

**CITY OF NEW YORK**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**BUREAU OF POLICE AND SECURITY  
DIVISION OF EMERGENCY RESPONSE & TECHNICAL ASSESSMENT  
COMMUNITY RIGHT-TO-KNOW PROGRAM**

**New York City  
Community Right-To-Know  
Guidelines For Reporting**



**COMPLIANCE IS MANDATORY-DUE DATE MARCH 1<sup>st</sup>**

**City of New York**

**Michael R. Bloomberg, Mayor**

**Carter H. Strickland, Jr., Commissioner**

**Kevin McBride, Deputy Commissioner**

**Gregory Hoag, Executive Director, DERTA**



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## **General Guidelines Information**

These guidelines are offered to the regulated community to assist New York City based facilities complete the Facility Inventory Form (FIF). These guidelines are not the New York City Community Right to Know Law and Regulations nor serve as a substitution for the actual requirements of the RTK Law and Regulations. It is the responsibility of each facility to consult the New York City Community Right-to-Know Laws and Regulations to determine compliance requirements.

The purpose of the RTK Regulations is to protect the public from the dangers associated with hazardous substances, extremely hazardous substances (EHS) and regulated toxic substances. This purpose is achieved by requiring that hazardous substances be reported to the Department and by requiring that Risks Management Plans be filed with the Department when Extremely Hazardous Substances or regulated toxics at or above federal threshold planning quantities are present at a facility.

Since the NYC RTK Law has set very low reporting thresholds for many substances even small quantities may need to be reported. Your facility is required to comply if any hazardous substances meets or exceeds the appropriate reporting threshold. Mixtures will also need to be reported depending on their contents.

Other Right to Know requirements includes reporting spills at the facility, designating a facility emergency coordinator, and labeling hazardous materials containers properly. Refer to the RTK Law and Regulations for specific information on these requirements.

# **GUIDELINES FOR REPORTING**

## **Who Must Report Hazardous Substances?**

The owner or operator of a facility must report all hazardous substances present in a quantity equal to or greater than a threshold reporting quantity (TRQ). The reporting is due every year on March first. The above requirements apply to **all** facilities you own or operate, whether or not a particular facility received this package.

## **IF YOU ARE NOT REQUIRED TO REPORT...**

If your facility is **not** required to report, please:

- » Write a letter on your letterhead; include your Right-to-Know facility ID # if known. State your line of business (SIC Code) and give the reason your facility is not required to report. Then our inspectors will visit your site to verify your information before we terminate you as exempt facility. If this applies to more than one facility, please attach a list indicating the address of each facility.

**Send the letter to:**

Right-to-Know Program/LEPC  
Division of Emergency Response & Technical Assessment  
NYC Department of Environmental Protection  
59-17 Junction Blvd  
Flushing, New York 11373-5107

## **IMPORTANT NOTES**

### **If you maintain the chemical inventory on a computer:**

You can submit a computer printout provided that your report follows the format of the Facility Inventory Form (FIF) see Appendix A. Make sure you include **all** the information that would otherwise be provided on the FIF. **For mixtures**, the ingredients should be listed under the substance name along with a CAS number and the concentration in the separate sheet provided see Appendix B. Remember to number the pages, include the reporting period and an original signature of the responsible party of the facility. Provide us with your E-mail address.

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## **NOTES TO FACILITIES**

- » All NYC Hazardous Substances must be labeled. The NYC Hazardous Substance List is included in the NYC Community Right-To-Know Laws And Regulations booklet.
  - » Copies of the completed FIF and accompanying MSDS must be available at your facility in the event of an emergency.
  - > Write to RTK regarding any change in your facility such as facility name, address, phone number, contact person etc....
- 

## **NOTE TO LARGE FACILITIES (HOSPITALS, CITY AGENCIES, etc.)**

Large facilities may submit forms by department. If your facility submitted last year, check with your facility coordinator about the procedure for submissions.

