NOTICE:

"BEST AVAILABLE COPY"

PORTIONS OF THE FOLLOWING DOCUMENT ARE ILLEGIBLE

The Administrative Record Staff

5718 P

ADMIN RECORD

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 & 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

CAS: 0 0 7 4 4 0 3 7 1 Trade Secret: ☐

Chem Name: Argon

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

EHS Name:

Physical and Health Hazards (check all that apply)

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

Inventory

- Max. Daily Amount (code): 0 3
- Avg. Daily Amount (code): 0 3
- No. of Days On-site (days): 3 6 5

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	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

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) ☐

Inventory: Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):

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) ☐

Inventory: Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):

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 owner/operator's authorized representative | Signature | Date signed

Optional Attachments

- [ ] I have attached a site plan
- [ ] I have an coordinat
- [ ] I have att. sheets and other supporting materials

A-OU02-000755

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

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

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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: ( )

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☐ 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 010043 353 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 X Reactivity X Immediate (acute) X Delayed (chronic)	02 Max. Daily Amount (code) 02 Avg. Daily Amount (code) 365 No. of Days On-site (days)	N	4	1	Bldg/Room 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	☐

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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 site plan

☐ I have attached a list of site coordinate abbreviations

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

Revised June 1990

Form Approved OMB No. 2050-0072

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

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

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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: 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	865/135 881/127Hall, 139 707/135 776/159-3, 159-4 777/415 881/127Hall, 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	774/322 779	☐
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)					☐

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Optional Attachments

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

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: ( )

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Reporting Period From January 1 to December 31 19____

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

Chemical Description

CAS: 0 0 1 3 0 6 1 9 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

CAS: ____ Trade Secret ☐
Chem Name: ____
Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]
EHS Name: ____

CAS: ____ Trade Secret ☐
Chem Name: ____
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)
[X]	Delayed (chronic)

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

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

Inventory

Max. Daily Amount (code): 0 0
Avg Daily Amount (code): 0 0
No. of Days On-site (days): 3 6 5

Max. Daily Amount (code): ____
Avg. Daily Amount (code): ____
No. of Days On-site (days): ____

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
F	4	1	444/204
N	4	1	559/101, 129
M	4	1	559/101D, 129

Optional ☐

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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 codes and other safety measures

Revised June 1990

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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: ( )

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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) Container Type / Temperature / Pressure	Storage Locations Bldg/Room	Optional
CAS 000056 23 5 Trade Secret ☐ Chem Name Carbon Tetrachloride Check all that apply: Pure X, Mix X, Solid ☐, Liquid X, Gas ☐, EHS ☐ EHS Name	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity X Immediate (acute) X Delayed (chronic)	03 Max. Daily Amount (code) 03 Avg. Daily Amount (code) 365 No. of Days On-site (days)	M 4 1	123/124	☐
			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	
CAS ☐ Trade Secret ☐ Chem Name Carbon Tetrachloride (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	779/131, 137, 228, 234	☐
			M 4 1	881/ 127C, 224, 225, 255	
			M 4 1	707/135 Outside	
			A 4 1	707/Outside	
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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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 subsequent mentions

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

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Owner/Operator Name

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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

CAS: 007782505 Trade Secret: ☐

Chem Name: Chlorine

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

EHS Name: Chlorine

Physical and Health Hazards (Check all that apply)

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

Inventory

- Max. Daily Amount (code): 02
- Avg. Daily Amount (code): 02
- No. of Days On-site (days): 365

Container Type / Temperature / Pressure

Storage Codes and Locations (Non-Confidential)

Storage Locations

Container Type	Temperature	Pressure	Bldg/Room
L	4	2	124/North Dock
L	4	2	552
L	4	2	559/103
E	4	2	708
L	4	2	988

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)

Inventory: Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____

Container Type / Temperature / Pressure / Storage Codes and Locations: ____

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)

Inventory: Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____

Container Type / Temperature / Pressure / Storage Codes and Locations: ____

Optional: ☐

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 site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other bunds and containers

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
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Emergency Contact
Name: Shift Superintendent Title: Same
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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 19__ ☐ Check if information below is identical to the information submitted last year

Chemical Description

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

Physical and Health Hazards
(Check all that apply)

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

Inventory

- Max. Daily Amount (code): 01
- Avg. Daily Amount (code): 01
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations (Bldg/Room)
M	4	1	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

Optional ☐

CAS: Trade Secret ☐
Chem Name: Chloroform (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):

Container Type	Temperature	Pressure	Storage Locations (Bldg/Room)
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

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)

Inventory: Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):

Optional ☐

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- ☐ I have attached a site plan
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- ☐ I have attached a description of other and other subsequent containers

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

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

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Reporting Period From January 1 to December 31 19__ ☐ Check if information below is identical to the information submitted last year.

