10646

CORRES. CONTROL
OUTGOING LTR NO.

93RF8311

DIST.	LTR	ENC
BENEDETTI, R.L.	X	
BENJAMIN, A.		
BERMAN, H.S.		
BRANCH, D.B.		
CARNIVAL, G.J.		
COPP, R.D.		
DAVIS, J.G.		
FERRERA, D.W.		
HANNI, B.J.		
HARMAN, L. K.		
HEALY, T.J.		
HEDAHL, T.	X	
HILBIG, J.G.		
KIRBY, W.A.		
KUESTER, A.W.		
LEE, E.M.		
MANN, H.P.	X	
MARX, G.E.		
McDONALD, M.M.		
McKENNA, F.G.	X	
MONTROSE, J.K.		
MORGAN, R.V.		
POTTER, G.L.	X	
PIZZUTO, V.M.		
RILEY, J.H.		
SANDLIN, N.B.		
SHEPLER, R.L.		
STEWART, D.L.		
SULLIVAN, M.T.		
SWANSON, E.R.		
WILKINSON, R.B.		
WILLIAMS, S. (ORC)		
WILSON, J. M.		
ZANE, J. O.		
R.V. Morgan	X	
T.L. Rising	X	
A.L. Schultz	X	
[illegible]	X	
J. Zarrett	X	
M. Broussard	X	
D. Costain	X	
D. Ward	X	
CORRES CONTROL	X	X
ADMIN RECORD		
TRAFFIC		

CLASSIFICATION:

UCNI	X	X
UNCLASSIFIED	X	X
CONFIDENTIAL		
SECRET		

AUTHORIZED CLASSIFIER SIGNATURE

DATE 7/8/93

IN REPLY TO RFP CC NO:

ACTION ITEM STATUS
☐ OPEN ☒ CLOSED
☐ PARTIAL

LTR APPROVALS:

ORIG & TYPIST INITIALS
DBC:fm

EG&G ROCKY FLATS

EG&G ROCKY FLATS, INC.
ROCKY FLATS PLANT, P.O. BOX 464, GOLDEN, COLORADO 80402-0464 • (303) 966-7000

July 7, 1993

93-RF-8311

Michael S. Karol
Facility Operations
DOE, RFO

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT, SECTION 312, TIER II SUBMITTAL AMENDMENTS TO THE 1992 REPORT - TGH-421-93

Enclosed are amendments to the TIER II submittal for 1992. These amendments add hydrochloric acid, hydrogen peroxide, sodium hydroxide, and sodium hypochlorite to the list of hazardous substances that exceeded reporting thresholds in 1992 and adds Operable Unit #2 (T900D) to the list of storage locations for nitric and sulfuric acid. Rocky Flats Plant (RFP) is responsible for ensuring that copies of these amendments are distributed to the Colorado Emergency Planning Commission, Local Emergency Planning Committees of Jefferson and Boulder Counties, and the RFP Fire Department.

Changes to the TIER II report are necessitated by newly obtained information on chemical storage associated with ground water and surface water remediation in Operable Units #1 and #2. This information was inadvertently omitted from the TIER II report submitted earlier on February 24, 1993. A revised Form R was submitted to your offices on June 29, 1993, also as a result of this new information.

The EPCRA compliance program at RFP continues to evolve towards improved reporting of chemical storage and use. As necessary, we will exercise existing regulatory provision to update TIERII and Form R reports should additional new information become available in the future.

If you have any questions regarding amendments to the TIER II report for 1992, please contact D. B. Costain of the Chemical Tracking and Control System Division at extension 8528.

T. G. Hedahl, Associate General Manager
Environmental and Waste Management

DBC:fm

Orig. and 1 cc - M. S. Karol

Enclosure:
As Stated (1)

cc:
C. M. Franklin - DOE, RFO

Revised June 1990

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, Inc.
Street: Section 2, Range 70W, Township 2S
City: Golden County: Jefferson State: CO Zip: 80402

SIC Code: 3489 Dun & Bradstreet Number: 60658 4092

FOR OFFICIAL USE ONLY — ID #: Date Received:

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: (303) 966-7000
Mail Address: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303) 966-2914 24 Hr. Phone: (303) 966-2914
Name: Title:
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 92

