SELECT ACTIVE FACILITY # IN BLUE
SELECT FACILITY NAME IN BLUE

**Active Facilities**

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>Company Name</th>
<th>Facility Name</th>
<th>Address</th>
<th>County</th>
<th>Facility Status</th>
<th>City</th>
<th>LEPC</th>
<th>Fire Department</th>
<th>312 Status</th>
<th>302 Status</th>
<th>Latest Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>112181</td>
<td>The North Pole</td>
<td><strong>Christmas Wonderland (ID: 112181)</strong></td>
<td>123 Candy Cane Lane, North Pole, IN 46204</td>
<td>Marion</td>
<td>Active</td>
<td>North Pole</td>
<td>Marion County LEPC</td>
<td>PIKE TWP FD</td>
<td>Active</td>
<td>Inactive (2017 Tier II Report Update (01/25/2017)(Completed))</td>
<td></td>
</tr>
</tbody>
</table>

**Total Results:** 1  Rows per page: 10
SELECT “ADD A NEW ANNUAL/REVISION/UPDATE REPORT”
UPDATE REPORT
SELECT “Tier II Report (312 Annual Report)” and “Update for 2017” then “Proceed”
AT THE EDIT REPORT HOMEPAGE EDIT AND SAVE EACH STEP TO GET GREEN CHECK MARKS
SITE PLAN
MAP UPDATE
ON STEP 5 SELECT “REMOVE” TO REMOVE THE OLD SITE PLAN MAP
THEN SELECT “CHOOSE FILE” TO ADD NEW SITE PLAN MAP
THEN SELECT “SAVE”
CERTIFY REPORT
ON EDIT REPORT HOMEPAGE SCROLL DOWN TO STEP 6
SELECT “CONTINUE” TO COMPLETE AND CERTIFY REPORT

Step 6: Submit Report  You are almost done!

If you want to make any more changes, click Edit above for the section(s) you want to change. Click the "Continue" button to proceed. Read notes on the next page to see if there are more requirements.

Once you click on the "Continue" button to complete and send this report to authorities, you will not be able to exit the process mid-stream without completing the submission process.

As such, you will need to be ready as follows:

- If you want to make any final changes to the above info, click edit for the section you want to change.
- You will also need the name and title of the person designated as certifying the information in this report.

If you need time to accumulate this info, you can stop at this point in your report, and log out of the system. When you return, simply click on this facility, and then the name of this report in your List Submissions screen, and complete the submission process.

If you are ready, click on "Continue" to complete the submission process.

CONTINUE
SELECT BOX TO CERTIFY REPORT
THEN REVIEW CERTIFIER’S INFORMATION
THEN SELECT “SUBMIT” TO COMPLETE REPORT
SARA Program Contact Information

- State program webpage: [www.in.gov/dhs/3893.htm](http://www.in.gov/dhs/3893.htm)
- Tier II Manager webpage: [www.tier2.dhs.in.gov](http://www.tier2.dhs.in.gov)
- Email: SARATr2@dhs.in.gov
- Toll-free number: (855) 246-0065
- SARA Program Specialists (317) 234-9696
  - Krystal Hackney  khackney@dhs.in.gov
  - Marc Torbeck  mtorbeck@dhs.in.gov