



**STATE OF VERMONT**

**Division of Fire Safety**

**MEMO TO:** Facilities Using/Possessing Hazardous Materials or Pesticides  
**FROM:** Vermont Community Right-to-Know and EPCRA Program  
**DATE:** December 15, 2015

**SUBJECT: Reporting Requirements for Hazardous Materials or Pesticides in the Workplace for Calendar Year 2015**

Vermont's Community Right-To-Know Program, 20 VSA Chapter 1, Vermont's Rules and Regulations dated October, 1995, and the Federal Emergency Planning and Community Right-to-Know Act (EPCRA) which is a part of **42 USC Chapter 116**, require that certain hazardous materials must be reported annually by **March 1** for the preceding calendar year.

The **Vermont State Emergency Response Commission (SERC)** requests that facilities submit Tier II reports by using the EPA *Tier2Submit* software program. EPA provides this software application at no charge. **Tier2Submit** generates electronic versions of the TIER II form. If facilities do not have access to download Tier2Submit, they may continue to report using the hard copy Tier II form. Tier2Submit can be downloaded at [www.epa.gov/emergencies/content/epcra/tier2.htm](http://www.epa.gov/emergencies/content/epcra/tier2.htm).

- The Federal Tier II Form has changed and consists of more inventory ranges
- Facilities include public, private, non-profit, rail, petroleum, and agriculture based businesses
- Please note that if you are using the Tier2Submit program, only the current version is acceptable.
- A separate Tier Two form must be submitted for each different geographic facility site.
- The Tier II Facility Address needs to be the E911 address.
- Facility Latitude and Longitude coordinates are required on the Tier II form.
- Include the transportation routes for the chemicals you receive or ship.
- See FEE CHART in the instructions for the fee structure for calendar year 2015 reporting.
- Email Address is [todd.cosgrove@vermont.gov](mailto:todd.cosgrove@vermont.gov)

**Tier II data, a Safety Data Sheet (SDS)** for each reported hazardous material if required, and the **appropriate fee**, payable to “**Department of Public Safety – HSF**”, must be submitted by **March 1** of each year to the following:

1. State Emergency Response Commission (SERC) - (Original and Fees) - Mail to the address located on letterhead or email to address [todd.cosgrove@vermont.gov](mailto:todd.cosgrove@vermont.gov) .
2. Local Emergency Planning Committee (LEPC) - (Copy) - A listing of the LEPC addresses is available at <http://vem.vermont.gov/programs/lepc>. Check with the LEPC to see whether they prefer an electronic file or paper copy.
3. Local Responding Fire Department - (Copy)

If you have any questions on the program, would like a copy of the regulations, or require assistance in completing the **TIER II** form or using Tier2Submit, please contact the **Community Right-To-Know Program** at **800.640.2106 (Attention – EPCRA Compliance)**, email [todd.cosgrove@vermont.gov](mailto:todd.cosgrove@vermont.gov) , or visit the **EPCRA Compliance website** at <http://vem.vermont.gov/programs/epcra> .



## General Information

### Introduction:

The purpose of this program is to supply state and local officials and the public with information on hazardous chemicals or pesticides present at your facility during the preceding year. This information and the any fees collected, if required, will be used to develop plans and provide training and response equipment to your state and local officials and emergency responders.

### Types of Facilities that need to Report:

**Federal, State, and Local Government Facilities, Businesses, Non-Profits, Agriculture Based (Class "A" Dealers, Licensed Companies and Non-Commercial Facilities), Rail Companies, Petroleum Based, or any facility that falls under VOSHA regulations.**

### Typical Chemicals that need to be Reported:

**Diesel Fuel, Gasoline, Propane, Kerosene, #2 Fuel Oil, #4/#6 Residual Oil, Natural Gas, Argon, Oxygen, CO2, Acetylene, Nitrogen, Motor Oil, Lubricating Oils, Inks, Paint, Lead, Chlorine, Ammonia, Freon, Road Salt, Sand, Sawdust, Battery Acid, Lead in Batteries, Alcohol, Solvents, Transformer Oils, Windshield Washer Fluid, Pesticides, Fertilizers, Electric Forklift Batteries, and more.**

This is just a small list of all the chemicals that need reporting. A "**Flowchart**" is included in this package that will assist in determining whether you need to report. Review the MSDS sheet and the inventory level to determine if the chemical needs to be reported.

