Revised June 1990

Page 1 of 34

Approved OMB No. 2050-0[illegible]

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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

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	Inventory	Storage Codes and Locations (Non Confidential)	Optional
CAS 007440 371 Trade Secret ☐ Chem Name: Argon Check all that apply: Pure [X] Mix ☐ Solid ☐ Liquid ☐ Gas [X] EHS ☐ EHS Name:	☐ Fire [X] Sudden Release of Pressure ☐ Reactivity [X] Immediate (acute) ☐ Delayed (chronic)	[ ] Max Daily Amount (code) [ ] Avg Daily Amount (code) [ ] No. of Days On-site (days)	Storage Locations Bldg Room L 4 2 371/D A 4 2 460/ outside A 4 2 559/129 A 4 2 771 A 4 2 779	☐
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.

A-OU01-000634

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

Optional Attachments

☐ I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

☐ I have attached description of dikes and other safeguard measures

ADMIN RECORD

000005611

Revised June 1990

Page 2 of 34

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

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966 7000

Mailing 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	Inventory	Storage Code and Locations (Non Confidential)	Optional
CAS 010043353 Trade Secret ☐ Chem Name: Boric Acid Check all that apply: Pure X, Mix X, Solid X, Liquid X, Gas ☐, EHS ☐ EHS Name:	Fire ☐ Sudden Release of Pressure ☐ Reactivity X Immediate (acute) X Delayed (chronic) X	Max Daily Amount (code): 07 Avg Daily Amount (code): 07 No. of Days On site (days): 360	Container Type / Temperature / Pressure N 4 1 123/103 112 156 157 M 4 1 371/3408 N 4 1 374/3805 M 4 1 444/201-3 N 4 1 444/201-3, 212A K 4 1 444/204	☐
CAS ____ Trade Secret ☐ Chem Name: Boric 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 1 123/112, 157 D 4 1 374/Chem Prep J 4 1 551 N 4 1 559/101, 102 M 4 1 559/101d, 103 N 4 1 701/101	☐
CAS ____ Trade Secret ☐ Chem Name: Boric 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)	N 4 1 708 M 4 1 771/180D, 187, 164 K 4 1 881/227 J 4 1 374/Chem Prep J 4 1 771/146 N 4 1 779	☐

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 official title of owner/operator OR owner/operator authorized representative: Signature: Date signed:

Optional Attachments
- ☐ I have attached site plan
- ☐ I have attached list of coordinate abbreviations
- ☐ I have attached description of other and other subsurface and mixture

Revised June 1990

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For 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
Date
Initial 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 Location (Non Confidential)	Optional
CAS ☐ Trade Secret ☐ Chem Name: Boric 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)	N	4	1	865/135	☐
			M	4	1	881/127Hall, 139	
			N	4	1	707/135	
			N	4	1	776/159-3, 159 4	
			M	4	1	777/415	
			N	4	1	881/127Hall 266	
CAS ☐ Trade Secret ☐ Chem Name: Boric 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)	E	4	1	774/322	☐
			M	4	1	779	
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 official title of owner/operator OR owner/operator authorized representative Signature Date signed

Optional Attachments

☐ I have attached site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached description of sites and other safeguard measures

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Revised J n 1990

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For Approved OMB No 2050 0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Spe ific Inf rmat by Ch mical

Facility Identification
Name: EG&G Rocky Flats Inc
S et: Section 2 Range 70W Township 2S
City: Golden County: Jefferson S: CO Zip: 80402
SIC Cod: 3489 Dun & Brad Number: 60658 4092

FOR OFFICIAL USE ONLY
ID #
Dat Received

Owner/Operator Name
N me: EG&G Rocky Flats Inc Phone: (303) 966-7000
M il Addr: 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
N me: Title:
Phone: ( ) 24 Hr Phone: ( )

Important Read all instructions before completing form

Reporting Period From January 1 to December 31 19__

☐ Check this box if you are not including information on this page

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type	Temperature	Pressure	Storage Code and Locations (Non Confidential) Storage Locations	Optional
CAS 000136019 0 Trade Secret ☐ Chem Name: Cadmium Oxide Check all that apply: Pure X, Mix X, Solid X, Liquid ☐, Gas ☐, EHS X EHS Name: Cadmium Oxide	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) X Delayed (chronic)	Max Daily Amount (code): 0 Avg. Daily Amount (code): 0 No. of Days On-site (days): 5	F N M	4 4 4	1 1 1	Bldg/Room 444/204 559/101 129 559/101D 129	☐
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 authorized representative: Signature: Date signed:

Optional Attachments
☐ I have attached a plan
☐ I have attached list of coordinate abbreviations
☐ I have attached description of other and other chemical data

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Revised June 1990

Page 5 of 34

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 & Brad 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__

Chemical Description

CAS: 00 05C 23 5 Trade Secret: ☐

Chem Name: Carbon Tetrachloride

Check all that apply: Pure [X] Mix [X] Solid [ ] Liquid [X] Gas [ ] EHS [ ]

EHS Name:

Physical and Health Hazards (check all that apply): ☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity [X] Immediate (acute) [X] Delayed (chronic)

Inventory

Storage Codes and Locations (Non Confidential)