Chemical Description

CAS: 0 1 0 0 2 5 7 3 7 Trade Secret ☐
Chem Name: Chromic Chloride
Check all that apply: Pure [X] Mix [ ] Solid [X] Liquid [ ] Gas [ ] EHS [X]
EHS Name: Chromic Chloride

CAS: Trade Secret ☐
Chem Name:
Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]
EHS Name:

CAS: Trade Secret ☐
Chem Name:
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
[X]	Immediate (acute)
[X]	Delayed (chronic)

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

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

Inventory

0 0	Max Daily Amount (code)
0 0	Avg Daily Amount (code)
3 6 5	No. of Days On-site (days)

	Max. Daily Amount (code)
	Avg. Daily Amount (code)
	No. of Days On-site (days)

	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
N	4	1	771/158
M	4	1	779/139
N	4	1	779/139

Optional ☐

Optional ☐

Optional ☐

Certification *(Read and sign after completing all sections)*
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☐ I have attached a description of other and other safety and response

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Specific Information by Chemical

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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: ( )

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: 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)	03 Max. Daily Amount (code) 03 Avg. Daily Amount (code) 365 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 (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 OR owner/operator's 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 safeguard 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__

☐ 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) Container Type / Temperature / Pressure	Storage Locations Bldg/Room	Optional
CAS 068476 34 6 Trade Secret ☐ Chem Name: Fuel Oil, #2 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name:	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	04 Max. Daily Amount (code) 04 Avg. Daily Amount (code) 365 No. of Days On-site (days)	B 4 1 B 4 1 B 4 1 B 4 1	771 331 371 881	☐
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)			☐

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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 titles and other safety and mo isories

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:

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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 Bldg/Room	Optional
CAS 068553 004 Trade Secret ☐ Chem Name Fuel Oil, #6 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	06 Max Daily Amount (code) 06 Avg. Daily Amount (code) 365 No. of Days On-site (days)	A	7	2	224/Outside	☐
			A	7	2	221/ West Outside	
			1	5	1	460	
			1	5	1	718	
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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Signature: Date signed:

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

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 below is identical to the information submitted last year

Chemical Description

CAS: 0 0 7 6 6 4 3 9 3 Trade Secret ☐

Chem Name: Hydrogen Fluoride

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

EHS Name: Hydrogen Fluoride

Physical and Health Hazards (check all that apply)

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

Inventory

- Max. Daily Amount (code): 0 2
- Avg Daily Amount (code): 0 2
- No. of Days On-site (days): 3 6 5

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room	Optional
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:

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	Optional
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:

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	Optional
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	☐

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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 codes and other submitted materials

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: (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

CAS: Trade Secret:

Chem Name: Hydrogen Fluoride (cont)

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 | Optional

Container Type	Temperature	Pressure	Storage Locations	Optional
N	4	L	Bldg/Room 7777415	☐
				☐
				☐

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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Optional Attachments

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☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of other and other subsequent revisions

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

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Emergency Contact

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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) 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)	04 Max. Daily Amount (code) 04 Avg Daily Amount (code) 365 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	☐

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

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 below is identical to the information submitted last year

Chemical Description

CAS: ☐☐☐☐☐☐☐☐☐ Trade Secret ☐
Chem Name: Nitric Acid (cont)
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 ☐

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	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

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)

☐☐ Max. Daily Amount (code)
☐☐ Avg Daily 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

Optional ☐

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

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

CAS: 0 0 7 7 2 7 3 7 9 Trade Secret ☐

Chem Name: Nitrogen

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

EHS Name: ____

Physical and Health Hazards (check all that apply)

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

Inventory

- Max. Daily Amount (code): 05
- Avg Daily Amount (code): 05
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations: Bldg/Room
A	7	2	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

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):

Container Type	Temperature	Pressure	Storage Locations: Bldg/Room
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

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):

Container Type	Temperature	Pressure	Storage Locations: Bldg/Room
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

Optional: ☐

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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 site plan
- [ ] I have attached a list of site coordinate abbreviations
- [ ] I have attached a description of sites and other subsequent submittals

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__

☐ 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: 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 A L L A L	5 7 5 5 7 5	1 2 1 1 2 1	Bldg/Room 771/Corridor J 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)	L A L L A L	5 7 5 5 7 5	1 2 1 1 2 1	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)	L L L L	5 5 5 5	1 1 1 1	881/280 991/111,155 663 707/127, 195dock,210, 220,223,230	☐

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 [illegible]

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 below is identical to the information submitted last year