### Reportable Amounts:

#### WHAT AMOUNT OF HAZARDOUS MATERIALS MUST BE REPORTED:

**Reportable quantities are shown in "Vermont Table I".**

You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds.

**If you were required to report chemicals in inventory for previous reporting years but did not, you will need to file those chemical reports as well and pay the resulting reporting fees based upon the reporting max daily amount category for each reported chemical.**

**Please note that reporting must be recorded in pounds.**

### Who are exempt from paying FEES:

State agencies, municipalities, other political subdivisions, nonprofit corporations, and certain agricultural activities are exempt from paying fees, **BUT MUST SUBMIT REPORTING INFORMATION.**

### What are the Reporting FEES:

Checks shall accompany the original cover sheet or TIER II data (disk of paper form) made payable to:

**"VERMONT DEPARTMENT OF PUBLIC SAFETY - HSF"**

Please note that fees are based upon each reportable range per chemical. Fees are to be calculated for each reported material and **NOT** on the aggregate total.

**REPORTING FEES (\$) ARE ASSESSED AS OUTLINED IN FEE CHART listed on our website. Please review this Fee Chart to help in determining what the fees will be for each reportable chemical.**

## **General Information Continued**

### **Chemicals Excluded:**

Section 11021(e) of EPCRA, 42 USC Chapter 116 excludes the following substances although Vermont "Rules" does not exempt (iv):

- (i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
- (ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- (iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;
- (iv) Any substance to the extent it is used in a research laboratory, a hospital, or other medical facility under direct supervision of a technically qualified individual;
- (v) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

### **Definitions (See Rules for Entire List):**

**"Petroleum Products and Fuels"** as defined in "rules and regulations" must be reported as total mixture. Petroleum is defined as Gasoline; Kerosene; #2 Fuel Oil; Diesel Fuel; Kerosene Based Jet Fuel; #4, #5, and #6 Residual Oil for utility or non-utility use; Propane; Compressed Natural Gas.

**"Road Salts"** – means the chloride salts: sodium chloride (NaCl), calcium chloride (CaCl<sub>2</sub>), magnesium chloride (MgCl<sub>2</sub>), potassium chloride (KCl), brines used in road deicing/anti-icing, dust suppression, the salt portion of abrasive mixtures and additives commonly used in road salts.

### **Penalty:**

Any owner or operator who violates any TIER II reporting requirements shall be liable to the United States for a **civil penalty of up to \$37,500 for each such violation**. A person who violates any provision of Vermont statute, Title 20, Ch. 1, shall be fined not more than **\$1,000 for each violation**. Each day a violation continues shall constitute a separate violation.

### **Mixtures:**

If a chemical is part of a mixture, you have the option of reporting either the weight of the entire mixture or only the portion of the mixture that is a particular hazardous chemical (e.g., if a hazardous solution weighs 100 lbs. but is composed of only 5% of a particular hazardous chemical, you can indicate either 100 lbs. of mixture or 5 lbs. of the chemical.)

Because EHS's are important to section 42 USC Chapter 116, Section 11003 planning, EHS's have lower thresholds. The amount of an EHS at a facility (both pure EHS substances and EHS's in mixtures) must be aggregated for the purposes of threshold determination.