Container Type	Temperature	Pressure	Storage Codes and Locations (Non Confidential)
M	4	1	123/121
M	4	1	460/118
M	4	1	559/101, 103, 29B
M	4	1	701/ Outside
M	4	1	707/Tank
M	4	1	771/187 Loading D

Optional: ☐

CAS: Trade Secret: ☐

Chem Name: Carbon Tetrachloride (cont)

Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]

EHS Name:

Physical and Health Hazards: ☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)

Inventory

Container Type	Temperature	Pressure	Storage Codes and Locations (Non Confidential)
M	4	1	779/131, 137 228 234
M	4	1	881/ 127C, 224 225 255
M	4	1	707/135 Outside
A	4	1	707/Outside

Optional: ☐

CAS: Trade Secret: ☐

Chem Name:

Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]

EHS Name:

Physical and Health Hazards: ☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)

Optional: ☐

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

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Name and official title of owner/operator OR owner/operator authorized representative — Signature — Date signed

Optional Attachments

☐ I have attached a plan

☐ I have attached a list of site coordinate abbreviations

☐ I have attached a description of dikes and other adequate measures

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Revised June 1990

Page 6 of 34

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

LOCAL 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__

[ ] Certify that the information contained in this form is accurate and complete.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Code and Locations (Non Confidential)	Optional
CAS 007782505 Trade Secret [ ] Chem Name: Chlorine Check all that apply: [X] Pure [X] Mix [ ] Solid [ ] Liquid [X] Gas [X] EHS EHS Name: Chlorine	[ ] Fire [X] Sudden Release of Pressure [X] Reactivity [X] Immediate (acute) [X] Delayed (chronic)	[ ] Max Daily Amount (code) [ ] Avg Daily Amount (code) [ ] No. of Days On site (days)	L 4 2 124/North Dock L 4 2 552 L 4 2 559/103 E 4 2 708 L 4 2 988	[ ]
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)*

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Name and official title of owner/operator OR owner/operator authorized representative ____ Signature ____ Date signed ____

Optional Attachments

[ ] I have attached a site plan

[ ] I have attached a list of site coordinate abbreviations

[ ] I have attached a description of tables and other safeguard measures

Page 7 of 35

Revised 1 1990

Page 7 34

For Approved OMB No 2050 0 2

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 & Brad 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__

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

Chemical Description	Physical and Health Hazards (Check if that apply)	Inventory	Container Type	Temperature	Pressure	Storage Codes and Locations (Non Confidential) Storage Locations	Optional
CAS 0 0 0 0 6 7 6 6 3 Trade Secret ☐ Chem Name Chloroform Check all that apply: Pure X Mix X Solid ☐ Liquid X Gas ☐ EHS X EHS Name Chloroform	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity X Immediate (acute) X Delayed (chronic)	☐ Max Daily Amount (code) ☐ Avg Daily Amount (code) ☐ No. of Days On-site (days)	M	4	1	Bldg/Roc 123/124	☐
			M	4	1	444/Carp	
			M	4	1	460/150	
			M	4	1	559/101, 102	
			J	4	1	559/101	
			N	4	1	559/101	
CAS ☐ Trade Secret ☐ Chem Name Chloroform (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	701 /outside	☐
			N	4	1	771/164	
			M	4	1	779/137	
			M	4	1	881/127C 137 224 255, 266	
			M	4	1	776/134	
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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Name and official title of owner/operator OR owner/operator authorized representative ____ Signature ____ Date signed ____

Optional Attachments

☐ I have attached plan

☐ I have attached list of site coordinate abbreviations

☐ I have attached description of dikes and other diagram sections

Page 8 of 35

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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__

[ ] Check if information below is identical to the information filed last year

Chemical Description	Physical and Health Hazards	Inventory	Container Type / Temperature / Pressure	Storage Codes and Locations (Non Confidential) Storage Locations	Optional
CAS 010025 737 Trade Secret [ ] Chem Name: Chromic Chloride Check all that apply: [X] Pure [ ] Mix [X] Solid [ ] Liquid [ ] Gas [X] EHS EHS Name: Chromic Chloride	[ ] Fire [ ] Sudden Release of Pressure [ ] Reactivity [X] Immediate (acute) [X] Delayed (chronic)	[ ] Max Daily Amount (code) [ ] Avg Daily Amount (code) [ ] No. of Days On-site (days)	N 4 1 M 4 1 N 4 1	771/158 779/139 779/139	[ ]
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)			[ ]

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

Optional Attachments

[ ] I have attached a plan
[ ] I have attached a list of site coordinate abbreviations
[ ] I have attached a description of titles and other designed reasons

Revised 1 0 1990

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Form Approved OMB No 2050 0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Format 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

Mailing 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

Chemical Description	Physical and Health Hazards (check 1 of each)	Inventory	Storage Code and Locations (Non Confidential)	Optional
CAS ____ Trade Secret ☐ Chem Name: Envirostone Gypsum Cement 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 (pounds) Avg Daily Amount (pounds) No of Days On site (days)	J 4 1 Bldg/Room 774/East Dock, Shed	☐
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 (pounds) Avg Daily Amount (pounds) 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 (pounds) Avg Daily Amount (pounds) 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 authorized representative: Signature: Date signed:

