



FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER
Toxic Chemical, Category, or Generic Name

WHERE TO SEND COMPLETED FORMS:

- EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
- APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR	SECTION 2. TRADE SECRET INFORMATION	
	Are you claiming the toxic chemical identified on page 3 trade secret?	
19 ____	2.1	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; Go to Section 3)
	2.2	If yes in 2.1, is this copy: <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

Signature

Date Signed

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number	
	Street Address			
	City	County		
	State	Zip Code		
	Mailing Address (if different from street address)			
	City	PUT LABEL HERE		
	State			Zip Code



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PART I. FACILITY IDENTIFICATION
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

Toxic Chemical, Category, or Generic Name

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)		a. <input type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility		
4.3	Technical Contact	Name				Telephone Number (include area code)	
4.4	Public Contact	Name				Telephone Number (include area code)	
4.5	SIC Code (4-digit)	a.	b.	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.7	Dun & Bradstreet Number(s) (9 digits)					a.	
						b.	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)					a.	
						b.	
4.9	Facility NPDES Permit Number(s) (9 characters)					a.	
						b.	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)					a.	
						b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number	
	<input type="checkbox"/> NA	(9 digits)



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PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

Toxic Chemical, Category, or Generic Name

SECTION 1. TOXIC CHEMICAL IDENTITY		(Important: DO NOT complete this section if you complete Section 2 below.)
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)	

SECTION 2. MIXTURE COMPONENT IDENTITY		(Important: DO NOT complete this section if you complete Section 1 above.)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY			(Important: Check all that apply.)
3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	<u>If produce or import:</u> c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
4.1	<input type="text"/> (Enter two-digit code from instruction package.)



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**PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER
Toxic Chemical, Category, or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name		
Street Address		
City		County
State	Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name		
Street Address		
City		County
State	Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
Toxic Chemical, Category, or Generic Name

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 <input type="text"/> 2 <input type="text"/>			Yes No
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 <input type="text"/> 2 <input type="text"/>			Yes No
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 <input type="text"/> 2 <input type="text"/>			Yes No
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 <input type="text"/> 2 <input type="text"/>			Yes No
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 <input type="text"/> 2 <input type="text"/>			Yes No
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
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SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
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SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>
6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>



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PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER
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SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

<i>All quantity estimates can be reported using up to two significant figures.</i>		Column A 1991 (pounds/year)	Column B 1992 (pounds/year)	Column C 1993 (pounds/year)	Column D 1994 (pounds/year)	
8.1	Quantity released *					
8.2	Quantity used for energy recovery on-site					
8.3	Quantity used for energy recovery off-site					
8.4	Quantity recycled on-site					
8.5	Quantity recycled off-site					
8.6	Quantity treated on-site					
8.7	Quantity treated off-site					
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)					
8.9	Production ratio or activity index					
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.					
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)				
8.10.1		a.	b.	c.		
8.10.2		a.	b.	c.		
8.10.3		a.	b.	c.		
8.10.4		a.	b.	c.		
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/>	NO <input type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.