Stratospheric Ozone Protection Program

### Class I Lab Supplier Quarterly Report (Sec 82.13)

Version 1.0

Last Updated: April 2018



#### 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.

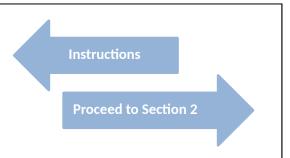
The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including 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

**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:	

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 class I controlled substance was purchased or received under the global essential laboratory and analytical use exemption from a producer, importer, and/or distributor 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 may be left blank. 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 Number	Source Company	Source Company Street Address	Source Company City	Source Company State	Source Company Postal Code	Name of Class I Chemical Purchased or Received	Quantity of Class I Chemical Purchased 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

Class I Lab Supplier Quarterly Report

Company Name: Reporting Period:

# Return to Section 2 Review Summary

#### **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 Number	Lab Carraman Maria	Lab Company Street Address	Lab Company City	Lab Company State	Lab Company Postal Code	Class I Chemica	Supplied to Lab	Class I Chemical	Supplied to Lab	Class I Chemical	Supplied to Lab
Number	Lab Company Name	Address	Lab Company City	Lab Company State	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		



















Class I Lab Supplier Quarterly Report

**Prepare Submission** 

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 Purchased or Received (kg)	Total Quantity of Class I Chemical Supplied (kg)

**Return to Section 2** 

**Return to Section 3** 

Class I Lab Supplier Quarterly Report

**Reference List** 

Return to Section 2 Return to Section 3

**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	