### **Confidential Information:**

Under 42 USC Chapter 116, Section 11044, you may elect to withhold location information on a specific chemical from disclosure to the public. If you choose to do so:

- Enter the word "**confidential**" in the Non-Confidential Location section of the TIER II form on the first line of the storage locations.
- On a separate TIER II Confidential Location Information Sheet, enter the name and CAS number of each chemical for which you are keeping the location confidential.
- Enter the appropriate location and storage information, as described above for non-confidential locations.
- Attach the TIER II Confidential Location Information Sheet to the TIER II form. This separates confidential locations from other information that will be disclosed to the public.

**“Vermont Table F”  
VERMONT REPORTING REQUIREMENTS AND QUANTITIES**

| FACILITY  | EXTREMELY HAZARDOUS SUBSTANCES (EPCRA 42 USC Chapter 116, Sec 11002 & 11004) and ALL OTHER HAZARDOUS CHEMICALS or SUBSTANCES (Sec 3.1 i of this rule) and PESTICIDES  | PETROLEUM PRODUCTS AND FUELS (See Definition)<br><br>Road Salts (See Definition) | KNOWN HUMAN CARCINOGENS                                | EXPLOSIVES  |
|---|---|--|--|---|
| All facilities handling or storing hazardous chemicals/ substances for which an MSDS is required under VOSHA/OSHA Regulations | 100 pounds or the Threshold Planning Quantity (TPQ): whichever is lower<br><br><i>No MSDS Requirement if MSDS has not changed from previous year.</i>   | 10,000 pounds or greater<br><br><i>No MSDS Requirement</i>                       | Any amount as defined in VOSHA Regulation 1910.1200(d) | Any amount requiring license by VT Dept. of Public Safety |
| Research Laboratories   | 10 pounds or greater - aggregate of all extremely <u>hazardous substances</u><br><br>100 pounds or greater - aggregate of all other hazardous chemicals or substances<br><br><i>No MSDS Requirement if MSDS has not changed from previous year.</i> | 10,000 pounds or greater<br><br><i>No MSDS Requirement</i>                       | Any Amount as defined in VOSHA Regulation 1910.1200(d) | Any amount requiring license by VT Dept. of Public Safety |

**REPORTING FEES**

Vermont Reporting Fees are as indicated on the fee chart listed on our website. Please follow the flow chart to determine what the respective fees will be for each of your reportable quantities of chemicals.

- "Quantity Reported" is based upon the "Maximum Daily Amount" of the Inventory section of the reporting form.

Reporting Fees will be as follows:

| <u>QTY Reported (Pounds)</u> | <u>Fee</u> |
|------------------------------|------------|
| 100-999                      | \$35       |
| 1,000-9,999                  | \$55       |
| 10,000-99,999                | \$90       |
| 100,000-999,999              | \$265      |
| 1,000,000 or greater         | \$800      |

Any Extremely Hazardous Substance (EHS) is \$175 additional for any reportable quantity.

Conversion Factors (Gallons to Pounds) for some common reportable materials. To obtain pounds, multiply gallons of the liquid of interest by the conversion factor.

| <u>CAS#</u> | <u>LIQUID</u>       | <u>CONVERSION FACTOR</u> |
|-------------|---------------------|--------------------------|
| 8006-61-9   | Gasoline, all types | 6.15                     |
| 68334-30-5  | Diesel Fuel         | 7.10                     |
| 8008-20-6   | Kerosene            | 6.82                     |
| 68476-30-2  | #2 Fuel Oil         | 6.01                     |
|             | #4 Fuel Oil         | 7.70                     |
|             | Motor Oil           | 7.30                     |
| 74-98-6     | Propane, L.P. Gas   | 4.20                     |
|             | Unknown Liquids     | 9.00                     |

**NOTE:** Specific information concerning other reportable materials may be obtained from the material safety data sheet (msds) or from the manufacturer/supplier.

## Tier II Instructions for Paper Copy

### FACILITY IDENTIFICATION:

Enter the full name of your facility (and company identifier where appropriate). Enter the E-911 addressing for the facility or other identifiers that describe the physical location of your facility if E-911 address information is not available. Provide a general phone number for your facility.

