

**APPENDIX A. RISK MANAGEMENT PLAN FORM**

**Risk Management Plan Form**  
Section 112(r) of the Clean Air Act

OMB Control No. 2050-0144  
Approval expires XX/XX/XX

**Burden Statement**

The public reporting and recordkeeping burden for this collection of information is estimated to average from 8.25 to 33 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.

**IMPORTANT: Type or print; read instructions before completing form.**

<p><b>Submission Type:</b></p> <p><input type="checkbox"/> First-Time RMP Submission</p> <p><input type="checkbox"/> Correction to the Current RMP</p> <p>(Submission Type = "C")</p> <ul style="list-style-type: none"> <li>C01 Clerical error corrected</li> <li>C02 Additional information supplied</li> <li>C03 Minor administrative change</li> <li>C04 Notification of facility ownership change</li> <li>C05 New accident history information</li> <li>C06 Change in emergency contact information</li> <li>C07 New data element required by EPA</li> <li>C08 Optional data element requested by EPA</li> <li>C09 Removed OCA description from executive summary</li> </ul> <p><input type="checkbox"/> Re-Submission (all 9 sections are updated and certified)</p> <p>(Submission Type = "R")</p> <ul style="list-style-type: none"> <li>R01 Newly regulated substance listed by EPA (40 CFR 68.190(b)(2))</li> <li>R02 Newly regulated substance above TQ in already covered process (40 CFR 68.190(b)(3))</li> <li>R03 Regulated substance present above TQ in new (or previously not covered) process (40 CFR 68.190(b)(4))</li> <li>R04 Revised PHA / Hazard Review due to process change (40 CFR 68.190(b)(5))</li> <li>R05 Revised OCA due to change (40 CFR 68.190(b)(6))</li> <li>R06 Change in program level of covered process (40 CFR 68.190(b)(7))</li> <li>R07 5-year update (40 CFR 68.190(b)(1))</li> <li>R08 Process no longer covered (source has other processes that remain covered) (40 CFR 68.190(b)(7))</li> <li>R09 Voluntary update (not described by any of the above reasons)</li> </ul>	<p><b>Where to Send Completed Forms:</b></p> <p><b>U.S. Environmental Protection Agency</b> <b>Attention:RMP Reporting Center</b> <b>P.O. Box 10162</b> <b>Fairfax, VA 22038</b></p> <p>If you prefer to send this Risk Management Plan Form by certified mail, courier or overnight mail (e.g. Fed Ex, UPS, Etc.), please address it to:</p> <p>RMP Reporting Center c/o CGI Federal, Inc. 12601 Fairlakes Circle Fairfax, VA 22033</p>
---	--



Facility Name: \_\_\_\_\_

\_\_\_\_\_

**1**

**Section 1. Registration**

EPA Facility ID# (leave blank for first submission only)

**1.1 Source Identification**

1.1.a. Facility Name (maximum 50 characters)
1.1.b. Parent Company #1 Name (maximum 50 characters)
1.1.c. Parent Company #2 Name (maximum 50 characters)

1.2 EPA Facility Identifier (12 characters)
_____
(leave blank for first submission only)

1.3 Other EPA Systems Facility Identifier (15 characters)
_____

**1.4 Dun and Broadcast Numbers (DUNS) (9 characters)**

1.4.a. Facility DUNS	1.4.b Parent Company #1 DUNS	1.4.c. Parent Company #2 DUNS
_____	_____	_____

**1.5 Facility Location**

1.5.a. Street - Line 1 (maximum 35 characters)	
1.5.b. Street - Line 2 (maximum 35 characters)	
1.5.c. City (maximum 19 Characters)	1.5.d. State
_____	_____
1.5.e. Zip Code    Zip +4 Code	1.5.f. County (maximum 20 characters)
_____	_____
1.5.g. Facility Latitude (report in decimal degrees)	1.5.h. Facility Longitude (report in decimal degrees)
_____	_____
1.5.i. Method for determining Lat/Long (see User Manual for Codes)	1.5.j. Description of location identified by Lat/Long (see User Manual for Codes)
_____	_____
1.5.k. Horizontal accuracy measure (meters)	1.5.l. Horizontal reference datum code
_____	_____
1.5.m. Source Map Scale Number _____	

Facility Name: \_\_\_\_\_

EPA Facility ID# (leave blank for first submission only)

**1**

**Section 1. Registration**

**1.6 Owner or Operator**

1.6.a. Name (maximum 35 characters)	
1.6.b. Phone	(    )    -

**Owner or Operator Mailing Address**

1.6.c. Street - Line 1 (maximum 35 characters)	
1.6.d. Street - Line 2 (maximum 35 characters)	
1.6.e. City (maximum 19 characters)	1.6.f. State
1.6.g. Zip Code	Zip +4 Code

**1.7 Name, title, and email address of person or position responsible for RMP (part 68) implementation**

1.7.a. Name of person (maximum 35 characters)	1.7.b. Title of person or position (maximum 35 characters)
1.7.c. Email address of person or position (maximum 35 characters)	

**1.8.a. Emergency Contact**

1.8.a. Name (maximum 35 characters)	1.8.b. Title of person or position (maximum 35 characters)
1.8.c. Phone (    )    -	1.8.d. 24-Hour Phone (    )    -
1.8.e. 24-Hour Phone Extension/PIN # (maximum 10 characters)	
1.8.f. Email address for emergency contact (maximum 100 characters)	<i>Enter N/A if not applicable</i>

Facility Name: \_\_\_\_\_

EPA Facility ID# (leave blank for first submission only)

**1**

**Section 1. Registration**

**1.9. Other Points of Contact (Optional)**

1.9.a. Facility or Parent Company E-mail Address (maximum 100 characters)	1.9.b. Facility Public Contact Phone Number (____) ____ - ____
1.9.c. Facility or Parent Company WWW Homepage Address (maximum 100 characters)	

1.10 Local Emergency Planning Committee (LEPC) (optional) (maximum 30 characters)

1.11 Number of full-time equivalent (FTEs) employees on site

\_\_\_\_\_

1.12. Covered by (select all that apply)

1.12.a. OSHA PSM

1.12.b. EPCRA section 302

1.12.c. CAA Title V Air Operating Permit Program. If covered, specify permit ID# below.

