

# U.S. Environmental Protection Agency

## Stratospheric Ozone Protection Program

### **Class I Producer Quarterly Report (Sec 82.13)**

Version 1.0

Last Updated: April 2018



Proceed to Section 1

### **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 Section 3 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 s

**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 2 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.*

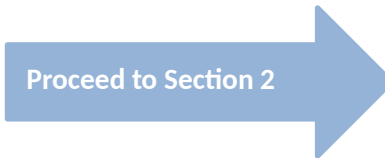
EPA Form #5900-151

OMB Control Number: 2060-0170

Expiration Date: 10/31/2018

**U.S. Environmental Protection Agency**  
*Class I Producer Quarterly Report*

Date Prepared: 1/20/2021



**Section 1: Report Identification Information**  
*Complete all fields below. No fields may be left blank.*

Company Name:	
Submission Type:	
Reporting Year:	
Reporting Quarter:	







## U.S. Environmental Protection Agency

### Class I Producer Quarterly Report

#### Reference List

**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. 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.

Chemical Name				
CFC-12	CFC-114	CFC-214	Halon 1211	CH3CCL3
CFC-13	CFC-115	CFC-215	Halon 1301	HBFCs
CFC-111	CFC-211	CFC-216	Halon 2402	
CFC-112	CFC-212	CFC-217	CBM	
CFC-113	CFC-213	Halon 1202	CCL4	