Indicate if the facility is manned or unmanned. If the facility is manned at least part of the day, check the box "manned". The box "unmanned" should only be checked if the facility is never manned. This information is useful for state and local emergency planners to include people at your facility in the emergency response plan and for planning evacuation during an emergency.

Estimate the maximum number of occupants that may be present at any one time at your facility. If the facility is manned at least part of a day, indicate the number of persons present. This information is useful for state and local emergency planners and responders in the emergency plan and for planning evacuation during an emergency. You should include contractors, vendors and people that may be present for any training or other events as well as employees. If the location is never manned, check the box marked "N/A".

Enter the primary North American Industry Classification System (NAICS) Code and the Dun & Bradstreet Number for your facility. If your firm does not have a Dun & Bradstreet number, it can be obtained from Dun & Bradstreet.

Enter the Latitude and Longitude coordinates for your facility.

### SUBJECT TO EMERGENCY PLANNING

Indicate if your facility is subject to the emergency planning notification requirement under EPCRA section 302, codified in 40 CFR part 355. Check the box "yes" or "no".

### SUBJECT TO CHEMICAL ACCIDENT PREVENTION

Indicate if your facility is subject to chemical accident prevention provisions under section 112(r) of the Clean Air Act, also known as the Risk Management Program (RMP), codified in 40 CFR part 68. Check the box "yes" or "no".

### IDENTIFICATION NUMBER UNDER THE TOXIC RELEASE INVENTORY (TRI) PROGRAM

If your facility is subject to the Toxic Release Inventory (TRI) program under section 313 of EPCRA, provide the identification number assigned by EPA. If your facility is not subject to this reporting requirement or if your facility has not been assigned a number under this program, check the box marked "N/A".

### IDENTIFICATION NUMBER UNDER THE RISK MANAGEMENT PROGRAM (RMP)

If your facility is subject to the chemical accident prevention provisions codified in 40 CFR part 68, also known as the Risk Management Program, provide the RMP facility identification number assigned by EPA. If your facility is not subject to this provision or if your facility has not been assigned a number, check the box marked "N/A".

**OWNER/OPERATOR NAME:**

Enter the owner's or operator's full name, mailing address and phone number.

**PARENT COMPANY**

Enter the name, mailing address, phone number, email address and Dun & Bradstreet number of the parent company. *Note: These are optional data elements.* \

**FACILITY EMERGENCY COORDINATOR**

Enter the name, title, email address, phone number and 24-hour phone number of the facility emergency coordinator.

*Note: This data element is only applicable to facilities subject to EPCRA section 302(c) emergency planning notification. Section 303(d)(1) of EPCRA requires facilities subject to the emergency planning notification requirement under Section 302(c) to designate a facility representative who will participate in the local emergency planning process as a facility emergency coordinator. This data element is also applicable to additional facilities designated by the Governor or the SERC under EPCRA section 302(b)(2)). EPA encourages facilities not subject to the emergency planning notification requirement also to provide this information, for effective emergency planning in your community.*

**EMERGENCY CONTACT:**

Enter name, title, work telephone number, and an emergency telephone number of at least one local person or office where emergency information that might be needed by Emergency Responders responding to a chemical accident at the facility can be obtained 24 hours a day.

This requirement is mandatory. The facility must make some arrangement to insure that a 24 hour contact is available.

**REPORTING PERIOD:**

The current reporting year is for Calendar Year 2015, January 1, 2015 to December 31, 2015.

**IDENTICAL INFORMATION:**

Check box if current information is identical to last year. This will assist our office in updating our database. Chemical descriptions, hazards, amounts, and locations **MUST** be filled in on this year's form, even if the information is identical to that submitted for the previous reporting year.