Optional Attachments

☐ I have attached a plan

☐ I have attached Emergency coordinate abbreviations

☐ I have attached descriptions of other and other chemical systems

PA-1P 4435

Revised J n 1990

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Approved OMB N 2050 0 72

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Spe f Inf mat by Ch mical

Facility Identification

Name: EG&G Rocky Flats, Inc

S et: Section 2 Range 70W Township 2S

City: Golden County: Jefferson State: CO Zip: 80402

SIC Cod: 3489 Dun & Br d Number: 60 658 4092

FOR OFFICIAL USE ONLY

Owner/Operator Name

N me: EG&G Rocky Flats Inc Phone: (303) 966-7000

M l Addr: P. O. Box 464, Golden, CO 80402-0464

Emergency Contact

Name: Shift Superintendent Tl e: Same

Phone: (303) 966 2914 24 Hr Phone: (303) 966-2914

N me: Tl e:

Phone: ( ) 24 Hr Phone: ( )

Important Read all instructions before completing form

R po ti g Period r m Ju 1 to Dec 31 19

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

Chemical Description	Physical and Health Hazards	Inventory	Storage Code and Location (Non Confidential)	Optional
CAS 0 6 8 4 7 6 3 4 6 Trade Secret ☐ Chem Name: Fuel Oil, #2 Check all that apply: Pur ☐ Mix X Solid ☐ Liquid X Gas ☐ EHS ☐ EHS Name:	X Fir Sudden Rel se of Pr ure Reactivity X Immediat (acute) X Del yed (chronic)	Max D ily A ount (c d) Avg Daily A ount (co le) No. of Days On ite (days)	B 4 1 771 B 4 1 331 B 4 1 371 B 4 1 881	☐
CAS Trade Secret ☐ Chem Name: Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	Fir Sudden Release of Pressure Reactivity Immediat (acute) Del yed (chronic)	Max D ily Amount (code) Avg Daily Amount (code) No of Days On site (days)		☐
CAS Trade Secret ☐ Chem Name: Check all that apply: Pur ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	Fir Sudden Release of Pressure Reactivity Immediat (acute) Del yed (hronic)	Max Daily Amount (code) Avg Daily Amount (co le) 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 official title of owner/operator (or owner/operator's duly authorized representative) Signature Date signed

Optional Attachments

☐ I have attached site plan

☐ I have attached facility coordinate observations

☐ I have attached description of chem and other safeguard measures

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify Information by Chemical

Facility Identification

Name: EG&G Rocky Flats Inc

Site: Section 2 Range 70W Township 2S

City: Golden County: Jefferson St: 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

Mailing 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: ( )

Type or Print. Read all instructions before completing form. Page ____ of ____ [ ] Check this box if you do not have the information

Chemical Description

CAS: 068553 00 4 Trade Secret [ ]

Chem Name: Fuel Oil, #6

Check all that apply: Pure [ ] Mix [X] Solid [ ] Liquid [X] Gas [ ] EHS [ ]

EHS Name: ____

Physical and Health Hazards (Check Immediate or Delayed)

- [X] Fire
- [ ] Sudden Release of Pressure
- [ ] Reactivity
- [X] Immediate (acute)
- [X] Delayed (chronic)

Storage Code and Locations (Non Confidential)

Storage Code Type	Temperature	Pressure	Storage Locations (Building/Area)
A	7	2	224/Outside
A	7	2	221/ West Outside
1	5	1	460
1	5	1	718

Optional [ ]

CAS: ____ Trade Secret [ ]

Chem Name: ____

Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]

EHS Name: ____

Physical and Health Hazards: [ ] Fire [ ] Sudden Release of Pressure [ ] Reactivity [ ] Immediate (acute) [ ] Delayed (chronic)

Optional [ ]

CAS: ____ Trade Secret [ ]

Chem Name: ____

Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]

EHS Name: ____

Physical and Health Hazards: [ ] Fire [ ] Sudden Release of Pressure [ ] Reactivity [ ] Immediate (acute) [ ] Delayed (chronic)

Optional [ ]

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 official title of owner/operator OR operator (authorized representative) ____ Signature ____ Date signed ____

Optional Attachments

- [ ] I have attached a plan
- [ ] I have attached a list of coordinate abbreviations
- [ ] I have attached descriptions of other and other chemicals

Page 12 of 35

Revised 1990

Page 12 of 34 Pages
For Approved OMB No 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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 & Brad Number: 60 658 4092

FOR OFFICIAL USE ONLY

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

Shift Superintendent Title: Same
303 66 2914 24 Hr Phone: (303) 966-2914
Title
24 Hr Phone ( )

Important: Read all instructions before completing form | Reporting Period | Check if information below is identical to the information submitted last year