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Optional
CAS 7647-01-0; Trade Secret ☐ Chem. Name: Hydrochloric Acid Check all that apply: Pure X; Mix ☐; Solid ☐; Liquid X; Gas ☐; EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity X Immediate (acute) X Delayed (chronic)	Max. Daily Amount (code): 03 Avg. Daily Amount (code): 03 No. of Days On-site (days): 365	Container Type / Temperature / Pressure / Storage Locations BLDG./ROOM C 4 1 891 M 4 1 881/137,276,272,127,227,139,766,255 M 4 1 444/204,212A,245,109B M 4 1 123/103A,125,156,112,103 M 4 1 779/131,150,222,234,137,155,14	☐
CAS; Trade Secret ☐ Chem. Name: Hydrochloric Acid cont. Check all that apply: Pure ☐; Mix ☐; Solid ☐; Liquid ☐; Gas ☐; EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	M 4 1 551 M 4 1 T891O N 4 1 T891R M 4 1 T891M M 4 1 559/101,103,129,101D,129B,102,103E,103S	☐
CAS; Trade Secret ☐ Chem. Name: Hydrochloric cont. Check all that apply: Pure ☐; Mix ☐; Solid ☐; Liquid ☐; Gas ☐; EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	N 991/110 M 865/106,144 N 371/3408,3412 M 374/Chem Prep, 3805 M 705/100 N 701/101,107	☐

Certification *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ___ and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Optional Attachments
☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations

Form Approved OMB No. 2050-0072

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, Inc.
Street: Section 2, Range 70W, Township 2S
City: Golden County: Jefferson State: CO Zip: 80402

SIC Code: 3489 Dun & Bradstreet Number: 60-658-4092

FOR OFFICIAL USE ONLY — ID #: Date Received:

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: (303) 966-7000
Mail Address: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303) 966-2914 24 Hr. Phone: ( )
Name: Title:
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 92

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS ☐☐☐☐☐☐-☐☐-☐ Trade Secret ☐ Chem. Name: Hydrochloric Acid cont. Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐☐ Max. Daily Amount (code) ☐☐ Avg. Daily Amount (code) ☐☐☐ No. of Days On-site (days)	Container Type / Temperature / Pressure M 4 1 701/101 M 4 1 371/3305 M 4 1 T771F M 4 1 771/247,159,164,154,180D,180F M 4 1 111/Hope E N 4 1 440/108	☐
CAS ☐☐☐☐☐☐-☐☐-☐ Trade Secret ☐ Chem. Name: Hydrochloric Acid cont. Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐☐ Max. Daily Amount (code) ☐☐ Avg. Daily Amount (code) ☐☐☐ No. of Days On-site (days)	M 4 1 460 M 4 1 774/322 N 4 1 750 Pad N 4 1 T900D N 4 1 T891N M 4 1 776/159	☐
CAS ☐☐☐☐☐☐-☐☐-☐ Trade Secret ☐ Chem. Name: Hydrochloric Acid Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐☐ Max. Daily Amount (code) ☐☐ Avg. Daily Amount (code) ☐☐☐ No. of Days On-site (days)	N 4 1 778/110	☐

Certification *(Read and sign after completing all sections)*

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Optional Attachments

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☐ I have attached a list of site coordinate abbreviations

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, Inc.
Street: Section 2, Range 70W, Township 2S
City: Golden County: Jefferson State: CO Zip: 80402
SIC Code: 3489 Dun & Bradstreet Number: 60-658-4092

FOR OFFICIAL USE ONLY — ID #: ____ Date Received: ____

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: (303) 966-7000
Mail Address: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303) 966-2914 24 Hr. Phone: (303) 966-2914
Name: ____ Title: ____
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 92