**CHEMICAL DESCRIPTION:**

1. (CAS) - Chemical Abstract Service Registry Number. For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from it's contents. For a mixture that has NO CAS number, leave this item blank or report the CAS numbers of as many constituent chemicals as possible.
2. Trade Secret - Requests for Trade Secret Confidentiality must meet the requirements of EPCRA 42 USC Chapter 116, Sec. 11042, Trade Secrets.
3. Chemical Name - Enter the chemical name or common name of each hazardous chemical.
4. Check Box For All Applicable Descriptors - Pure or Mixture; and Solid, Liquid, or Gas; and whether the chemical is or contains an (EHS) Extremely Hazardous Substance.
5. EHS Name - Enter the EHS Name. If the chemical is a mixture containing an EHS, enter the chemical name of each EHS in the mixture.

**PHYSICAL AND HEALTH HAZARDS:**

For each chemical you have listed, check all the physical and health boxes that apply. These hazard categories are defined in 40 CFR 370.2 .

**HAZARD CATEGORY COMPARISONS FOR REPORTING UNDER SECTIONS 11021 (311) AND 11022 (312)**

**EPA Hazard Categories**

**OSHA/VOSHA Hazard Categories**

**Fire Hazard**

**Flammable  
Combustion Liquid  
Pyrophoric  
Oxidizer**

**Sudden Release of Pressure**

**Explosive  
Compressed Gas**

**Reactive**

**Unstable Reactive  
Organic Peroxide  
Water Reactive**

**Immediate (Acute)**

**Highly Toxic**

**Health Hazard**

**Toxic  
Irritant  
Sensitizer  
Corrosive**

**Other hazardous chemicals with an adverse effect with short term exposure**

**Delayed (Chronic)**

**Carcinogens**

**Health Hazard**

**Other hazardous chemicals with  
an adverse effect with long term  
exposure**

**INVENTORY:**

**Maximum Daily**

- 1. For each hazardous chemical, estimate the greatest amount in pounds present at your facility on any single day during the reporting period.**
- 2. Find the appropriate range value code in TABLE I.**
- 3. Enter this range value as the maximum amount.**

**INVENTORY:**

**Average Daily**

- 1. For each hazardous chemical, estimate the average daily amount, in pounds, that was present at your facility during the reporting year.**
- 2. Find the appropriate range value in TABLE I .**
- 3. Enter this range value as the Average Daily Amount.**

**Number of Days of Site:**

Enter the number of days that the hazardous chemical was located on the site.

**TABLE I - Reporting Ranges**

| <u>Category</u> | <u>Range in pounds</u> |                            |
|-----------------|------------------------|----------------------------|
| 01              | 0                      | 99                         |
| 02              | 100                    | 499                        |
| 03              | 500                    | 999                        |
| 04              | 1,000                  | 4,999                      |
| 05              | 5,000                  | 9,999                      |
| 06              | 10,000                 | 24,999                     |
| 07              | 25,000                 | 49,999                     |
| 08              | 50,000                 | 74,999                     |
| 09              | 75,000                 | 99,999                     |
| 10              | 100,000                | 499,999                    |
| 11              | 500,000                | 999,999                    |
| 12              | 1,000,000              | 9,999,999                  |
| 13              | 10,000,000             | Greater than<br>10 million |

**STORAGE TYPES AND CONDITIONS**

Enter the types and conditions of storage for each chemical that you are reporting.

- a. *Table II.* This table lists examples of some of the common storage types that facilities use at their site. **You may provide a detailed description for the storage type at your facility.**
- b. *Table III.* For each location, find the appropriate storage types for pressure and temperature conditions. **You may provide a description for the various conditions at your facility.**

**Table II - STORAGE TYPES**

Above ground tank  
**Below ground tank**  
 Tank inside building  
 Steel drum  
 Plastic or non-metallic drum  
 Can  
 Carboy  
 Silo  
 Fiber drum  
 Bag  
 Box  
 Cylinder  
 Glass bottles or jugs  
 Plastic bottles or jugs  
 Tote bin  
 Tank wagon  
 Rail car  
 Battery