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Code and Locations (Non Confidential) Storage Locations	Optional
CAS 00 7 6 6 1 5 5 Trade Secret Chem Name: Hydrogen Fluoride Check all that apply: Pure X, Mix, Solid, Liquid X, Gas, EHS X EHS Name: Hydrogen Fluoride	X Fire Sudden Release of Pressure X Reactivity X Immediate (acute) X Delayed (chronic)	Max Daily Amount (code) Avg Daily Amount (code) No of Days On site (days)	Bldg/Room N 4 1 123/112, cargo M 4 1 130 N 4 1 130/Warehouse N 4 1 371/3408 3412 M 4 1 444/212A N 4 1 444/245	
CAS Trade Secret Chem Name: Hydrogen Fluoride (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 1 559/101D, 102, 103S E 4 1 771/137, 180D, 180F, 187 N 4 1 771/247, Dock N 4 1 779/140, 150, 155, 220 M 4 1 779 N 4 1 865/106, 144	
CAS Trade Secret Chem Name: Hydrogen Fluoride (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 1 881/ 127Hall, 137, 272 M 4 1 881/227 K 4 1 881/272 N 4 1 991/110 N 4 1 705/100 N 4 1 776/159-8	

Certification (Read and sign after completing all sections)

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Name and official title of owner/operator OR owner/operator authorized representative | Signature | Date signed

Optional Attachments

- I have attached a plan
- I have attached list of site coordinate abbreviations
- I have attached description of sites and other adequate reasons

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Revised June 1990

Page 13 of 34
Form Approved OMB No. 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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___

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

Chemical Description	Physical and Health Hazards	Inventory	Container Type	Temperature	Pressure	Storage Codes and Locations (Non Confidential) Storage Locations	Optional
CAS ☐ Trade Secret ☐ Chem Name: Hydrogen Fluoride (cont) Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	[illegible]	N	4	1	Bldg/Pool 777/415	☐
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)	[illegible]					☐
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)	[illegible]					☐

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

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

Optional Attachments

☐ I have attached a site plan
☐ I have attached list of site coordinate abbreviations
☐ I have attached description of dikes and other safeguard measures

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Revised June 1990

Form Approved OMB No. 2050-[illegible]

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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: [illegible]

☐ 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 007697 372 Trade Secret ☐ Chem Name: Nitric Acid Check all that apply: Pure X, Mix X, Solid ☐, Liquid X, Gas ☐, EHS X EHS Name: Nitric Acid	X Fire ☐ Sudden Release of Pressure X Reactivity X Immediate (acute) X Delayed (chronic)	Max Daily Amount (code) Avg Daily Amount (code) No. of Days On-site (days)	M	4	1	123/Cargo, 103, 105,112, 127 157	
			M	4	1	130/Warehouse	
			M	4	1	218/Outside	
			M	4	1	371/3408, 3412	
			M	4	1	T690J	
			N	4	1	371/3412	☐
CAS ☐ Trade Secret ☐ Chem. Name: Nitric 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)	A	4	1	374/Outside	
			M	4	1	444/203, 204, 212A	
			M	4	1	460/158B	
			M	4	1	559/101D, 102, 103, 129	
			M	4	1	701/101, 115	
			M	4	1	771/159, 164, 180D, 180F	☐
CAS ☐ Trade Secret ☐ Chem Name: Nitric 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	774/220	
			N	4	1	701/101	
			N	4	1	707/115	
			M	4	1	779/131, 137, 140, 150, 154	
			M	4	1	779/222, 223, 234	
			M	4	1	865/106, 144	☐

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 [illegible] 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 authorized representative Signature Date signed

Optional Attachments

☐ I have attached site plan
☐ I have attached list of site coordinate abbreviations
☐ I have attached description of [illegible]

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Revised 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: 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__

[ ] Check if information is not available to the information

Chemical Description	Physical and Health Hazards	Inventory	Container Type	Temperature	Pressure	Storage Codes and Location (Non Confidential)	Optional
CAS ___ Trade Secret ☐ Chem Name: Nitric Acid (cont) Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)		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	☐
CAS ___ Trade Secret ☐ Chem Name: Nitric Acid (cont.) Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)		M	4	1	776/159, 159-8, 159A	
			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	☐
CAS ___ Trade Secret ☐ Chem. Name: Nitric Acid (cont.) Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	[ ] Amount (code) [ ] No of Days On-site (days)	M	4	1	T771F	
			N	4	1	776/134	
			M	4	1	T771J	
			F	4	1	T900D	
							☐

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 not 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 authorized representative — Signature — Date signed

Optional Attachments
☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other adequate measures

16 of 35

Revised June 1990

Approved OMB No. 2050-2

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 to December 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 Code and Locations (Non Confidential) Storage Locations	Optional
CAS 007727 37 9 Trade Secret ☐ Chem Name: Nitrogen Check all that apply: X Pure ☐ Mix ☐ Solid X Liquid X Gas ☐ EHS EHS Name:	☐ Fire X Sudden Release of Pressure ☐ Reactivity X Immediate (acute) ☐ Delayed (chronic)	Max Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	A	7	2	Bldg/Pin 123/Outside	
			L	5	1	123/126	
			A	7	2	223/Outside	
			L	5	1	371/18t dock, 3436, 3537A	
			L	5	1	373	
			L	5	1	374/Cage 2812	☐
CAS Trade Secret ☐ Chem Name: Nitrogen (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)	L	5	1	440/gas cylSD, gas cylSH	
			A	7	2	444/Outside	
			A	7	2	447/Outside	
			A	7	2	460/Outside	
			L	5	1	460/Eats Dock welding	
			L	5	1	552	☐
CAS Trade Secret ☐ Chem Name: Nitrogen (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)	A	7	2	552/Outside	
			A	7	2	559/Outside	
			L	5	1	559/102, 103, 103E, 109, 129	
			L	5	1	662/Conax	
			A	7	2	705/Outside	
			A	7	2	707/Outside	☐

