 5 cc emails)

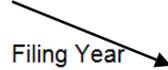
\*Note that you can print a draft copy Tier II report before final upload.\*

# 4. Validate Record (consolidated annual registration form)



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

\*Note all fields are required.\*



### Owner/Operator Information

Filing Year	2016
Company Name *	<input type="text" value="Doe"/>
Business Mailing Address (Street or P.O. Box) *	<input type="text" value="2555 Shumard Oak Boulevard"/>
City *	<input type="text" value="Tallahassee"/>
State *	<input type="text" value="FL"/>
Zip *	<input type="text" value="32399"/>
Federal Employer Identification (FEI) No. *	<input type="text"/>
SIC Code *	<input type="text"/>
NAICS Code *	<input type="text" value="921190"/>
Telephone *	<input type="text"/>
Contact Person *	<input type="text"/>
Title *	<input type="text"/>

### Registration Fee

# 4. Validate Record (fee calculation)

## 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
1. Is your facility regulated by the Department of Environmental Protection for storage tanks (Section 376.303 of the Florida Statutes)?  Yes  No
4. Does your facility have an extremely hazardous substance at or above threshold planning quantity?  Yes  No
5. Is your facility's primary function to grow crops or raise farm animals?  Yes  No

\*Note the fee rate is determined by these answers.\*

### Calculated Fees

Enter Number of employees (statewide)

Filing Rate

Filing Fees (Minimum \$25 , Maximum \$2000 )

\*Enter # of employees, then click on "calculate".\*

### Payment Method

\*Credit card payments will be directed to external BoA site.\*  Credit Card Payment (will be redirected to external site)

Check/Money Order



## Invoice - sam brackett (1052748)

### Florida State Filing

[\\*Link to print copy of the fee form.\\*](#)



[Download](#) Consolidated Annual Registration Form

If you have selected payment method as Check/Money order while filing the registration form, please mail in the registration form along with payment to:

**State Emergency Response Commission**  
2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100

Telephone (850) 413-9970 or (800) 635-7179 (Florida only)

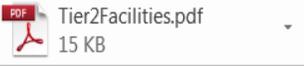
# Email confirmation – Tier II Filed



eplan@utdcsepi.org

Brackett, Sam

E-Plan's Online Tier2 Data Submission Receipt



\*PDF copy of the Tier II Report.\*

Dear sam brackett:

THIS IS AN AUTOMATED RESPONSE. PLEASE DO NOT REPLY TO THIS MESSAGE.

Your Tier II data was successfully processed by the E-Plan's Online Tier II Reporting System at The University of Texas at Dallas as shown in the attached E-Plan's Online Tier2 Data Submission Report.

Following table lists the current status of your facilities created under Access ID **1052748**

Facility Id	Facility Name	State	Filing Year	Filing Status	First Submit Date
5808397	ABC Company (DEM test facility)	FL	2016	Filed	Thu Jan 05 17:52:38 UTC 2017

If you need assistance, please contact the E-Plan Admin Team via the "Contact Us" button at <https://tier2.erplan.net>.

Best regards,  
E-Plan Admin Team

# State Facility Representatives



Mary Green

850-413-9926

[Mary.Green@em.myflorida.com](mailto:Mary.Green@em.myflorida.com)

Call if your company starts with the letter: H, J, O, Q, R, S, U, V, W, X, Y, Z

Sam Brackett

850-413-9928

[Sam.Brackett@em.myflorida.com](mailto:Sam.Brackett@em.myflorida.com)

Call if your company starts with the letter: A, C, E, F, G, I, K, P, T

Main Phone Number

850-413-9970

Call if your company starts with the letter: B, D, L, M, N