**Table III - PRESSURE AND TEMPERATURE CONDITIONS**

(PRESSURE)  
 Ambient pressure;  
 Greater than ambient pressure  
 Less than ambient pressure  
 (TEMPERATURE)  
 Ambient temperature  
 Greater than ambient temperature  
 Less than ambient temperature but not cryogenic  
 Cryogenic conditions

### **Locations**

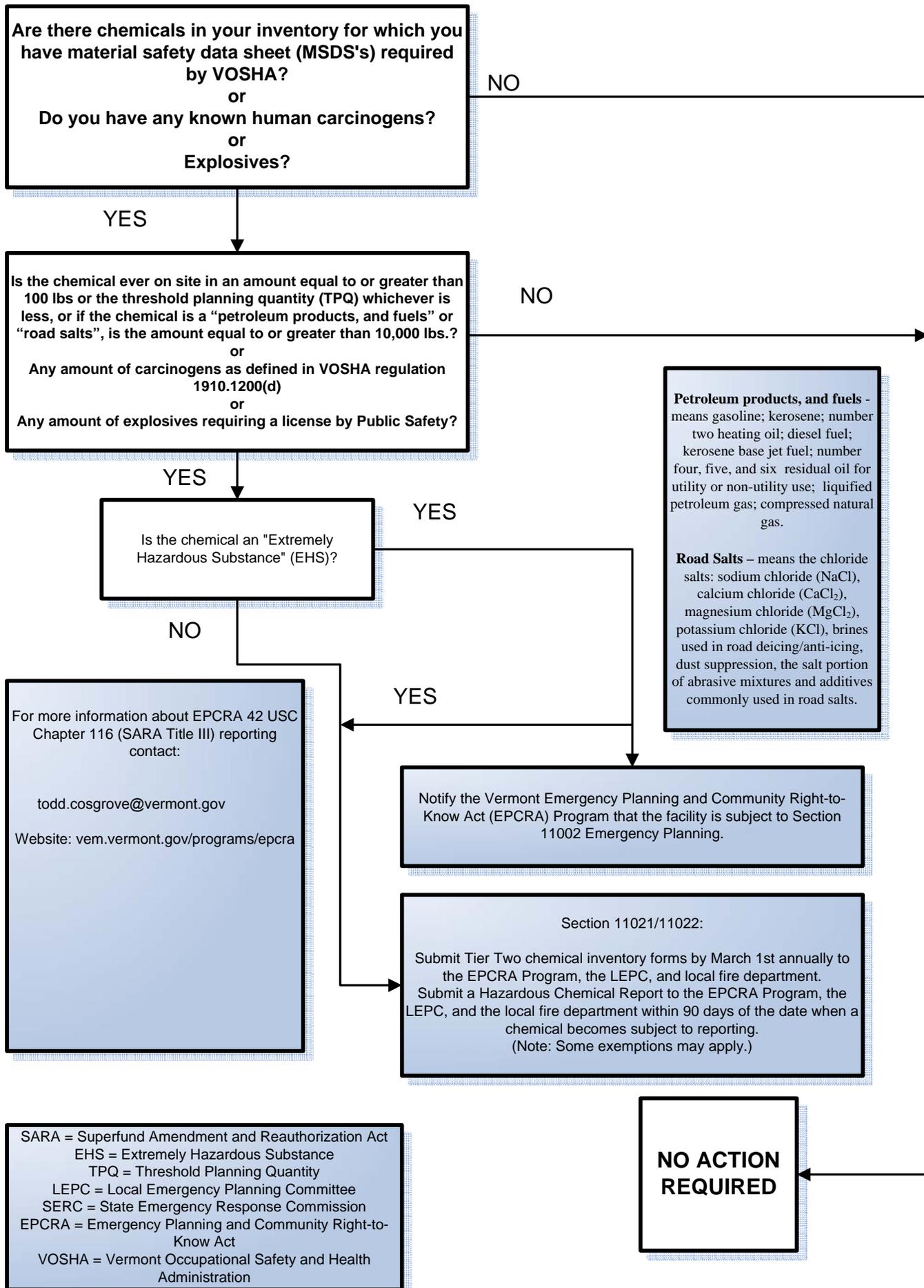
**Provide a brief description of the precise location of the chemical so that Emergency Responders can locate the area easily if trouble occurs. It may be advantageous to provide an optional site plan. Enter “No Storage” in this area if you have no chemical or pesticide storage.**