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

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

Optional Attachments:
☐ I have attached a plan
☐ I have attached list of site coordinate abbreviations
☐ I have attached description of dikes and other diagram measures

17 H35

Rev (11/1) 1990

17 34

Approved OMB No 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify format 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

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966-7000

Mailing 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	Inventory	Storage Codes and Locations (Non Confidential) Storage Locations	Optional
CAS ☐☐☐☐☐☐-☐☐-☐ Trade Secret ☐ Chem Name: Nitrogen (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): ☐☐☐	Storage Codes: L 5 1 A 7 2 L 5 1 L 5 1 A 7 2 L 5 1 Locations: 771/Corridor 1 771/Outside 771/140B, 156, 158, 165, 243 776/155, 134 777/ Outside 777/131, 430, 431	☐
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): ☐☐☐	Storage Codes: L 5 1 A 7 2 L 5 1 L 5 1 A 7 2 L 5 1 Locations: 778/South Dock 779/Outside 779/132,139,141,142, Dock 779/150,271,218,221,270, 272 881/Outside 881/100,127Hall,254,266,276,224	☐
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): ☐☐☐	Storage Codes: L 5 1 L 5 1 L 5 1 L 5 1 Locations: 881/280 991/111,155 663 707/127, 195dock,210, 220,223	☐

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

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Name and Official title of owner/operator or owner/operator's authorized representative: Signature: Date signed:

Optional Attachments

☐ I have attached a plan

☐ I have attached list of coordinate data evaluations

☐ I have attached documentation that shows that dispersion modeling

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Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify format 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
Mailing 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	Storage Codes and Locations (Non Confidential)	Optional
CAS [ ] Trade Secret [ ] Chem Name: Nitrogen Dioxide Check all that apply: [X] Pure [ ] Mix [ ] Solid [X] Liquid [ ] Gas [X] EHS EHS Name: Nitrogen Dioxide	[ ] Fire [ ] Sudden Release of Pressure [X] Reactivity [X] Immediate (acute) [X] Delayed (chronic)	[ ] Max Daily Amount (code) [ ] Avg Daily Amount (code) [ ] No. of Days On site (days)	Container Type / Temperature / Pressure 1 4 2 559/103 1 4 2 779/220	☐
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)		☐

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Name (or official title if owner/operator for OH owner/operator, mailing and org. address) Signature Date Signed

Optional Attachments
☐ I have attached a plan
☐ I have attached list of lat/long coordinate abbreviations
☐ I have attached descriptions of other and other chemicals, mixtures

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

Site: Section 2 Range 70W Township 2S

City: Golden County: Jefferson State: CO Zip: 80402

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FOR OFFICIAL USE ONLY

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966-7000

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Emergency Contact

Name: Shift Superintendent Title: Same

Phone: (303) 966-2914 24 Hr Phone: (303) 966-2914

Name: Title:

Phone: ( ) 24 Hr Phone: ( )

Reporting Period: January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type / Temperature / Pressure	Storage Codes and Locations (Non Confidential)	Optional
CAS 001314 56 3; Trade Secret ☐; Chem Name: Phosphorous Pentoxide; Check all that apply: Pure ☒, Mix ☐, Solid ☒, Liquid ☐, Gas ☐, EHS ☒; EHS Name: Phosphorous Pentoxide	Fire ☐; Sudden Release of Pressure ☐; Reactivity ☒; Immediate (acute) ☒; Delayed (chronic) ☐	Max Daily Amount (code): 1; Avg. Daily Amount (code): ; No. of Days On-site (days):	M 4 1	444/201-3 779/131,137 881	☐
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 official title of owner/operator (Mr. owner, president, or other authorized representative) Signature Date signed

Optional Attachments

☐ I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

☐ I have attached documentation of other use that alleges [illegible]

Revised 1990

Form Approved OMB No 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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

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 ... to December 3 ...

☐ Check if information below is identical to the information 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: Portland Cement 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)		4	1	Bldg/Room 130/warehouse 374/381 460/140A 374/4801, Chem Prep 771/158 774/322 shed	☐
CAS ☐ Trade Secret ☐ Chem Name: Portland Cement (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	779/139 374/silo	☐
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 authorized representative Signature Date signed

Optional Attachments

☐ I have attached site plan
☐ I have attached list of site coordinate abbreviations
☐ I have attached description of dikes and other adequate measures

Revised June 1990

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 & Brad 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__ | [ ] [illegible] information

