

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

### **Methyl Bromide Producer 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 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>

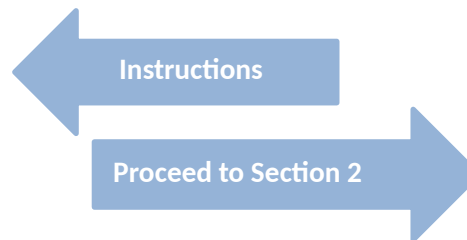
*All information submitted to EPA will be treated as confidential in accordance with 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart.*

*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 1 hour 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 #5900-141

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

Date Prepared: 10/4/2021



**Section 1: Report Identification Information**

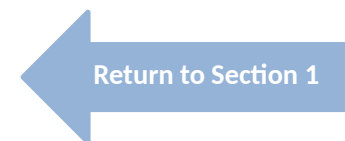
*Complete all fields below. No fields may be left blank.*

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



# U.S. Environmental Protection Agency

## Methyl Bromide Producer Quarterly Report



Company Name:

Reporting Period:



### Section 2: Production Data

In the table below, enter the quantity of methyl bromide that was produced during the reporting period. If no methyl bromide was produced, the table may be blank. If methyl bromide was produced for **QPS applications, global lab, emergency uses, second party transformation, or second party destruction**, a certification is required. Enter the quantity of methyl bromide produced for each application, transformation verification, destruction verification, QPS certification, and/or essential use certification from each company for whom material was produced to EPA along with the submission of this report.

In-House Transformation	Second Party Transformation	In-House Destruction	Second Party Destruction	QPS	Critical Use for Export	Emergency Use	Global Lab
kg	kg	kg	kg	kg	kg	kg	kg
1,500.00	0.00	0.00	0.00	100.50	0.00	0.00	0.00



*le left blank. As a  
copy of the  
must be provided*

<b>Gross Production</b>
<b>Autopopulated</b>
1,800.50





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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*

	<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>
<b>Text</b>	<b>kg</b>

Return to Section 3

Review Summary

period.

ting entity, and the associated

Post-Harvest
kg



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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

