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

# **U.S. Environmental Protection Agency**

Stratospheric Ozone Protection Program

Class II Producer Quarterly Report (Sec 82.24)

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.

**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 specific cells.

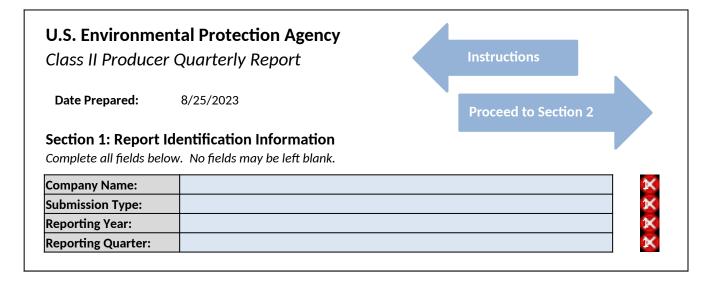
**Report Submission:** This Excel file, the generated CSV file, and all supporting attachments should be submitted to EPA through the Central Data Exchange (CDX). Refer to EPA's website for additional information on form submission:

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 82.24). 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 #5900-202



**Class II Producer Quarterly Report** 

**Company Name:** 

**Reporting Period:** 

## **Section 2: Production Data**

In the table below, enter the quantity of each class II controlled substance that was produced during the reporting period. If no controlled substances were produced, the table may be left blank. As a reminder, **if material was produced for second party transformation or second party destruction**, a copy of the transformation and/or destruction verification from each company for whom material was produced must be provided to EPA along with the submission of this report.

If copying and pasting data into the table, please refer to the Reference List and the accompanying instructions.

Name of the Class II Chemical Produced	Gross Production	In-House Transformation	Second Party Transformation	In-House Destruction	Second Party Destruction	Net Production
Selection	kg	kg	kg	kg	kg	Autopopulated
HCFC-124	1,550.65	0.00	250.85	0.00	0.00	291.80

Return to Section 1

**Proceed to Section 3** 

Class II Producer Quarterly Report

Company Name:

**Reporting Period:** 

## Section 3: Shipment/Sales Data

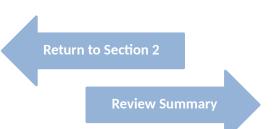
Identify the recipient company(s) of the material produced for second party transformation or second party destruction, and the amount shipped to each company during the quarter.

**Note:** Due to a potential time lag between the date of production and the date of shipment, it is recognized that for a given quarter the information in Section 3 may not match the information reported in Section 2; however, it is expected that all material produced for second party transformation or second party destruction will eventually be shipped to a second party and must be reported as such in the applicable quarterly report.

If copying and pasting data into the table, please refer to the Reference List and the accompanying instructions.

As a reminder, a copy of the transformation and/or destruction verification from each company for which material was produced must be provided to EPA along with the submission of this report.

Chemical Name	Recipient Company Name	Quantity	Purpose
Selection	Text	kg	Selection
HCFC-22	Company A	250.85	Transformation



Class II Producer Quarterly Report

## Company Name:

**Reporting Period:** 

# Prepare Submission

### **Allowance Summary**

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

Chemical Name	Allowances Expended (kg)			
	Production	Consumption		

**Class II 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					
HCFC-21	HCFC-124a	HCFC-142b	HCFC-231	HCFC-251	
HCFC-22	HCFC-131	HCFC-151	HCFC-232	HCFC-252	
HCFC-31	HCFC-132b	HCFC-221	HCFC-233	HCFC-253	
HCFC-121	HCFC-133a	HCFC-222	HCFC-234	HCFC-261	
HCFC-122	HCFC-141	HCFC-223	HCFC-235	HCFC-262	
HCFC-123	HCFC-141a	HCFC-224	HCFC-241	HCFC-271	
HCFC-123a	HCFC-141b	HCFC-225ca	HCFC-242		
HCFC-123b	HCFC-142	HCFC-225cb	HCFC-243		
HCFC-124	HCFC-142a	HCFC-226	HCFC-244		

**Return to Section 2** 

**Return to Section 3**