### **Certification:**

**The owner or operator or the officially designated representative of the owner must certify that all information included in the TIER 2 submission is true, accurate, and complete. On the first page of the TIER II report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheets as well as all attachments. An original signature is required on at least the first page of submission. Submissions to the SERC, LEPC, and fire department must each contain an original signature on at least the first page. Subsequent pages must contain either an original signature, a photocopy of the original signature, or a signature stamp. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.**

**You must provide all the information requested on this form to fulfill the TIER II reporting requirements.**

# VERMONT EPCRA Hazardous Chemical Inventory Reporting Decision Diagram



SARA = Superfund Amendment and Reauthorization Act  
 EHS = Extremely Hazardous Substance  
 TPQ = Threshold Planning Quantity  
 LEPC = Local Emergency Planning Committee  
 SERC = State Emergency Response Commission  
 EPCRA = Emergency Planning and Community Right-to-Know Act  
 VOSHA = Vermont Occupational Safety and Health Administration

**VERMONT  
EPCRA Tier II  
Hazardous Chemical Inventory Fee**

The required Fees are based upon each reported chemical and the Max Daily Amount Reporting Range per reported chemical

Reporting Fees will be as follows:

| Reporting Range | QTY Reported (Pounds) | Fee   |
|-----------------|-----------------------|-------|
| 02              | 100-999               | \$35  |
| 03              | 1000-9999             | \$55  |
| 04              | 10000-99999           | \$90  |
| 05              | 100000-999999         | \$265 |
| 06-10           | Greater than 9999999  | \$800 |

Any Extremely Hazardous Substance (EHS) is \$175 additional for any reportable quantity.

Check if information below is identical to the information submitted last year.