\_\_\_\_\_

1.13. OSHA Star or Merit Ranking (optional)       YES       NO

1.14. Last Safety Inspection (by an External Agency) Date

\_\_ - \_\_ - \_\_\_\_

M M      D D      Y Y Y Y

1.15. Last Safety Inspection Performed by an External Agency (select one)

<input type="checkbox"/> 1.15.a. OSHA	<input type="checkbox"/> 1.15.f. Never had one
<input type="checkbox"/> 1.15.b. State occupational safety agency	<input type="checkbox"/> 1.15.g. Other (specify) (maximum 50 characters)
<input type="checkbox"/> 1.15.c. EPA	_____
<input type="checkbox"/> 1.15.d. State Environmental Agency	_____
<input type="checkbox"/> 1.15.e. Fire Department	

1.16. Will this RMP involve Predictive Filing? (Optional)       YES       No

Facility Name: \_\_\_\_\_

EPA Facility ID# (leave blank for first submission only)

**1**

**Section 1. Registration**

**1.17 Process Specific Information.** For each covered process, fill in this page. If you are reporting more than one process, make a photocopy of this page and report each process on a separate sheet.

Process ID# (optional - for your reference only)
Process Description (optional - for your reference only)
1.17.a. Program Level (select one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.17.b. NAICS Code(s) (five or six digits) _____

1.17.c. Chemical(s) (regulated substance(s))		
1.17.c.1. Name (maximum 100 characters)	1.17.c.2. CAS Number (10 characters)	1.17.c.3. Quantity (lbs) (max. 12 chars.)
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	

If you need more space to list NAICS codes or chemicals, please make a photocopy of this sheet.

Facility Name: \_\_\_\_\_

EPA Facility ID# (leave blank for first submission only)

**1**

**Section 1. Registration**

If an outside contractor prepared this risk management plan, please enter information concerning this contractor in the fields below.

**1.18 RMP Preparer Information**

1.18.a. Name (maximum 70 characters)		
1.18.b. Phone ( _____ ) _____ - _____		
1.18.c. Street - Line 1 (maximum 35 characters)		
1.18.d. Street - Line 2 (maximum 35 characters)		
1.18.e. City (Maximum 30 characters)		
1.18.f. State _____ or Foreign State or Province (Maximum 35 characters)	1.18.g. Zip Code _____ Zip+ 4 Code _____	or Foreign Country (Max 2 characters)
1.18.h. RMP Preparer Foreign Zip Code		

Facility Name: \_\_\_\_\_



EPA Facility ID# (leave blank for first submission only)

**2**

**Section 2. Toxics: Worst Case**

(If you need to report more than one worst case scenario, make a photocopy of pages in this section and report each scenario separately)

**2.1. Chemical**

2.1.a. Name (maximum 100 characters)

2.1.b. Percent weight of chemicals (if in a mixture) \_\_\_\_\_ %

**2.2. Physical state (select one)**

2.2.a. Gas  2.2.c. Gas liquified by pressure  
 2.2.b. Liquid  2.2.d. Gas liquified by refrigeration

**2.3. Model Used (select one or enter another model name in Other below)**

2.3.a. EPA's OCA Guidance Reference Tables or Equations  
 2.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations  
 2.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations  
 2.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations  
 2.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations  
 2.3.g. EPA's RMP\* Comp™  
 2.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)  
 2.3.z. Other model (specify) (maximum 255 characters)

\_\_\_\_\_

**2.4. Scenario (select one)**

2.4.a. Gas Release  2.4.b. Liquid Spill and Vaporization

<b>2.5. Quantity released (lbs)</b> _____	<b>2.6. Release rate (lbs/minute)</b> _____
--	--

<b>2.7. Release duration (minutes)</b> _____	<b>2.8. Wind speed (meters/second)</b> _____
--	--

**2.9. Atmospheric stability class (A-F)**

\_\_\_\_\_

**2.10. Topography (select one)**

2.10.a. Urban  2.10.b. Rural

**2.11. Distance to endpoint (miles)**

\_\_\_\_\_



Facility Name: \_\_\_\_\_

**2**

**Section 2. Toxics: Worst Case**

EPA Facility ID# (leave blank for first submission only)

**2.12. Estimated residential population within distance to endpoint (numeric)**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**2.13. Public receptors within distance to endpoint (select all that apply)**

<input type="checkbox"/> 2.13.a. Schools	<input type="checkbox"/> 2.13.g. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 2.13.b. Residences	_____
<input type="checkbox"/> 2.13.c. Hospitals	_____
<input type="checkbox"/> 2.13.d. Prison/Correctional Facilities	_____
<input type="checkbox"/> 2.13.e. Recreation Areas	_____
<input type="checkbox"/> 2.13.f. Major commercial, office, or industrial areas	_____

**2.14. Environmental receptors within distance to endpoint (select all that apply)**

<input type="checkbox"/> 2.14.a. National or State Parks, Forests, or Monuments	<input type="checkbox"/> 2.14.d. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 2.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges	_____
<input type="checkbox"/> 2.14.c. Federal Wilderness Area	_____