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non Confidential)	Optional
CAS 1310 583 Trade Secret [ ] Chem Name: Potassium Hydroxide Check all that apply: [X] Pure [X] Mi [ ] Solid [X] Liquid [ ] Gas [ ] EHS EHS Name:	[ ] Fire [ ] Sudden Release of Pressure [X] Reactivity [X] Immediate (acute) [X] Delayed (chronic)	[D 1] Max Daily Amount (code) [D 2] Avg Daily Amount (code) [B 1 2] No. of Days On-site (days)	N 4 1 123/103, 158 M 4 1 123/158 N 4 1 371/3305, 3412 A 4 1 374/Outside, 3811 B 4 1 374/Chem Prep D 4 1 374/Chem Prep,	[ ]
CAS [ ] Trade Secret [ ] Chem Name: Potassium Hydroxide (cont.) Check all that apply: [ ] Pure [ ] Mi [ ] 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)	E 4 1 444/201 N 4 1 444/212A, 245C N 4 1 559/101, 102 M 4 1 559/101D, 102 M 4 1 701/101 N 4 1 771/162, 180D	[ ]
CAS [ ] Trade Secret [ ] Chem Name: Potassium Hydroxide (cont.) Check all that apply: [ ] Pure [ ] Mi [ ] 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)	F 4 1 707/187 N 4 1 779/137 J 4 1 779/137 N 4 1 865/106 N 4 1 881/127Hall 227 267 272 276 N 4 1 991/110	[ ]

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 official title of owner/operator OR owner/operator authorized representative | Signature | Date signed

Optional Attachments

[ ] I have attached site plan
[ ] I have attached list of site coordinate abbreviations
[ ] I have attached description of dikes and other diagram or sources

Revised June 1990

Form Approved OMB No 2050-00 2

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

Mailing 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 this is a revised report for this year

Chemical Description	Physical and Health Hazards	Inventory	Storage Code and Locations (Non Confidential)	Optional
CAS [ ] Trade Secret [ ] Chem Name: Potassium Hydroxide (cont.) Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ] EHS Name: Potassium Hydroxide (cont.)	[ ] 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 N 4 1 995 N 4 1 223 M 4 1 223 M 4 1 776/159-4 M 4 1 777/415 M 4 1 779/137	[ ]
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)	M 4 1 865/106	[ ]
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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Name and official title of owner/operator or owner's or operator's authorized representative Signature Date signed

Optional Attachments

[ ] I have attached a plan

[ ] I have attached a list of the constituent abbreviations

[ ] I have attached a description of other optional pages

Revised June 1990

Approved OMB No. 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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__

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

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential) Storage Location	Optional
CAS 000074986 Trade Secret ☐ Chem Name: Propane Check all that apply: X Pure X Mix ☐ Solid X Liquid X Gas ☐ EHS EHS Name:	X X X X	Max Daily Amount (code) 4 Avg Daily Amount (code) 4 No. of Days On-site (days)	L 4 2 331/flam cabinet 33101 Bldg/Room A 4 2 331/Outside L 4 2 371/3412 A 4 2 372A/Outside L 4 2 439/Outside L 4 2 460/230N mezz flam cab 6	☐
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)	L 4 2 515/storage A 4 2 549/Outside L 4 2 552 L 4 2 559/103 L 4 2 668 A 4 2 750	☐
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)	A 4 2 762A/Outside L 4 2 771/129B, Dock A 4 2 771/Outside A 4 2 774/Outside L 4 2 777/431A L 4 2 779/222, 272	☐

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 official title of owner/operator OR owner/operator's authorized representative — Signature — Date signed

Optional Attachments

☐ I have attached site plan

☐ I have attached list of coordinate abbreviations

☐ I have attached description of ditches and other disposal measures

Rev 11 no 1990

Form Approved OMB No 2050 0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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 & Brad 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

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

Chemical Description	Physical and Health Hazards	Inventory	Container Type	Temperature	Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS ☐ Trade Secret ☐ Chem Name: Propane (cont) Check all that: Pure MI 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)	E	4	2	779/157	☐
			A	1	2	788	
			A	4	2	792A	
			A	1	2	886	
			A		2	904 Pad/tent 10/11	
			L	1	2	223	
CAS ☐ Trade Secret ☐ Chem Name: Propane (cont) Check all that apply: Pure MI 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)	L	4	2	707/127	☐
CAS ☐ Trade Secret ☐ Chem Name: Check all that apply: Pure MI 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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Name and official title of owner/operator OR owner/operator authorized representative Signature Date signed

Optional Attachments

☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached description of dikes and other safeguard measures

Revised Jan 1990

Page 25 of 34 pages
Form Approved OMB No 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
Name: EG&G Rocky Flats Inc
Site: 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

Owner/Operator Name
Name: EG&G Rocky Flats Inc Phone: (303) 966-7000
Mailing 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: ( )

Tier Two Report 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	Inventory	Storage Codes and Locations (Non Confidential)	Optional
CAS: Trade Secret ☐ Chem Name: Regal Oil R&O 68 Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	Maximum Daily Amount (code) Average Daily Amount (code) No. of Days (code)	D 4 1 371/cargo 3 F 4 1 373 D 4 1 460/104A 140A D 4 1 708 D 4 1 776/150 119 D 4 1 883/144 Door 14	☐
CAS: Trade Secret ☐ Chem Name: Regal Oil R&O 68 (cont.) Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Maximum Daily Amount (code) Average Daily Amount (code) No. of Days (code)	D 4 1 885 D 4 1 T707S D 4 1 223 N 4 1 707/186,210 D 4 1 776/207 D 4 1 770	☐
CAS: Trade Secret ☐ Chem Name: Regal Oil R&O 68 (cont.) Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐ EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Maximum Daily Amount (code) Average Daily Amount (code) No. of Days (code)	F 4 1 778/105	☐

