OMB Control Number: 2060-0170
Expiration Date: 4/16/2023

U.S. Environmental Protection Agency

Stratospheric Ozone Protection Program

Class I Lab Supplier Quarterly Report (Sec 82.13)

Version 5.0

Last Updated: April 2020

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 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.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0170). Responses to this collection of information are mandatory (40 CFR 82.13). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The number and expiration date are displayed in the upper right corner of the form. The public reporting and recordkeeping burden for this collection of information is estimated to be 4 hours per response. Send comments on the Agency's need this formation, 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, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 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.

EPA Form #5900-153

U.S. Environmental Protection Agency

Class I Lab Supplier Quarterly Report

Instructions

Proceed to Section 2

Date Prepared: 12/13/2021

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 Lab Supplier Quarterly Report

Return to Section 1

Proceed to Section 3

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

U.S. Environmental Protection Agency

Class I Lab Supplier Quarterly Report

Return to Section 2

Review Summary

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 Number	Lab Company Name	Lab Company Street Address	Lab Company City	Lab Company State	Lab Company Postal Code	Class I Chemical Supplied to Lab		Class I Chemical Supplied to Lab		Class I Chemical Supplied to Lab	
						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		

U.S. Environmental Protection Agency

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

U.S. Environmental Protection Agency

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				
CBM	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	Iowa	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	