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type	Temperature	Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations BLDG./ROOM	Optional
CAS 7722-84-1; Trade Secret ☐; Chem. Name: Hydrogen Peroxide; Check all that apply: Pure X, Mix ☐, Solid ☐, Liquid X, Gas ☐, EHS ☐; EHS Name:	Fire ☐; Sudden Release of Pressure ☐; Reactivity ☐; Immediate (acute) X; Delayed (chronic) X	Max. Daily Amount (code): 02; Avg. Daily Amount (code): 02; No. of Days On-site (days): 365	N	4	1	881/127, 137, 272	☐
			E	4	1	771/247, Corr J	
			N	4	1	444/109B,204,212A,245	
			N	4	1	991/109,110	
			N	4	1	123/103A,125,156	
			N	4	1	122/119	
CAS ____; Trade Secret ☐; Chem. Name: Hydrogen Peroxide cont.; Check all that apply: Pure ☐, Mix ☐, Solid ☐, Liquid ☐, Gas ☐, EHS ☐; EHS Name:	Fire ☐; Sudden Release of Pressure ☐; Reactivity ☐; Immediate (acute) ☐; Delayed (chronic) ☐	Max. Daily Amount (code): ____; Avg. Daily Amount (code): ____; No. of Days On-site (days): ____	N	4	1	T452F	☐
			N	4	1	559/101D, 102	
			N	4	1	865/101, 144	
			N	4	1	771/155A	
			N	4	1	T771F	
			N	4	1	777/416A	
CAS ____; Trade Secret ☐; Chem. Name: Hydrogen Peroxide cont.; Check all that apply: Pure ☐, Mix ☐, Solid ☐, Liquid ☐, Gas ☐, EHS ☐; EHS Name:	Fire ☐; Sudden Release of Pressure ☐; Reactivity ☐; Immediate (acute) ☐; Delayed (chronic) ☐	Max. Daily Amount (code): ____; Avg. Daily Amount (code): ____; No. of Days On-site (days): ____	N	4	1	783	☐
			N	4	1	779/139,141B	
			N	4	1	703	
			C	4	1	891	

Certification *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments
☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, Inc.
Street: Section 2, Range 70W, Township 2S
City: Golden County: Jefferson State: CO Zip: 80402
SIC Code: 3489 Dun & Bradstreet Number: 60-658-4092

FOR OFFICIAL USE ONLY — ID #: ( ) Date Received:

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: (303) 966-7000
Mail Address: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303) 966-2914 24 Hr. Phone: (303) 966-2914
Name: Title:
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 92

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type	Temperature	Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations BLDG./ROOM	Optional
CAS 1310-73-2 Trade Secret ☐ Chem. Name: Sodium Hydroxide Check all that apply: Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity X Immediate (acute) X Delayed (chronic)	Max. Daily Amount (code): 03 Avg. Daily Amount (code): 03 No. of Days On-site (days): 365	N N I N N K	4 4 4 4 4 4	1 1 1 1 1 1	881/272,266,227,137,127,255,282 701/101 444/204,245C 123/103,112,125,127 371/3408,3412 776/135	☐
CAS Trade Secret ☐ Chem. Name: Sodium Hydroxide cont. Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	N E N N N	4 4 4 4 4	1 1 1 1 1	865/106,145 865/151 991/110 779/137,140,126,234,223,222, 131,155 559/102,103	☐
CAS Trade Secret ☐ Chem. Name: Sodium Hydroxide cont. Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	N N M N N E	4 4 4 4 4 4	1 1 1 1 1 1	771/154,158,162,164 T771F 705/100 T452F 777/415 774/220	☐

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Optional Attachments
☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of

Form Approved OMB No. 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, inc.
Street: Section 2, Range 70W, Township 2S
City: Golden County: Jefferson State: CO Zip: 80402

SIC Code: ____ Dun & Bradstreet Number: ____-____-____

FOR OFFICIAL USE ONLY — ID #: ____ Date Received: ____

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: (303) 966-7000
Mail Address: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303) 966-2914 24 Hr. Phone: (303) 966-2914

Name: ____ Title: ____
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19____.

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type	Temperature	Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS ____ Trade Secret ☐ Chem. Name: Sodium Hydroxide cont. Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name: ____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____	D	4	1	124/001	☐
			N	4	1	T891O	
			N	4	1	T891M	
			N	4	1	T891R	
			N	4	1	T891D	
			C	4	1	891	
CAS ____ Trade Secret ☐ Chem. Name: ____ Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name: ____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____					☐
CAS ____ Trade Secret ☐ Chem. Name: ____ Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name: ____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____					☐

Certification *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and Title of owner/operator OR owner/operator's authorized representative: ____ Signature: ____ Date signed: ____

Optional Attachments

☐ I have attached a site plan
☐ I have attached a list of site chemicals abbreviations
☐ I have attached a description of plans and other relevant necessary

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, Inc.
Street: Section 2, Range 70W, Township 2S
City: Golden County: Jefferson State: CO Zip: 80402
SIC Code: 3489 Dun & Bradstreet Number: 60-658-4092