**2.15. Passive mitigation considered (select all that apply)**

<input type="checkbox"/> 2.15.a. Dikes	<input type="checkbox"/> 2.15.f. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 2.15.b. Enclosures	_____
<input type="checkbox"/> 2.15.c. Berms	_____
<input type="checkbox"/> 2.15.d. Drains	_____
<input type="checkbox"/> 2.15.e. Sumps	_____

**2.16. Graphics file name (optional) (maximum 12 characters)**

\_\_\_\_\_

Facility Name: \_\_\_\_\_

**3**

**Section 3. Toxics: Alternative Release**

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one alternative release scenario, make a copy of pages in this section and report each scenario separately)

**3.1. Chemical**

3.1.a. Name (maximum 100 characters)

---

3.1.b. Percent weight of chemical (if in a mixture) \_\_\_\_\_ %

**3.2. Physical State (select one)**

3.2.a. Gas  3.2.c. Gas liquified by pressure  
 3.2.b. Liquid  3.2.d. Gas liquified by refrigeration

**3.3. Model Used (select one or enter another model name in Other below)**

3.3.a. EPA's OCA Guidance Reference Tables or Equations  
 3.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations  
 3.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations  
 3.3.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations  
 3.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations  
 3.3.g. EPA's RMP\*Comp™  
 3.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)  
 3.3.z. Other model (specify) (maximum 200 characters)

---

**3.4. Scenario (select one)**

3.4.a. Transfer hose failure  3.4.f. Excess Flow Device Failure  
 3.4.b. Pipe Leak  3.4.g. Other (specify) (maximum 35 characters)  
 3.5.c. Vessel Leak \_\_\_\_\_  
 3.4.d. Overfilling \_\_\_\_\_  
 3.4.e. Rupture disk/relief valve failure \_\_\_\_\_

<b>3.5. Released (lbs)</b> _____	<b>3.6. Release Rate (lbs/minute)</b> _____
<b>3.7. Release Duration (minutes)</b> _____	<b>3.8. Wind Speed (meters/second)</b> _____
<b>3.9. Atmospheric stability class (A-F)</b> _____	

Facility Name: \_\_\_\_\_

**3**

**Section 3. Toxics: Alternative Release**

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one alternative release scenario, make a copy of pages in this section and report each scenario separately)

**3.10. Topology (select one)**  3.10.a. Urban  3.10.b. Rural

**3.11. Distance to endpoint (miles)** \_\_\_\_\_

**3.12. Estimated residential population within distance to endpoint** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**3.13. Public receptors within distance to endpoint (select all that apply)**

3.13.a. Schools  3.13.e. Recreation Areas  
 3.13.b. Residences  3.13.f. Major commercial, office, or industrial areas  
 3.13.c. Hospitals  3.13.g. Other (specify) (maximum 200 characters)  
 3.13.d. Prisons/Correctional facilities

**3.14. Environmental receptors within distance to endpoint (select all that apply)**

3.14.a. National or State Parks, Forests, or Monuments  3.14.d. Other (specify) (maximum 200 characters)  
 3.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges  
 3.14.c. Federal Wilderness Area

**3.15. Passive mitigation considered (select all that apply)**

3.15.a. Dikes  3.15.e. Sumps  
 3.15.b. Enclosures  3.15.f. Other (specify) (maximum 200 characters)  
 3.15.c. Berms  
 3.15.d. Drains

**3.16. Active mitigation considered (select all that apply)**

3.16.a. Sprinkler systems  3.16.g. Scrubbers  
 3.16.b. Deluge systems  3.16.h. Emergency shutdown systems  
 3.16.c. Water curtain  3.16.i. Other (specify) (maximum 200 characters)  
 3.16.d. Neutralization  
 3.16.e. Excess flow valve  
 3.16.f. Flares

**3.17. Graphics file name (optional) (maximum 12 characters)**

Facility Name: \_\_\_\_\_

**4**

**Section 4. Flammables: Worst Case**

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one worst-case scenario, make a photocopy of pages in this section and report each scenario separately)

4.1.a. Chemical Name (maximum 100 characters)

4.2. Model Used (select one or enter another model name in Other below)

- 4.2.a. EPA's OCA Guidance Reference Tables or Equations
- 4.2.c. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- 4.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- 4.2.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations
- 4.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- 4.2.g. EPA's RMP\*Comp™
- 4.2.z. Other model (specify) (maximum 235 characters)

4.3. Scenario (only one option)

Vapor Cloud Explosion

4.4. Quantity released (lbs)	4.5. Endpoint Used (only one option)
_____	<b>1 PSI</b>

4.6. Distance to endpoint (miles)	4.7. Estimated residential population within distance to endpoint
_____ . ____	____ , ____ , ____

4.8. Public Receptors within distance to endpoint (select all that apply)

<ul style="list-style-type: none"> <li><input type="checkbox"/> 4.8.a. Schools</li> <li><input type="checkbox"/> 4.8.b. Residences</li> <li><input type="checkbox"/> 4.8.c. Hospitals</li> <li><input type="checkbox"/> 4.8.d. Prisons/Correctional facilities</li> <li><input type="checkbox"/> 4.8.e. Recreation Areas</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 4.8.f. Major commercial, office, or industrial areas</li> <li><input type="checkbox"/> 4.8.g. Other (specify) (maximum 200 characters)</li> </ul> <p>_____</p> <p>_____</p>
---	---

4.9. Environmental receptors within distance to endpoint (select all that apply)

<ul style="list-style-type: none"> <li><input type="checkbox"/> 4.9.a. National or State Parks, Forests, or Monuments</li> <li><input type="checkbox"/> 4.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges</li> <li><input type="checkbox"/> 4.9.c. Federal Wilderness Area</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 4.9.d. Other (specify) (maximum 200 characters)</li> </ul> <p>_____</p> <p>_____</p>
--	--

Facility Name: \_\_\_\_\_



EPA Facility ID# (leave blank for first submission only)

**4**

**Section 4. Flammables: Worst Case**

4.10. Passive mitigation considered (select all that were considered in defining the release quantity or rate for the worst-case scenario)

4.10.a. Blast walls

4.10.b. Other (specify) (maximum 200 characters)

\_\_\_\_\_

\_\_\_\_\_

4.11. Graphics file name (optional) (maximum 12 characters)

\_\_\_\_\_

Facility Name: \_\_\_\_\_

EPA Facility ID# (leave blank for first submission only)

**5**

**Section 5. Flammables: Alternative Release**

(If you need to report more than one alternative release scenario, make a photocopy of pages in this section and report each scenario separately)

**5.1. Chemical Name (maximum 100 characters)**

---

**5.2. Model Used (select one or enter another model name in Other below)**

5.2.a. EPA's OCA Guidance Reference Tables or Equations

5.2.c. EPA's RMP Guidance for Propane Storage Reference Tables or Equations

5.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations

5.2.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations

5.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations

5.2.g. EPA's RMP\*Comp™

5.2.z. Other model (specify) (maximum 235 characters)

---

**5.3. Scenario (select one)**

5.3.a. Vapor cloud explosion

5.3.b. Fireball

5.3.c. BLEVE

5.3.d. Pool fire

5.3.e. Jet fire

5.3.f. Vapor cloud fire

5.3.g. Other (specify) (maximum 30 characters)

---

**5.4. Quantity released (lbs)**

---

**5.5 Endpoint used (select one)**

5.5.a. 1 PSI

5.5.b. 5 kw/m<sup>2</sup> for 40 seconds

5.5.c. Lower flammability limit (specify percent volume) \_\_\_\_\_

<p><b>5.6. Distance to endpoint (miles)</b></p> <hr/>	<p><b>5.7. Estimated residential population within distance to endpoint</b></p> <hr/>
---	---

Facility Name: \_\_\_\_\_

EPA Facility ID# (leave blank for first submission only)

**5**

**Section 5. Flammables: Alternative Release**

**5.8. Public Receptors within distance to endpoint (select all that apply)**

<input type="checkbox"/> 5.8.a. Schools	<input type="checkbox"/> 5.8.f. Major commercial, office, or industrial areas
<input type="checkbox"/> 5.8.b. Residences	<input type="checkbox"/> 5.8.g. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 5.8.c. Hospitals	_____
<input type="checkbox"/> 5.8.d. Prisons/Correctional facilities	_____
<input type="checkbox"/> 5.8.e. Recreation Areas	_____

**5.9. Environmental receptors within distance to endpoint (select all that apply)**

<input type="checkbox"/> 5.9.a. National or State Parks, Forests, or Monuments	<input type="checkbox"/> 5.9.d. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 5.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges	_____
<input type="checkbox"/> 5.9.c. Federal Wilderness Area	_____

**5.10. Passive mitigation considered (select all that apply)**

<input type="checkbox"/> 5.10.a. Dikes	<input type="checkbox"/> 5.10.e. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 5.10.b. Fire walls	_____
<input type="checkbox"/> 5.10.c. Blast walls	_____
<input type="checkbox"/> 5.10.d. Enclosures	_____

<b>5.11. Active mitigation considered (select all that apply)</b>	<input type="checkbox"/> 5.11.e. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 5.11.a. Sprinkler systems	_____
<input type="checkbox"/> 5.11.b. Deluge systems	_____
<input type="checkbox"/> 5.11.c. Water curtain	_____
<input type="checkbox"/> 5.11.d. Excess flow valve	_____

**5.12. Graphics file name (optional) (maximum 12 characters)**

\_\_\_\_\_

Facility Name: \_\_\_\_\_

**6**

**Section 6. Five-Year Accident History**

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one accident history, make a photocopy of pages in this section and report each scenario separately)

Would you like to certify that your facility *did not* have any reportable accidents in the last 5 years?

Yes; leave the rest of this section blank  No; fill out this section for each accident

<p>6.1. Date of accident (day, month, and year)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">M M    D D    Y Y Y Y</p>	<p>6.2. Time accident began (hours and minutes)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">H H    M M    <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>
---	---

<p>6.3. NAICS code of process involved</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>	<p>6.4. Release duration (hours and minutes)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">H H H    M M</p>
---	---

6.5.a.i. Chemical name (maximum 100 characters)	6.5.a.ii. CAS Number	6.5.b. Quantity released (lbs.)	6.5.c. Percent weight of chemical if in a mixture (toxics only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.6. Release event (select at least one)

a. Gas release  d. Explosion  
 b. Liquid spills/evaporation  e. Uncontrolled/Runaway Reaction  
 c. Fire

6.7. Release Source (select at least one)

a. Storage vessel  g. Joint  
 b. Piping  h. Other (specify) (maximum 200 characters)  
 c. Process vessel \_\_\_\_\_  
 d. Transfer hose \_\_\_\_\_  
 e. Valve \_\_\_\_\_  
 f. Pump \_\_\_\_\_



Facility Name: \_\_\_\_\_

**6**

**Section 6. Five-Year Accident History**

EPA Facility ID# (leave blank for first submission only)

**6.8. Weather conditions at time of event**

a.i. Wind speed (numerical) _____ . ____		Wind speed unit <input type="checkbox"/> miles/hr. <input type="checkbox"/> knots <input type="checkbox"/> meters/sec.	a.ii. Wind direction _____
b. Temperature (°F) _____	c. Atmospheric stability class (A-F) _____		<input type="checkbox"/> d. Precipitation present
<input type="checkbox"/> e. Unknown weather conditions (check if a-d are all unknown)			