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## **NOTE TO CONSULTANTS**

If you are completing the form as a consultant, please DO NOT enter your own address, telephone number, name, etc., on the form, and DO NOT SIGN THE FORM UNLESS YOU ARE THE FACILITY'S LEGAL RESPONSIBLE PARTY.

## **Guidelines for New York City Community Right-to-Know:**

- » Report any hazardous substances stored or used at the facility that are present at or above their individual threshold reporting quantities (TRQ) at any one time during the reporting year. (Consult the NYC Hazardous Substance List included in the NYC Community Right-To-Know Laws and Regulations booklet).
- » Report a mixture according to the type(s) and quantities of hazardous components present in that mixture. Refer to chapter 41 –05 in the Laws & Regulations Booklet.
- » Submit Material Safety Data Sheet for every hazardous substance pure or mixture you report on the FIF to the Department of Environmental Protection, the Fire Department, and the State Emergency Response Commission (SERC). Material Safety Data Sheets are submitted **ONLY ONE TIME to the SERC** for each substance present.
- » Label all hazardous materials containers with chemical names and chemical abstract service (CAS) numbers. This includes the labeling of hazardous ingredients present in mixtures.
- Facility must keep a copy of their submission (FIF) for the following reasons:
  - For inspection purpose.
  - Employee must have access to this copy for their safety.
  - When you have to update your submission.

### **Reportable Hazardous Substances Include:**

- » Gasoline stored at retail gasoline stations in excess of 75,000 gallons and diesel fuel stored in retail gasoline stations in excess of 100,000 gallons.
- » Substances present in research laboratories, hospitals and other health care facilities not regulated by the Federal Food and Drug Administration (FDA). (City Law)
- » Substances present in mobile storage tanks.
- > Substances present as pure or mixture.

Refer to the Hazardous Substance List in NYC RTK Regulations.

## NYC Community Right-to-Know Requirements

New York City Local Law 26/88 requirements include: Reporting of Hazardous substances and/or Extremely Hazardous substances, Filing Fee, Labeling of all hazardous substances and Risk Management Plan.

| Purpose                                         | Who Must Comply                                                                                                                                                                                                                           | What is Required                                                                                                                                                                     |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Annual Inventory L.L. 26/88 §24-706</b>      | Any facility that stores, handles processes or uses a hazardous substance or an EPA extremely hazardous substance (EHS) at or above the Threshold Reporting Quantity (TRQ). A list of reportable substances can be found in the appendix. | Submit a Facility Inventory Form (FIF) to DEP by March 1 <sup>st</sup> . Submit MSDS for each reportable chemical or substance to DEP and Fire Department by March 1 <sup>st</sup> . |
| <b>Labeling Requirements L.L. 26/88 §24-711</b> | Any facility filing a FIF shall have all hazardous substances clearly marked with a label.                                                                                                                                                | A label showing the chemical name and CAS identification number of all hazardous substances.                                                                                         |
| <b>Filing Fee L.L. 54/93 §24-706(d)</b>         | Any facility submitting a Facility Inventory Form (FIF) under L.L. 26/88.                                                                                                                                                                 | A check or money order made payable to NYC Commissioner of Finance and a Fee Invoice. Refer to the Fee Schedule. Copy of the fee invoice with copy of the check.                     |
| <b>Risk Management Plan L.L. 92/93 §24-718</b>  | Any facility where extremely hazardous substances and/or regulated toxic substances are present in amounts greater than or equal to federally established levels.                                                                         | Risk Management Plan, which must include the following: A Risk Assessment, A Risk Reduction Program and an Emergency Response Program. Refer to the Risk Management Program Section. |

## SARA Title III Requirements

SARA Title III requirements include: Emergency Planning (§302 & 303), Emergency Release Notification (§304) and Toxic Chemical Release Inventory (§313). Substances subject to these requirements are identified on the Hazardous Substance List. Additionally, the list for newly added chemicals for the Toxic Chemical Release Inventory (§313), which is required to be reported to New York State Department of Environmental Conservation, can be found in the NYC Community Right-To-Know Laws and Regulations booklet. (Section 313 EPCRA).

