



TOXICS RELEASE INVENTORY FORM A

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form A is estimated to average 21.96 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

TRI Facility ID Number

| | | |
|--|--|--|
| This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank. | Revision (Enter up to two code(s)) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> | Withdrawal (Enter up to two code(s)) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> |
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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

| | | | |
|------------|---|------------|--|
| 2.1 | Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; go to Section 3) | 2.2 | Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized <small>(Answer only if "Yes" in 2.1)</small> |
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SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

| | | |
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| Name and official title of owner/operator or senior management official: | Signature: | Date signed: |
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SECTION 4. FACILITY IDENTIFICATION

| | | | |
|------------|--------------------------------|---|------------------|
| 4.1 | Facility or Establishment Name | TRI Facility ID Number | BIA Code |
| | Physical Street Address | Mailing Address (if different from physical street address) | |
| | City/County/State/ZIP Code | City/State/ZIP Code | Country (Non-US) |

4.2 This report contains information for: (Important: Check c or d if applicable) c. A Federal Facility d. GOCO

| | | |
|------------|------------------------|---|
| 4.3 | Technical Contact Name | Telephone Number (include area code and ext.) |
| | Email Address | |

| | | |
|------------|---------------------|---|
| 4.4 | Public Contact Name | Telephone Number (include area code and ext.) |
| | Email Address | |

| | | | | | | | |
|------------|--------------------------|---------|----|----|----|----|--|
| 4.5 | NAICS Code(s) (6 digits) | Primary | | | | | |
| | a. | b. | c. | d. | e. | f. | |

| | | |
|------------|---------------------------------------|----|
| 4.6 | Dun & Bradstreet Number(s) (9 digits) | a. |
| | | b. |

SECTION 5. PARENT COMPANY INFORMATION

| | | |
|------------|--|--|
| 5.1 | Name of U.S. Parent Company (for TRI Reporting purposes) | No U.S. Parent Company <input type="checkbox"/> (for TRI Reporting purposes) |
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| 5.2 | Parent Company's Dun & Bradstreet Number | NA <input type="checkbox"/> |
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Paperwork Reduction Act
This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0212). Responses to this collection of information are mandatory, as specified in 40 CFR 372. 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 public reporting and recordkeeping burden for this collection of information is estimated to be 21.96 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 to the Regulatory Support Division Director, 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.

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|---|---|-------------------------------------|
| EPA FORM A PART II. CHEMICAL IDENTIFICATION Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds* | | TRI Facility ID Number _____ |
| SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___ | | |
| 1.1 | CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) | |
| 1.3 | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) | |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above) | | |
| 2.1 | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) | |
| SECTION 9.2. OPTIONAL POLLUTION PREVENTION AND ADDITIONAL INFORMATION FOR THIS TOXIC CHEMICAL | | |
| 9.2 | If you wish to provide optional chemical specific pollution prevention or additional information, provide it here. _____ _____ _____ | |
| SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___ | | |
| 1.1 | CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) | |
| 1.3 | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) | |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above) | | |
| 2.1 | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) | |
| SECTION 9.2. OPTIONAL POLLUTION PREVENTION AND ADDITIONAL INFORMATION FOR THIS TOXIC CHEMICAL | | |
| 9.2 | If you wish to provide optional chemical specific pollution prevention or additional information, provide it here. _____ _____ _____ | |

*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)