Chemical Description

CAS: 10102-44-0 Trade Secret: ☐
Chem Name: Nitrogen Dioxide
Check all that apply: Pure [X] Mix [ ] Solid [ ] Liquid [X] Gas [ ] EHS [X]
EHS Name: Nitrogen Dioxide

Physical and Health Hazards
(check all that apply)

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

Inventory

- Max. Daily Amount (code): 01
- Avg. Daily Amount (code): 01
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room	Optional
14	2		559/103	☐
14	2		779/220	

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)

Inventory: Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):

Storage Codes and Locations (Non-Confidential) — 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)

Inventory: Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):

Storage Codes and Locations (Non-Confidential) — 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 owner/operator's 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 demonstration of alternative methods

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: Sante
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

CAS: 0 0 1 3 1 4 5 6 3 Trade Secret ☐
Chem Name: Phosphorous Pentoxide
Check all that apply: Pure [X] Mix [ ] Solid [X] Liquid [ ] Gas [ ] EHS [X]
EHS Name: Phosphorous Pentoxide

CAS: Trade Secret ☐
Chem Name:
Check all that apply: Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS [ ]
EHS Name:

CAS: Trade Secret ☐
Chem Name:
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)
Chemical 1	☐	☐	X	X	☐
Chemical 2	☐	☐	☐	☐	☐
Chemical 3	☐	☐	☐	☐	☐

Inventory

	Max. Daily Amount (code)	Avg Daily Amount (code)	No. of Days On-site (days)
Chemical 1	00	00	365
Chemical 2			
Chemical 3			

Storage Codes and Locations (Non-Confidential)

	Container Type	Temperature	Pressure	Storage Locations Bldg/Room
Chemical 1	M	4	1	444/201-3
	M	4	1	779/131,137
	M	4	1	881
Chemical 2				
Chemical 3				

Optional: Chemical 1 ☐ Chemical 2 ☐ Chemical 3 ☐

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 site coordinate abbreviations
☐ I have attached a data system of abbreviations and other technical information

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

Chemical Description

CAS: Trade Secret: ☐
Chem Name: Portland Cement
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): 03
Avg Daily Amount (code): 03
No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
J	4	1	130/Warehouse
A	4	1	374/3811
J	4	1	460/140A
J	4	1	374/4801, Chem Prep
M	4	1	771/158
J	4	1	774/322 shed

Optional: ☐

CAS: Trade Secret: ☐
Chem Name: Portland Cement (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 Bldg/Room
M	4	1	779/139
H	4	1	374/silo

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)

Inventory

Max. Daily Amount (code):
Avg Daily Amount (code):
No. of Days On-site (days):

Storage Codes and Locations (Non-Confidential)

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 owner/operator's 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]

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

CAS: 1310-58-3 Trade Secret: ☐
Chem Name: Potassium Hydroxide
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
- [X] Reactivity
- [X] Immediate (acute)
- [X] Delayed (chronic)

Inventory

- Max. Daily Amount (code): 04
- Avg. Daily Amount (code): 04
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations
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,

Optional: ☐

CAS: Trade Secret: ☐
Chem Name: Potassium Hydroxide (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):

Container Type	Temperature	Pressure	Storage Locations
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

Optional: ☐

CAS: Trade Secret: ☐
Chem Name: Potassium Hydroxide (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):

Container Type	Temperature	Pressure	Storage Locations
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

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 owner/operator's 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

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___

☐ 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) — Container Type / Temperature / Pressure / Storage Locations Bldg/Room	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)	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)		☐

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

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: (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

CAS: 000074-98-6 Trade Secret: ☐

Chem Name: Propane

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

EHS Name: ____

Physical and Health Hazards (check all that apply)

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

Inventory

- Max. Daily Amount (code): 04
- Avg. Daily Amount (code): 04
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
L	4	2	331/flam cabinet 33101
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

Optional: ☐

CAS: ____ Trade Secret: ☐

Chem Name: ____

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
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

Optional: ☐

CAS: ____ Trade Secret: ☐

Chem Name: ____

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
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

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 owner/operator's 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 other and other subsequent pages

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 below is identical to the information submitted last year

Chemical Description

CAS: Trade Secret ☐

Chem Name: Propane (cont)

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	Optional
F	4	2	779/157	
A	4	2	788	
A	4	2	792A	
A	4	2	886	
A	4	2	904 Pad/tent 10/11	
L	4	2	223	

CAS: Trade Secret ☐

Chem Name: Propane (cont)

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):

Container Type	Temperature	Pressure	Storage Locations	Optional
L	4	2	707/127	

CAS: Trade Secret ☐

Chem Name:

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 / 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 owner/operator's 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 utility and other safety procedures

