

**U.S. Environmental Protection Agency**  
**Stratospheric Ozone Protection Program**

**Methyl Bromide Producer Quarterly Report (Sec 82.13)**

Version 3.0

Last Updated: March 2019



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 on the Summary tab to generate your CSV file.

**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 1 hour 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.*

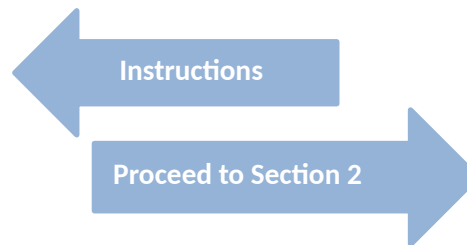
EPA Form #5900-141

OMB Control Number: 2010-0170

Expiration Date: 8/31/2021

**U.S. Environmental Protection Agency**  
*Methyl Bromide Producer Quarterly Report*

Date Prepared: 1/14/2021



**Section 1: Report Identification Information**

*Complete all fields below. No fields may be left blank.*

<b>Company Name:</b>	
<b>Submission Type:</b>	
<b>Reporting Year:</b>	
<b>Reporting Quarter:</b>	







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**Company Name:**

**Reporting Period:**

**Section 4: Producers Critical Use Year-End Inventory (Quarter 4 Only)**

*Identify the amount of critical use methyl bromide held by your company at the end of the control period.*

	<b>kg owned by reporting company</b>
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*Identify the name(s) of company(s) for which critical use methyl bromide is being held by the reporting company at the end of the control period. Report the amounts held for each (excluding end-users).*

<b>Company Name</b>	<b>Pre-Plant</b>
Text	kg

Return to Section 3

Review Summary

period.

ting entity, and the associated

Post-Harvest
kg

**U.S. Environmental Protection Agency**  
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**Company Name:**

**Reporting Period:**

**Allowance Summary**

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

Chemical Name	Allowances Expended (kg)	
	Pre-Plant Critical Use	Post-Harvest Critical Use
CH3Br	0.00	0.00