Certification *(Read and sign after completing all sections)*
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Name and official title of owner/operator or owner/operator authorized representative — Signature — Date Signed

Optional Attachments
☐ I have attached a site plan
☐ I have attached a list of facility coordinate abbreviations
☐ I have attached documentation of other and other chemical storage locations

Rev d 1 1990

Form Approved OMB No 2050 0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify 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

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

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 7664 939 Trade Secret ☐ Chem Name: Sulfuric Acid Check all that apply: X Pure ☐ Mix ☐ Solid X Liquid ☐ Gas X EHS EHS Name: Sulfuric Acid	☐ Fire ☐ Sudden Release of Pressure X Reactivity X Immediate (acute) ☐ Delayed (chronic)		M	4	1	371/3408, 3412, T690J	
			N	4	1	371/3412	
			L	4	1	443/Refrigerator	
			E	4	1	444/10	
			M	4	1	444/204, 212A, 245	
			M	4	1	460	☐
CAS ☐ Trade Secret ☐ Chem Name: Sulfuric Acid (cont.) Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)		G	4	1	559/129	
			M	4	1	559/101D, 102,103E,129	
			N	4	1	701/101	
			E	4	1	703	
			G	4	1	708	
			B	4	1	771	☐
CAS ☐ Trade Secret ☐ Chem Name: Sulfuric Acid (cont.) Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name:	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	Amount (code) No of Days Onsite (days)	M	4	1	771/154,164,180D,247	
			M	4	1	701/101	
			E	4	1	771/249	
			M	4	1	774/220	
			N	4	1	779	
			M	4	1	779/131,137,150,222 234	☐

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 authorized representative | Signature | Date signed

Optional Attachments

☐ I have attached site plan
☐ I have attached list of coordinate abbreviations
☐ I have attached description of [illegible]

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name: EG&G Rocky Flats Inc
Site: 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
Date Received

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966-7000
Mailing 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 this box if you believe that release of the information contained in this form would endanger public health or safety

Chemical Description	Physical and Health Hazards	Inventory	Container Type / Temperature / Pressure	Storage Codes and Locations (Non Confidential)	Optional
CAS ☐ Trade Secret ☐ Chem Name: Sulfuric 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 M 4 1 E 4 1 M 4 1 E 4 1 M 4 1	865/106, 144 145 881/127HA11,137 272 276 227 Gas trailer T771F 703 776/159-8	☐
CAS ☐ Trade Secret ☐ Chem Name: Sulfuric 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 N 4 1 M 4 1 N 4 1 E 4 1	777/415 777/415 783 783 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.

Signature (Attach signature)

Optional Attachments

☐ I have attached a site plan
☐ I have attached facility coordinate abbreviations
☐ I have attached documentation that discloses other chemicals

R vi 1 1 1990

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Spe
l f
by (h

Facility Identification

Name EG&G Rocky Flats Inc
S Section 2 Range 70W Township 2S
C y Golden County Jefferson Stat CO Zip 80402
SIC Cod 3489 Dun & Brad Number 60 658 4092

FOR OFFICIAL USE ONLY

Pag 28 of 34 pages
Approved OMB N 2050 0072

Owner/Operator Name

N me EG&G Rocky Flats Inc
M l Addr P. O. Box 464, Golden, CO 80402-0464
Phone (303) 966 7000

Emergency Contact

Name Shift Superintendent
Phon (303) 966-2914
Title Same
2 Hr Phone (303) 966-2914
N me
Phone ( )
Title
2 Hr Phone ( )

I ... Read ... ... completing form

R porting Peri ... Decem er 3 19

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

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non Confidential)	Optional
CAS ☐ Trade Secret ☐ Chem Name Unleaded Gasoline Che all that ly ☐ Pur ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☒ Fi ☐ Sudden Rel ase of P es ure ☐ Reactivity ☒ Immedia (acute) ☒ Del yed (chronic)	[0 4] Max Daily Amot nt (code) [0 4] Avg Daily Amount (co le) [3 6 5] No. of Days On site (days)	Storage Locations Bldg/Room F 4 1 750/tent 6 F 4 1 778 B 4 1 331/Outside	☐
CAS ☐ Trade Secret ☐ Chem Name Che all that apply ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Na no	☐ Fi ☐ Sudden Rel se of Pressure ☐ Reactivity ☐ Immediat (acute) ☐ Del yed (chronic)	☐ Max Daily Amount (co de) ☐ Avg Daily Amount (code) ☐ No of Days On site (days)		☐
CAS ☐ Trade Secret ☐ Chem Name Che all that ly ☐ Pur ☐ M ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Na no	☐ Fi ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Del yed (chronic)	☐ Max Daily Amount (code) ☐ Avg Daily Amo nt (co le) ☐ No of D y On te (days)		☐

Certification *(Read nd sig after completing all sections)*

I er ly nder pe alty of law that I have personally examined and am familiar with the formation ubmitted in pages one through and that based on my inquiry of ios individuals sponsible for obtaining the information, I believe that the ubmitted infor nation is true accurate and complete.

Name and ffic al title of owner/operator OR owner/operator authorized rep esen ative

Signature

Date signed

Optional Attachments

☐ I have attached it plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached description of ... and other ...