Reporting Period: January 1 to December 31, 20\_\_

**Tier Two**  
**Emergency and Hazardous Chemical Inventory**  
*Specific Information by Chemical*

**For Official Use Only**  
**State ID#:**  
**Date Received**

|  |   |  |                                   |                             |
|--|---|--|-----------------------------------|-----------------------------|
| <b>Facility Identification</b>   |   |  |                                   |                             |
| Name   | Maximum No. of Occupants:<br><input type="checkbox"/> N/A | <input type="checkbox"/> Manned                          | <input type="checkbox"/> Unmanned |                             |
| Street   | County  | City   | State                             | Zip                         |
| Latitude   | Longitude   | NAICS Code   | Phone Number (optional)<br>( )    |                             |
| Dun & Bradstreet Number  | TRI Facility ID:<br><input type="checkbox"/> N/A          | RMP Facility ID:<br><input type="checkbox"/> N/A         |                                   |                             |
| Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?  |   |  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?   |   |  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| <b>Owner or Operator Information</b>   |   | <b>Parent Company Information (optional)</b>             |                                   |                             |
| Name   |   | Name   |                                   | Dun & Bradstreet Number:    |
| Address  |   | Address  |                                   |                             |
| Phone Number<br>( )  | Email   | Phone Number<br>( )                                      | Email                             |                             |
| <b>Facility Emergency Coordinator (if applicable)</b>  |   | <b>Tier II Information Contact</b>                       |                                   |                             |
| Name   | Title   | Name   | Title                             |                             |
| Email Address  |   | Email Address  |                                   |                             |
| Phone Number<br>( )  | 24-hour Phone<br>( )                                      | Phone Number<br>( )                                      | 24-hour Phone<br>( )              |                             |
| <b>Emergency Contacts</b>  |   |  |                                   |                             |
| Name   |   | Name   |                                   |                             |
| Title  |   | Title  |                                   |                             |
| Phone Number<br>( )  | 24-hour Phone<br>( )                                      | Phone Number<br>( )                                      | 24-hour Phone<br>( )              |                             |
| Email Address  |   | Email Address  |                                   |                             |
| <b>Certification (Read and sign after completing all sections)</b>   |   | <b>Reporting Ranges</b><br><b>Weight Range in pounds</b> |                                   |                             |
| <hr/> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, 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.<br><br><hr/> Name and official title of owner/operator OR owner/operator's authorized representative<br><br><hr/> Signature _____ Date Signed _____  |   | <b>Range Code</b>  | <b>From</b>                       | <b>To</b>                   |
|  |   | 01   | 0                                 | 99                          |
|  |   | 02   | 100                               | 499                         |
|  |   | 03   | 500                               | 999                         |
|  |   | 04   | 1,000                             | 4,999                       |
|  |   | 05   | 5,000                             | 9,999                       |
|  |   | 06   | 10,000                            | 24,999                      |
|  |   | 07   | 25,000                            | 49,999                      |
|  |   | 08   | 50,000                            | 74,999                      |
|  |   | 09   | 75,000                            | 99,999                      |
|  |   | 10   | 100,000                           | 499,999                     |
|  |   | 11   | 500,000                           | 999,999                     |
|  |   | 12   | 1,000,000                         | 9,999,999                   |
|  |   | 13   | 10,000,000                        | Greater than 10 million     |
| The public reporting and recordkeeping burden for this collection of information is estimated to range from 6 to 120 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address. |   |  |                                   |                             |

| Chemical Description  | Physical and Health Hazards   | Inventory  | Type of Storage | Storage Conditions (Pressure, Temperature) | Storage Locations   | Additional Reporting Information (Optional)  |
|---|---|--|-----------------|--|---|--|
| <input type="checkbox"/> Check if information below is identical to the information submitted last year.<br><br><b>Chemical Name:</b><br><br>CAS No.<br><br>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br><input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret  | <input type="checkbox"/> Fire<br><br><input type="checkbox"/> Sudden Release of Pressure<br><br><input type="checkbox"/> Reactive<br><br><input type="checkbox"/> Immediate (Acute)<br><br><input type="checkbox"/> Delayed (Chronic) | Maximum Amount<br><b>Range Code:</b><br><br>Average Daily Amount<br><b>Range Code:</b><br><br>No. of days on site:                                 |                 |  | Confidential:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Below Reporting Thresholds (optional)<br><br><input type="checkbox"/> State or Local Requirements |
| <input type="checkbox"/> Check if information below is identical to the information submitted last year.<br><br><b>Mixture or Product Name:</b><br><br>CAS No. <input type="checkbox"/> Not Available<br><br><input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret<br><br>EHS: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fire<br><br><input type="checkbox"/> Sudden Release of Pressure<br><br><input type="checkbox"/> Reactive<br><br><input type="checkbox"/> Immediate (Acute)<br><br><input type="checkbox"/> Delayed (Chronic) | Maximum Amount (Total Mixture)<br><b>Range Code:</b><br><br>Average Daily Amount (Total Mixture)<br><b>Range Code:</b><br><br>No. of days on site: |                 |  | Confidential:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Below Reporting Thresholds (optional)<br><br><input type="checkbox"/> State or Local Requirements |
| EHS(s) Name (if applicable):<br><br><br>CAS No.   |   | No. of days on site:   |                 |  |   |  |
| Non-EHS(s) Name (optional):   |   | Maximum Amount of each EHS in the Mixture<br><b>Range Code:</b>  |                 |  |   |  |

**Optional Attachments:**

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures