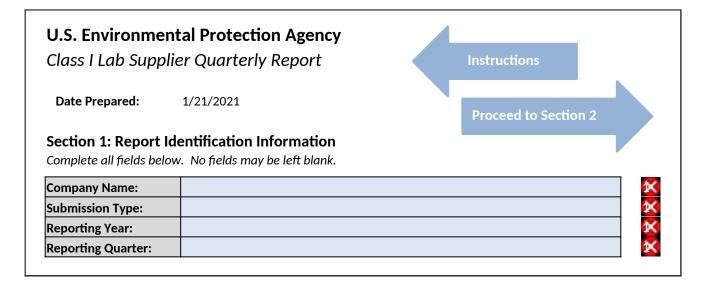
# **U.S. Environmental Protection Agency** Stratospheric Ozone Protection Program Class I Lab Supplier Quarterly Report (Sec 82.13) Version 1.0 Proceed to Section 1 Last Updated: December 2017 Instructions Complete this form by filling in the data fields that are highlighted in blue. Guidance on how to complete individual data fields are provided in comment bubbles. Use the arrows to navigate between the tabs. Once completed, use the 'prepare submission' button in the Summary tab to generate your CSV file. **Copying and Pasting Data:** If data are pasted into this reporting form from another spreadsheet, the formatting of specific cells must be consistent with the requirements of the form in order to be accepted into EPA's ODS Tracking System. Refer to the Reference List to identify the valid naming scheme for spe Report Submission: This Excel file, the generated CSV file, and all supporting attachments should be submitted to EPA through the Central Data Exchange (CDX). Refer to EPA's website for additional information on form submission: https://www.epa.gov/ods-phaseout/ods-recordkeeping-and-reporting All information submitted to EPA will be treated as confidential in accordance with 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. The public reporting and recordkeeping burden for this collection of information is estimated to average 4 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 Avenue NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

EPA Form #5900-153 OMB Control Number: 2060-0170 Expiration Date: 10/31/2018



Class I Lab Supplier Quarterly Report

#### Company Name: Reporting Period:

### Section 2: Amounts Purchased/Received

In the table below, enter data for each transaction in which a dass I controlled substance was purchased or received under the global essential laboratory and analytical use exemption from a producer, importer, and/or distributer during the reporting period. If no controlled substances were purchased or received under the global essential laboratory and analytical use exemption during the reporting period, the table moy be kit flank, for each transaction, all fields are required.

If copying and pasting data into the table, please refer to the Reference List and the accompanying instructions.

| Transaction<br>Number | Source Company | Source Company Street<br>Address | Source Company City | Source Company State | Source<br>Company<br>Postal Code | Name of Class I<br>Chemical Purchased or<br>Received | Quantity of Class I<br>Chemical Purchased<br>or Received |
|-----------------------|----------------|----------------------------------|---------------------|----------------------|----------------------------------|--|--|
| Autopopulated         | Text           | Text                             | Text                | Selection            | Text                             | Selection  | kg   |
| 1                     | Company A      | 1 Main Street                    | Washington          | District of Columbia | 20006                            | CFC-13   | 5,000.00   |
|                       |                |                                  |                     |                      |                                  |  |  |
|                       |                |                                  |                     |                      |                                  |  |  |
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Class I Lab Supplier Quarterly Report

Company Name:

**Reporting Period:** 



#### Section 3: Amounts Supplied to Laboratories

In the table below, identify the name and quantity of each class I controlled substance supplied to a laboratory customer during the reporting period. Up to three chemicals may be entered per row. You may enter more than one row of data per laboratory customer, as needed. If no controlled substances were supplied to laboratory customers under the global essential laboratory and analytical use exemption during the reporting period, the table may be left blank.

#### If copying and pasting data into the table, please refer to the Reference List and the accompanying instructions.

| Transaction           |                  | Lab Company Street            |                  |                      | Lab Company                | Class I Chemical | Supplied to Lab | Class I Chemical | Supplied to Lab | Class I Chemical | Supplied to Lab |
|-----------------------|------------------|-------------------------------|------------------|----------------------|----------------------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|
| Transaction<br>Number | Lab Company Name | Lab Company Street<br>Address | Lab Company City | Lab Company State    | Lab Company<br>Postal Code | Name             | Quantity        | Name             | Quantity        | Name             | Quantity        |
| Autopopulated         | Text             | Text                          | Text             | Selection            | Text                       | Selection        | kg              | Selection        | kg              | Selection        | kg              |
| 1                     | Company A        | 1 Main Street                 | Washington       | District of Columbia | 20006                      | CFC-11           | 2.567           | CFC-113          | 0.006           |                  |                 |
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Class I Lab Supplier Quarterly Report

## Company Name:

### **Reporting Period:**

The values in the table below are calculated based on data entered in Section 2 and Section 3. If the totals appear to be incorrect, please return to Section 2 or Section 3 to review your data.

| Chemical Name | Total Quantity of Class I Chemical<br>Purchased or Received (kg) | Total Quantity of Class I Chemical<br>Supplied (kg) |
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| R             | eturn to Section 2   | eturn to Section 3                                  |

Prepare Submission

Class I Lab Supplier Quarterly Report

Return to Section 2

Return to Section 3

## **Reference List**

**Copying and Pasting Data:** If data is pasted into this reporting form from another spreadsheet, the formatting of specific cells must be consistent with the requirements of the form in order to be accepted into EPA's ODS tracking system. When copying and pasting data into the form, please ensure consistency with the formatting of the list below.

**Chemical Name List:** The table below lists the valid chemical names that may be used when entering data into Section 2 and Section 3 of this form.

|        | Class I Chemicals |         |            |            |  |  |  |  |  |  |
|--------|-------------------|---------|------------|------------|--|--|--|--|--|--|
| СВМ    | CFC-111           | CFC-211 | CFC-216    | Halon 1211 |  |  |  |  |  |  |
| CCL4   | CFC-112           | CFC-212 | CFC-217    | Halon 1301 |  |  |  |  |  |  |
| CFC-11 | CFC-113           | CFC-213 | CH3Br      | Halon 2402 |  |  |  |  |  |  |
| CFC-12 | CFC-114           | CFC-214 | CH3CCL3    | HBFCs      |  |  |  |  |  |  |
| CFC-13 | CFC-115           | CFC-215 | Halon 1202 |            |  |  |  |  |  |  |

**State List:** The table below lists the valid state names that may be used when entering data into Section 2 and Section 3 of this form.

|                      |               | States         |                |                   |
|----------------------|---------------|----------------|----------------|-------------------|
| Alaska               | Hawaii        | Michigan       | Nevada         | Texas             |
| Alabama              | lowa          | Minnesota      | New York       | Utah              |
| Arkansas             | Idaho         | Missouri       | Ohio           | Virginia          |
| Arizona              | Illinois      | Mississippi    | Oklahoma       | US Virgin Islands |
| California           | Indiana       | Montana        | Oregon         | Vermont           |
| Colorado             | Kansas        | North Carolina | Pennsylvania   | Washington        |
| Connecticut          | Kentucky      | North Dakota   | Puerto Rico    | Wisconsin         |
| District of Columbia | Louisiana     | Nebraska       | Rhode Island   | West Virginia     |
| Delaware             | Massachusetts | New Hampshire  | South Carolina | Wyoming           |
| Florida              | Maryland      | New Jersey     | South Dakota   |                   |
| Georgia              | Maine         | New Mexico     | Tennessee      |                   |