**6.9 On-site Impacts**

a. Deaths (enter numbers)		b. Injuries (enter numbers)	
a.i. Employees or contractors	_____	b.i. Employees or contractors	_____
a.ii. Public responders	_____	b.ii. Public responders	_____
a.iii. Public	_____	b.iii. Public	_____
c. Property damage \$ _____ , _____ , _____			

**6.10. Known off-site impacts (enter numbers)**

a. Deaths	_____	d. Evacuated	_____
b. Hospitalizations	_____	e. Sheltered-in-place	_____
c. Other medical treatments	_____	f. Property damage (\$)	_____

**6.10.g. Environmental damage (select all that apply)**

g.1. Fish or animal kills

g.2. Tree, lawn, shrub, or crop damage

g.3. Water contamination

g.4. Soil contamination

g.5. Other (specify) (maximum 200 characters)

\_\_\_\_\_

\_\_\_\_\_

Facility Name: \_\_\_\_\_

**6**

**Section 6. Five-Year Accident History**

EPA Facility ID# (leave blank for first submission only)

**6.11. Initiating event (select one)**

a. Equipment failure

b. Human error

c. Natural (weather conditions, earthquake)

d. Unknown

**6.12. Contributing factors (select all that apply)**

a. Equipment failure

b. Human error

c. Improper procedure

d. Over pressurization

e. Upset condition

f. By-pass condition

g. Maintenance activity/inactivity

h. Process design failure

i. Unsuitable equipment

j. Unusual weather conditions

k. Management error

l. uncontrolled/runaway reaction

m. Other (specify) (maximum 200 characters)

\_\_\_\_\_

\_\_\_\_\_

**6.13. Off-site responders notified (select one)**

a. Notified only

b. Notified and responded

c. No, not notified

d. Unknown

**6.14. Changes introduced as a result of the accident (select at least one)**

a. Improved/upgraded equipment

b. Revised maintenance

c. Revised training

d. Revised operating procedures

e. New process controls

f. New mitigation systems

g. Revised emergency response plan

h. Changed process

i. Reduced inventory

j. None

k. Other (specify) (maximum 200 characters)

\_\_\_\_\_

\_\_\_\_\_

Facility Name: \_\_\_\_\_

**7**

**Section 7. Prevention Program: Program 3** EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one prevention program, make a photocopy of pages in this section and report each scenario separately)

**Prevention Program description:**

---

---

---

---

---

---

---

---

---

---

7.1. NAICS code for process \_\_\_\_\_

7.2. Chemical name(s)  
(maximum 100 characters)

---

---

---

---

If you need more space to list chemicals, please make a photo copy of this sheet.

7.3. Date on which the safety information was last reviewed or revised

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

M M D D Y Y Y Y

**7.4. Process Hazards Analysis (PHA)**

7.4.a. Date of last PHA or PHA update

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

M M D D Y Y Y Y

7.4.b. Technique used (select at least one)

7.4.b.1. What if

7.4.b.2. Checklist

7.4.b.3. What if/Checklist combined

7.4.b.4. HAZOP

7.4.b.5. Failure Mode & Effects Analysis

7.4.b.6. Fault Tree Analysis

7.4.b.7. Other (specify) (maximum 200 characters)

\_\_\_\_\_

\_\_\_\_\_

Facility Name: \_\_\_\_\_

**7**

**Section 7. Prevention Program: Program 3** EPA Facility ID# (leave blank for first submission only)

7.4.c. Expected or actual date of completion of all changes resulting from last PHA or PHA update

\_\_\_\_\_

\_\_\_\_\_

M M D D Y Y Y Y

7.4.d. Major hazards identified (select at least one)

<input type="checkbox"/> 7.4.d.1. Toxic release	<input type="checkbox"/> 7.4.d.10. Equipment failure
<input type="checkbox"/> 7.4.d.2. Fire	<input type="checkbox"/> 7.4.d.11. Loss of cooling, heating, electricity, Instrument air
<input type="checkbox"/> 7.4.d.3. Explosion	<input type="checkbox"/> 7.4.d.12. Earthquake
<input type="checkbox"/> 7.4.d.4. Runaway reaction	<input type="checkbox"/> 7.4.d.13. Floods (flood pain)
<input type="checkbox"/> 7.4.d.5. Polymerization	<input type="checkbox"/> 7.4.d.14. Tornado
<input type="checkbox"/> 7.4.d.6. Over pressurization	<input type="checkbox"/> 7.4.d.15. Hurricanes
<input type="checkbox"/> 7.4.d.7. Corrosion	<input type="checkbox"/> 7.4.d.16. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 7.4.d.8. Overfilling	_____
<input type="checkbox"/> 7.4.d.9. Contamination	_____

7.4.e. Process controls in use (select at least one)

<input type="checkbox"/> 7.4.e.1. Vents	<input type="checkbox"/> 7.4.e.12. Emergency power
<input type="checkbox"/> 7.4.e.2. Relief valves	<input type="checkbox"/> 7.4.e.13. Backup pump
<input type="checkbox"/> 7.4.e.3. Check valves	<input type="checkbox"/> 7.4.e.14. Grounding equipment
<input type="checkbox"/> 7.4.e.4. Scrubbers	<input type="checkbox"/> 7.4.e.15. Inhibitor addition
<input type="checkbox"/> 7.4.e.5. Flares	<input type="checkbox"/> 7.4.e.16. Rupture disks
<input type="checkbox"/> 7.4.e.6. Manual shutoffs	<input type="checkbox"/> 7.4.e.17. Excess flow device
<input type="checkbox"/> 7.4.e.7. Automatic shutoffs	<input type="checkbox"/> 7.4.e.18. Quench system
<input type="checkbox"/> 7.4.e.8. Interlocks	<input type="checkbox"/> 7.4.e.19. Purge system
<input type="checkbox"/> 7.4.e.9. Alarms and procedures	<input type="checkbox"/> 7.4.e.20. None
<input type="checkbox"/> 7.4.e.10. Keyed bypass	<input type="checkbox"/> 7.4.e.21. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 7.4.e.11. Emergency air supply	_____