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 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: ☐ 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)	Max. Daily Amount (code): 02 Avg. Daily Amount (code): 02 No. of Days On-site (days): 365	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)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	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)	Max. Daily Amount (code): Avg. Daily Amount (code): No. of Days On-site (days):	F 4 1 — 778/105	☐

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 site coordinate abbreviations
☐ I have attached a description of direct and other subsequent losses

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 below is identical to the information submitted last year

Chemical Description

CAS: 7664-93-9 Trade Secret: ☐
Chem Name: Sulfuric Acid
Check all that apply: Pure [X] Mix [ ] Solid [ ] Liquid [X] Gas [ ] EHS [X]
EHS Name: Sulfuric Acid

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

Inventory
- Max. Daily Amount (code): 02
- Avg. Daily Amount (code): 02
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
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

Optional: ☐

CAS: Trade Secret: ☐
Chem Name: Sulfuric Acid (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 Bldg/Room
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

Optional: ☐

CAS: Trade Secret: ☐
Chem Name: Sulfuric Acid (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 Bldg/Room
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

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 owner/operator's 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 other and other subsequent responses

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 below is identical to the information submitted last year

Chemical Description

CAS: Trade Secret ☐

Chem Name: Sulfuric Acid (cont)

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	865/106, 144,145
M	4	1	881/127HA11,137,272,276,227
E	4	1	Gas trailer
M	4	1	T771F
E	4	1	703
M	4	1	776/159-8

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	777/415
N	4	1	777/415
M	4	1	783
N	4	1	783
E	4	1	T900D

Optional ☐

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):

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 owner/operator's 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 codes and other helpful information

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 below is identical to the information submitted last year

Chemical Description

CAS: ____ Trade Secret: ☐

Chem Name: Unleaded Gasoline

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): 04
- Avg. Daily Amount (code): 04
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
F	4	1	750/tent 6
F	4	1	778
B	4	1	331/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)

Inventory: Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____

Storage Codes and Locations (Non-Confidential): ____

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)

Inventory: Max. Daily Amount (code): ____ Avg. Daily Amount (code): ____ No. of Days On-site (days): ____

Storage Codes and Locations (Non-Confidential): ____

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 owner/operator's 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 chemicals without submitted emissions

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____

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

Chemical Description

CAS 7647-01-0 — Trade Secret ☐

Chem Name: Hydrochloric Acid

Check all that apply: Pure [X] Mix [ ] 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

- Max. Daily Amount (code): 03
- Avg. Daily Amount (code): 03
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
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

Optional ☐

CAS ____ — Trade Secret ☐

Chem Name: Hydrochloric Acid (cont)

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	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

Optional ☐

CAS ____ — Trade Secret ☐

Chem Name: Hydrochloric Acid (cont.)

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
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

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 owner/operator's 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 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__

☐ 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: 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's 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 safeguard measures

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

CAS: 7722841 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 that apply)

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

Inventory

- Max. Daily Amount (code): 02
- Avg. Daily Amount (code): 02
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations
N	4	1	881/127, 137, 272
F	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:

- ☐ 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	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:

- ☐ 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	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 owner/operator's 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 danger and other submitted documents

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: (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

CAS: 1310-73-2 Trade Secret: ☐

Chem Name: Sodium Hydroxide

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

- Max Daily Amount (code): 03
- Avg. Daily Amount (code): 03
- No. of Days On-site (days): 365

Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations
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

Optional: ☐

CAS: Trade Secret: ☐

Chem Name: Sodium Hydroxide (cont.)

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
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

Optional: ☐

CAS: Trade Secret: ☐

Chem Name: Sodium Hydroxide (cont.)

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
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

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 owner/operator's 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 codes and other submitted materials

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

CAS: ____ Trade Secret ☐

Chem Name: Sodium Hydroxide (cont.)

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
D	4	1	124/001
N	4	1	T8910
N	4	1	T891M
N	4	1	T891R
N	4	1	T891D
C	4	1	891

Optional ☐

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): ____

Optional ☐

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): ____

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 owner/operator's 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 ____

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: (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

CAS: 7681529 Trade Secret: ☐

Chem Name: Sodium Hypochlorite

Check all that apply: Pure [X] Mix [ ] 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

Max. Daily Amount (code): 03

Avg. Daily Amount (code): 03

No. of Days On-site (days): 365

Container Type / Temperature / Pressure — Storage Codes and Locations (Non-Confidential)

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
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

Optional: ☐

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):

Container Type	Temperature	Pressure	Storage Locations Bldg/Room
N	4	1	779/137
N	4	1	551
E	4	1	T900D
N	4	1	701

Optional: ☐

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):

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 owner/operator's 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 abbreviations and other codes used