FOR OFFICIAL USE ONLY: ID # / Date Received

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: ( )
Mail Address: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303) 966-2914 24 Hr. Phone: (303) 966-2914
Name: Title:
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 92

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations BLDG/ROOM	Attached
CAS: 7681-52-9 Trade Secret: ☐ Chem. Name: Sodium Hypochlorite Check all that apply: Pure [X] Mix [ ] Solid [ ] Liquid [X] Gas [ ] EHS [ ] EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity [X] Immediate (acute) [X] Delayed (chronic)	Max. Daily Amount (code): 03 Avg. Daily Amount (code): 03 No. of Days On-site (days): 365	N 4 1 371/3408,3412 E 4 1 444/110 E 4 1 447/501 N 4 1 559/103,129 N 4 1 771/129,156A,187 N 4 1 881/276	☐
CAS: Trade Secret: ☐ Chem. Name: Sodium Hypochlorite cont. Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ] EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	N 4 1 779/137 N 4 1 551 E 4 1 T900D N 4 1 701	☐
CAS: Trade Secret: ☐ Chem. Name: Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ] EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):		☐

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I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ___ and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative: Signature: Date signed:

Optional Attachments

☐ I have attached a site plan
☐ I have attached a list of site emergency alternatives
☐ I have attached a description of other and other relevant circumstances

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats, Inc.

Street: Section 2, Range 70W, Township 2S

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Name: Title:

Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1992

☐ Check if information is blank or is the same as submitted last year.

Chemical Description

CAS: Trade Secret ☐

Chem. Name: Nitric acid (continued)

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

EHS Name:

Physical and Health Hazards (check all that apply)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory

Max. Daily Amount (code):

Avg. Daily Amount (code):

No. of Days On-site (days):

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations (Bldg/Room)
M	4	1	881/127hall,137,139,227,255
M	4	1	881/266/272,276,317
M	4	1	885
N	4	1	771/
M	4	1	991/110
M	4	1	705/100

Optional ☐

Chemical Description

CAS: Trade Secret ☐

Chem. Name: Nitric acid (continued)

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

EHS Name:

Physical and Health Hazards (check all that apply)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory

Max. Daily Amount (code):

Avg. Daily Amount (code):

No. of Days On-site (days):

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations
M	4	1	776/159,159-8, 159A2
M	4	1	777/415, 771J
N	4	1	771/154, 164
N	4	1	779
L	4	1	779/220
N	4	1	881/

Optional ☐

Chemical Description

CAS: Trade Secret ☐

Chem. Name: Nitric acid (continued)

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

EHS Name:

Physical and Health Hazards (check all that apply)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory

Max. Daily Amount (code):

Avg. Daily Amount (code):

No. of Days On-site (days):

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations
M	4	1	T771F
N	4	1	776/134
M	4	1	T771J
E	4	1	T900D

Optional ☐

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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date Signed

Optional Attachments

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☐ Have attached a list of site coordinate abbreviations
☐ Have attached a description of

Tier Two
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FOR OFFICIAL USE ONLY: ID # / Date Received

Owner/Operator Name

Name: EG&G Rocky Flats, Inc. Phone: (303)966-7000
Mail Address: P.O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Title: Same
Phone: (303)966-2914 24 Hr. Phone: (303)966-2914

Name: Title:
Phone: ( ) 24 Hr. Phone: ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 92

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Optional
CAS ☐ Trade Secret ☐ Chem. Name: Sulfuric acid (continued) Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Container Type / Temperature / Pressure M 4 1 — Bldg./Room: 865/106,144,145 M 4 1 — 881/127hall,137,272,276,227 E 4 1 — Gas Trailer M 4 1 — T771F/- E 4 1 — 703/- M 4 1 — 776/159-8	☐
CAS ☐ Trade Secret ☐ Chem. Name: Sulfuric acid (continued) Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	M 4 1 — 777/415 N 4 1 — 777/415 M 4 1 — 783/- N 4 1 — 783/- E 4 1 — T900D	☐
CAS ☐ Trade Secret ☐ Chem. Name: Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)		☐

Certification *(Read and sign after completing all sections)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through ____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments
☐ I have attached a site plan
☐ I have attached a list of site coordinate descriptions
☐ I have attached a description of