7.4.f. Mitigation systems in use (select at least one)

<input type="checkbox"/> 7.4.f.1. Sprinkler system	<input type="checkbox"/> 7.4.f.7. Enclosure
<input type="checkbox"/> 7.4.f.2. Dikes	<input type="checkbox"/> 7.4.f.8. Neutralization
<input type="checkbox"/> 7.4.f.3. Fire walls	<input type="checkbox"/> 7.4.f.9. None
<input type="checkbox"/> 7.4.f.4. Blast walls	<input type="checkbox"/> 7.4.f.10. Other (specify)(maximum 200 characters)
<input type="checkbox"/> 7.4.f.5. Deluge system	_____
<input type="checkbox"/> 7.4.f.6. Water curtain	_____

7.4.g. Monitoring/detection systems in use (select at least one)

<input type="checkbox"/> 7.4.g.1. Process area detectors	<input type="checkbox"/> 7.4.g.4. Other (specify)(maximum 200 characters)
<input type="checkbox"/> 7.4.g.2. Perimeter monitors	_____
<input type="checkbox"/> 7.4.g.3. None	_____

Facility Name: \_\_\_\_\_

**7**

**Section 7. Prevention Program: Program 3** EPA Facility ID# (leave blank for first submission only)

**7.4.h. Changes since last PHA update (select at least one)**

7.4.h.1. Reduction in chemical inventory  
 7.4.h.2. Increase in chemical inventory  
 7.4.h.3. Change in process parameters  
 7.4.h.4. Installation of process controls  
 7.4.h.5. Installation of process detection systems  
 7.4.h.6. Installation of perimeter monitoring systems  
 7.4.h.7. Installation of mitigation systems

7.4.h.8. None recommended  
 7.4.h.9. None  
 7.4.h.10. Other (specify) (maximum 200 characters)  
 \_\_\_\_\_  
 \_\_\_\_\_

**7.5. Date of most recent review or revision of operating procedures**

\_\_\_\_\_  
 M M D D Y Y Y Y

**7.6. Training**

**7.6.a. Date of most recent review or review of operating procedures**

\_\_\_\_\_  
 M M D D Y Y Y Y

**7.6.b. Type of training provided (select at one)**

7.6.b.1. Classroom  
 7.6.b.2. On the job  
 7.6.b.3. Other (specify) (maximum 200 characters) \_\_\_\_\_

**7.6.c. Type of competency testing used (select at least one)**

7.6.c.1. Written test  
 7.6.c.2. Oral Test  
 7.6.c.3. Demonstration  
 7.6.c.4. Observation  
 7.6.c.5. Other (specify)(maximum 200 characters)  
 \_\_\_\_\_  
 \_\_\_\_\_

**7.7. Maintenance**

**7.7.a. Date of most recent review or revision of maintenance procedures**

\_\_\_\_\_  
 M M D D Y Y Y Y

**7.7.b. Date of most recent equipment inspection or test**

\_\_\_\_\_  
 M M D D Y Y Y Y

**7.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)**

\_\_\_\_\_

Facility Name: \_\_\_\_\_

**7**

**Section 7. Prevention Program: Program 3** EPA Facility ID# (leave blank for first submission only)

**7.8 Management of Change**

7.8.a. Date of most recent changes that triggered management of change procedures.

M M D D Y Y Y Y

7.8.b. Date of most recent changes that triggered management of change procedures.

M M D D Y Y Y Y

7.9. Date of most recent pre-startup review

M M D D Y Y Y Y

**7.10. Compliance audits**

7.10.a. Date of most recent compliant audit

M M D D Y Y Y Y

7.10.b. Expected or actual date of completion of all changes resulting from the compliance audit

M M D D Y Y Y Y

**7.11. Incident investigation**

7.11.a. Date of most recent incident investigation (if any)

M M D D Y Y Y Y

7.11.b. Expected or actual date of completion of all changes resulting from the incident investigation

M M D D Y Y Y Y

7.12. Date of most recent review or revision of employee participation plans

M M D D Y Y Y Y

7.13. Date of most recent review or revision of hot work permit procedures

M M D D Y Y Y Y

7.14. Date of most recent review or revision of contractor safety procedures

M M D D Y Y Y Y

7.15. Date of most recent review or revision of contractor safety performance

M M D D Y Y Y Y

Facility Name: \_\_\_\_\_

**8**

**Section 8. Prevention Program: Program 2** EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one prevention program, make a photocopy of pages in this section and report each scenario separately)

**Prevention Program description:**

---

---

---

---

---

---

---

---

---

---

**8.1. NAICS code for process** \_\_\_\_\_

**8.2. Chemical name(s)**  
(maximum 100 characters)

---

---

---

---

If you need more space to list chemicals, please make a photo copy of this sheet.