Revised Jan 1990

For 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 & Brad 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: ( )

Reporting Period: From and Date of Receipt

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

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non Confidential)	Optional
CAS 7647 010 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 [ ] Immediate (acute) [X] Delayed (chronic) [X]	Max Daily Amount (code) [ ] Avg Daily Amount (code) [ ] No. of Days On-site (days)	C 4 1 891 M 4 1 881/137,276,272,127,227,139, 266,255 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	☐
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 T8910 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 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)	N 4 1 991/110 M 4 1 865/106,144 N 4 1 371/3048,3412 M 4 1 374/Chem Prep,3805 M 4 1 705/100 N 4 1 701/101 107	☐

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.

Name and title of owner, operator or OR owner/operator authorized representative — Signature — Date signed

Optional Attachments

☐ I have attached a plan
☐ I have attached list of site coordinate abbreviations
☐ I have attached description of dikes and other alternative sites

Rev 11 1990

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
Name: EG&G Rocky Flats Inc
Site: Section 2 Range 70W Township 2S
City: Golden County: Jefferson State: CO Zip: 80402
SIC Code: 3489 Dun & Brad Number: 60 658 4092

OR OFFICIAL USE ONLY

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: ( )

Reporting Period: From 1 to December 31 19__ [ ] Check if information is confidential to the information of last year

Description	Hazard	Inventory	Container Type	Temperature	Pressure	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)	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: 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: 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)*
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 authorized representative Signature Date signed

Optional Attachments
[ ] I have attached a site plan
[ ] I have attached a list of site coordinate abbreviations
[ ] I have attached a description of [illegible]

Revised 1990

Page 31 of 34

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 70W Township 2S

City: Golden County: Jefferson State: CO Zip: 80402

SIC Code: 3489 Dun & Bradstreet Number: 60658 4092

FOR OFFICIAL USE ONLY

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966-7000

Mailing 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 instructions before completing form

Reporting Period: From January 1 to December 31, 19

☐ Check here if no changes in the information

Chemical Description

CAS: 7722-84-1 Trade Secret ☐

Chem Name: Hydrogen Peroxide

Check all that apply: Pure [X] Mix [ ] Solid [ ] Liquid [X] Gas [ ] EHS [ ]

EHS Name:

Physical and Health Hazards (check all applicable)

- [ ] Fire
- [ ] Sudden Release of Pressure
- [ ] Reactivity
- [X] Immediate (acute)
- [X] Delayed (chronic)

Inventory

- [6] Max Daily Amount (code)
- [2] Avg Daily Amount (code)
- [ ] No. of Days On-site (days)

Storage Code and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations
N	4	1	881/127, 137, 272
E	4	1	771/247, Corridor 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

Optional ☐

CAS: Trade Secret ☐

Chem Name: Hydrogen Peroxide (cont.)

Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]

EHS Name:

Physical and Health Hazards

- [ ] 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
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

Optional ☐

CAS: Trade Secret ☐

Chem Name: Hydrogen Peroxide (cont.)

Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]

EHS Name:

Physical and Health Hazards

- [ ] 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
N	4	1	783
N	4	1	779/139,141B
N	4	1	703
C	4	1	891

Optional ☐

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 Official Title of owner/operator or Officer/agent/operator indicated on cover sheet

Signature

Date Signed

Optional Attachments

- [ ] I have attached site plan
- [ ] I have attached list of coordinate data systems
- [ ] I have attached description of other and other supplemental information

Form Approved OMB No 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify if not by Chemical

Facility Identification

Name: EG&G Rocky Flats Inc

Site: 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

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__

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

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 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 contained chemical systems

[ ] I have attached a description of other chemical storage conditions

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specify if sent 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

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966 7000

Mailing 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: Fill out all of the following information

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 Code 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 N N N N C	4 4 4 4 4 4	1 1 1 1 1 1	124/001 T8910 T891M T891R T891D 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 Official Title (owner/operator OR owner/operator authorized representative)

Signature: Date signed:

Optional Attachments

☐ I have attached a plan

☐ I have attached list of contingency plan evidences

☐ I have attached diagram and/or other supporting data

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

Owner/Operator Name

Name: EG&G Rocky Flats Inc Phone: (303) 966-7000
Mailing 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__

[ ] has filed all required forms for all facilities for last year

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Code and Locations (Non Confidential)	Optional
CAS 7681-52-9 Trade Secret [ ] Chem Name: Sodium Hypochlorite Check all that apply: [X] Pure [ ] Mix [ ] Solid [X] Liquid [ ] Gas [ ] EHS EHS Name:	[ ] Fire [ ] Sudden Release of Pressure [ ] Reactivity [X] Immediate (acute) [X] Delayed (chronic)	Max Daily Amount (code): [1 3] Avg Daily Amount (code): [1 3] No. of Days On site (days): [3 6 5]	Container Code / Temperature / Pressure: N 4 1 — Bldg/Room 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): [ ]		[ ]

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 Official Title of owner/operator OR owner/operator authorized representative — Signature — Date signed

Optional Attachments

[ ] I have attached a plan
[ ] I have attached list of site coordinate abbreviations
[ ] I have attached description of other and other alternate measures