**8.3 Safety Information**

8.3. Date of most recent review or revision of safety information \_\_\_\_\_

M M    D D    Y Y Y Y

**8.3.b. Federal/state regulations or industry-specific design codes and standards used to demonstrate compliance with safety information requirement (select at least one)**

8.3.b.1. NFPA 58 (or state law based on NFPA 58)       8.3..b.7. Other (specify) (maximum 200 characters)

8.3.b.2. OSHA (29 CFR 1910.111) \_\_\_\_\_

8.3.b.3. ASTM Standards \_\_\_\_\_

8.3.b.4. ANSI Standards \_\_\_\_\_

8.3.b.5. ANSME Standards \_\_\_\_\_

8.3.b.6. None \_\_\_\_\_

8.3..b.8. Comments (100 characters)

---

---

Facility Name: \_\_\_\_\_

**8**

**Section 8. Prevention Program: Program 2**

EPA Facility ID# (leave blank for first submission only)

**8.4. Hazard review**

8.4.a. Date of completion of most recent hazard review or update

M M    D D    Y Y Y Y

8.4.b. Expected or actual date of completion of all changes resulting from the hazard review

M M    D D    Y Y Y Y

**8.4.c. Major hazards identified (select at least one)**

<input type="checkbox"/> 8.4.c.1. Toxic release	<input type="checkbox"/> 8.4.c.11. Loss of cooling, heating, electricity, instrument air
<input type="checkbox"/> 8.4.c.2. Fire	<input type="checkbox"/> 8.4.c.12. Earthquake
<input type="checkbox"/> 8.4.c.3. Explosion	<input type="checkbox"/> 8.4.c.13. Floods (flood plain)
<input type="checkbox"/> 8.4.c.4. Runaway reaction	<input type="checkbox"/> 8.4.c.14. Tornado
<input type="checkbox"/> 8.4.c.5. Polymerization	<input type="checkbox"/> 8.4.c.15. Hurricanes
<input type="checkbox"/> 8.4.c.6. Over pressurization	<input type="checkbox"/> 8.4.c.16. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 8.4.c.7. Corrosion	_____
<input type="checkbox"/> 8.4.c.8. Overfilling	_____
<input type="checkbox"/> 8.4.c.9. Contamination	
<input type="checkbox"/> 8.4.c.10. Equipment failure	

**8.4.d. Process controls in use (select at least one)**

<input type="checkbox"/> 8.4.d.1. Vents	<input type="checkbox"/> 8.4.d.13. Backup pump
<input type="checkbox"/> 8.4.d.2. Relief valves	<input type="checkbox"/> 8.4.d.14. Grounding equipment
<input type="checkbox"/> 8.4.d.3. Check valves	<input type="checkbox"/> 8.4.d.15. Inhibitor addition
<input type="checkbox"/> 8.4.d.4. Scrubbers	<input type="checkbox"/> 8.4.d.16. Rupture disks
<input type="checkbox"/> 8.4.d.5. Flares	<input type="checkbox"/> 8.4.d.17. Excess flow device
<input type="checkbox"/> 8.4.d.6. Manual shutoffs	<input type="checkbox"/> 8.4.d.18. Quench system
<input type="checkbox"/> 8.4.d.7. Automatic shutoffs	<input type="checkbox"/> 8.4.d.19. Purge system
<input type="checkbox"/> 8.4.d.8. Interlocks	<input type="checkbox"/> 8.4.d.20. None
<input type="checkbox"/> 8.4.d.9. Alarms and procedures	<input type="checkbox"/> 8.4.d.21. Other (specify) (maximum 200 characters)
<input type="checkbox"/> 8.4.d.10. Keyed bypass	_____
<input type="checkbox"/> 8.4.d.11. Emergency air supply	_____
<input type="checkbox"/> 8.4.d.12. Emergency power	





Facility Name: \_\_\_\_\_

**8**

**Section 8. Prevention Program: Program 2**

EPA Facility ID# (leave blank for first submission only)

8.6.c. Type of competency testing used (select at least one)	<input type="checkbox"/> 8.6.c.5. Other (specify)(maximum 200 characters)
<input type="checkbox"/> 8.6.c.1. Written test	_____
<input type="checkbox"/> 8.6.c.2. Oral Test	_____
<input type="checkbox"/> 8.6.c.3. Demonstration	
<input type="checkbox"/> 8.6.c.4. Observation	

**8.7. Maintenance**

8.7.a. Date of most recent review or revision of maintenance procedures	____	____	_____
	M M	D D	Y Y Y Y
8.7.b. Date of most recent equipment inspection or test	____	____	_____
	M M	D D	Y Y Y Y
8.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)			

**8.8. Compliance audits**

8.8.a. Date of most recent compliant audit	____	____	_____
	M M	D D	Y Y Y Y
8.8.b. Expected or actual date of completion of all changes resulting from the compliance audit	____	____	_____
	M M	D D	Y Y Y Y

**8.9. Incident investigation**

8.9.a. Date of most recent incident investigation (if any)	____	____	_____
	M M	D D	Y Y Y Y
8.9.b. Expected or actual date of completion of all changes resulting from the incident investigation	____	____	_____
	M M	D D	Y Y Y Y

8.10. Date of most recent change that triggered a review or a revision of safety information, the hazard review, operating or maintenance procedures, or training	____	____	_____
	M M	D D	Y Y Y Y

Facility Name: \_\_\_\_\_



EPA Facility ID# (leave blank for first submission only)

**9**

**Section 9. Emergency Response**

**9.1 Written emergency response (ER) plan**

9.1.a.  Is your facility included in the written community emergency response plan?

9.1.b.  Does your facility have its own written emergency response plan?

9.2.  Does your facility's ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?

9.3.  Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?

9.4.  Does your facility's ER plan include information on emergency health care?

9.5. Date of most recent review or update of your facility's ER plan

M M D D Y Y Y Y

9.6. Date of most recent ER training for your facility's employees

M M D D Y Y Y Y

**9.7. Local agency with which your facility's ER plan or response activities are coordinated**

9.7.a. Name of agency (maximum 35 characters)

9.7.b. Phone number (  )  -

9.8. Subject to (select all that apply)

- 9.8.a. OSHA Regulations at 29 CFR 1910.38
- 9.8.b. OSHA Regulations at 29 CFR 1910.120
- 9.8.c. Clean Water Act Regulations at 40 CFR 112
- 9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52
- 9.8.e. OPA-90 Regulations at 40 CFR 112, 33 CFR 154, 49 CFR 194, 30 CFR 254
- 9.8.f. State EPCRA Rules or Laws
- 9.8.g. Other (specify)(maximum 200 characters)

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX C. CBI SUBSTANTIATION FORM**

OMB Control No. 2050-0144  
Approval expires XX/XX/XX

**CBI SUBSTANTIATION FORM**

If you are claiming Confidential Business Information (CBI) in your Risk Management plan (RMP), you must substantiate your claim at the same time that you submit your RMP. To qualify for CBI protection, the substantive criteria in 40 CFR 2.301 must be met. Certain RMP data elements cannot be claimed CBI, as stated in 40 CFR 68.151.

Fill out this form for each data element or set of data elements that have a discrete substantiation. You may use one CBI Substantiation Form to report multiple data elements as CBI if the basis for substantiation is the same. That means the answers to the questions in Part IV must be the same for all the data elements. If you need more space in Part III, please attach a separate piece of paper.

**Burden Statement**

The public reporting and recordkeeping burden for this collection of information is estimated to average from 9.5 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.

**Part I -- Facility Identification Information**

The information given here must correspond to the information that you provided in the registration section of your RMP. If you have an EPA Facility ID #, please include this information. If you are resubmitting, updating or correcting your RMP, you should already have received an EPA Facility ID#.

a. Facility Name:
b. EPA Facility ID # (if assigned): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Facility Location Address:
d. City, State and Zip Code:

<b>e. Dun and Bradstreet Number:</b>	
<p><b>Part II – Is this substantiation a sanitized or an unsanitized version?</b>                  If this substantiation contains any CBI, you must also submit a sanitized substantiation (without CBI data) as stated in 40 CFR 68.152. In this case, submit 2 copies of this form, one sanitized and one unsanitized. Please indicate here whether this form is sanitized or unsanitized.</p> <p style="text-align: center;"> <input type="checkbox"/> Sanitized                      <input type="checkbox"/> Unsanitized             </p>	
<p><b>Part III – List the RMP Data Elements which you are claiming CBI that are covered in this substantiation form. List the data element number and its descriptive name, but NOT the actual CBI data. Please note that you may use one substantiation form for more than one data element only if the answers to all of the questions in Part IV are the same for those data elements.</b></p>	
Data Element #	Data Element Name

**Part IV – The following are criteria set forth in 40 CFR 2.204, 2.208 and 2.301 for substantiating CBI claims. Provide answers to each of the following questions to substantiate your claim. If you need additional space, use separate sheets of paper.**

**(a) For any data elements that you wish to claim CBI that are listed in Part III, please indicate whether your business has previously submitted a CBI claim for this data element to EPA and whether that claim has expired, been waived, or been withdrawn.**

**(b) What reasonable measures have you taken to protect the confidentiality of the information and do you intend to continue to take these measures?**

(c) Have you disclosed the information to anyone other than a governmental body? If so, why should the information still be considered confidential? If not, is the information reasonably obtainable without your consent? Has EPA or another Federal agency made a determination as to the confidentiality of the information? If so, please attach a copy of the determination.

(d) Does any statute require public disclosure of the information for which you are claiming CBI? If so, identify the law.

(e) (1) For each data element claimed as CBI in Part III, discuss with specificity why release of the information is likely to cause substantial harm to your competitive position. Explain the nature of those harmful effects, why they should be viewed as substantial, and the causal relationship between disclosure and such harmful effects. For example, how could your competitors make use of this information to your detriment?

(2) Do you assert that the information is “voluntarily submitted” as defined at 40 CFR 2.201(i)? If so, explain why, and how disclosure would tend to lessen the Government’s ability to obtain necessary information in the future.

**Part V - Certification (Read and sign after completing all sections)**  
 To the best of the undersigned's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.

<b>Name and official title of owner or operator or senior management official</b>	
<b>Signature (All signatures must be original)</b>	<b>Print Name</b>
<b>Official Title</b>	<b>Date Signed</b>



**APPENDIX D. CBI UNSANITIZED DATA ELEMENT FORM**

OMB Control No. 2050-0144  
Approval expires XX/XX/XX

**CBI UNSANITIZED DATA ELEMENT FORM**

If you are claiming Confidential Business Information (CBI) in your RMP, you must submit in paper form both the information being claimed CBI and a substantiation for your claim at the time you submit your redacted or “sanitized” RMP . This form should be used to submit the confidential information. The redacted RMP will be made available to the public in RMP\*Info.

If you need additional space, make a copy of page 2 of this form.

**Burden Statement**

The public reporting and recordkeeping burden for this collection of information is estimated to average from 9.5 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.

**Part I. Facility Identification Information**

The information given here should correspond to the information that you filled out in the registration section of your RMP. If you have an EPA Facility ID#, please include this information. You will have received the number after your first submission.

<b>a. Facility Name:</b>		
<b>b. EPA Facility ID # (if assigned):</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>c. Facility Location Address:</b>		
<b>d. City, State and Zip Code:</b>		
<b>e. Dun and Bradstreet Number:</b>		
<b>Part II - Information claimed as CBI</b> Please list the data element number(s) from the RMP form (paper form or electronic form), the name(s) of the element(s) you are claiming CBI, and the actual CBI data.		
<b>Data Element Number</b>	<b>Name of Data Element</b>	<b>RMP Data Claimed as CBI</b>