| <b>Purpose</b>                                                          | <b>Who Must Comply</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>What is Required</b>                                                                                                                                                                         |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ANNUAL INVENTORY §311</b></p> <p><b>ANNUAL INVENTORY §312</b></p> | <p>Any facility that has 10,000 lbs or more of an EPA hazardous chemical, for which an MSDS is required under OSHA regulations (29 CFR 1910.1200), ‘OSHA hazardous chemicals’. Any retail gasoline station engaged in selling gasoline and/or diesel fuel principally to the public, for motor vehicle use in land and stores 75,000 gallons or more of gasoline or 100,000 gallons of diesel fuel or more (all grades combined). For a retail gas station to be eligible for new threshold, they must be in compliance with Underground Storage Tank (UST) requirements at all times during the year.</p> | <p>Submit an inventory form (Tier II or NYC FIF) of reportable substances by March 1st.</p> <p>Submit MSDS for each reportable chemical or substance to the State DEP, and FD by March 1st.</p> |
| <p><b>Emergency Planning §302 §303</b></p>                              | <p>Any facility exceed the Threshold Planning Quantity (TPQ) or more of an Extremely Hazardous Substance (EHS).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Letter to SERC announcing compliance requirements. Send name to DEP/LEPC of a Facility Emergency Coordinator who may participate in emergency planning.</p>                                  |
| <p><b>Emergency Release Notification §304</b></p>                       | <p>Any facility that has a release or Spill of the Reportable Quantity (RQ) <b>or</b> at or more of an EHS <b>or</b> of a CERCLA Hazardous Substance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Call 311 immediately.</p> <p>Follow up with letter to DEP and SERC.</p>                                                                                                                      |
| <p><b>Toxic Release Inventory §313</b></p>                              | <p>Any facility in SIC codes 20-39 which has 10 or more employees <u>and</u>:</p> <p><u>Used</u> 10,000 lbs or more of a Toxic Chemical in the previous year, or</p> <p><u>Manufactured</u> or <u>processed</u> 25,000 lbs or more of a Toxic Chemical in the previous year.</p>                                                                                                                                                                                                                                                                                                                           | <p>Complete and submit form “R” to the SERC and EPA by July 1st.</p> <p>Call 1(800) 535-0202 for a copy of form “R”.</p>                                                                        |

## Simple Guide For Compliance

**Read this section even if you have reported in previous years.**

### **1. What do you need to know before you start?**

#### **A. What is the difference between a PURE SUBSTANCE and a MIXTURE?**

A **PURE** substance is made up of only **ONE INGREDIENT** in its **ORIGINAL FORM**, while a **MIXTURE** is a substance that is composed of **MORE THAN ONE INGREDIENT**. A pure substance that is diluted or dissolved in water is considered a solution. A pure substance will have a CAS number, whereas a mixture may or may not have a CAS number. Examples of **PURE** substances are toluene, perchloroethylene, sodium hydroxide pellets or flakes. Examples of **MIXTURES** are gasoline, fuel oil or motor oil. Examples of **SOLUTIONS** are aqua ammonia or caustic alkali liquid.

#### **B. How to report Hazardous Substance(s)?**

Enter the exact names of hazardous substances - do not shorten or alter the names from the way they appear on the MSDS or container label. For example it is an error to report bleach as chlorine and it is an error to report solutions of ammonia as ammonia gas.

\* Bleach is a solution of SODIUM HYPOCHLORITE (CAS # 7681-52-9), NOT chlorine gas (CAS # 7782-50-5).

\* Solutions of ammonia and water is AMMONIUM HYDROXIDE (CAS # 1336-21-6) - also called "aqua ammonia" - NOT ammonia gas (CAS number 7764-41-7).

The Facility Inventory Form has three lines under "**Chemical Description**". When you report a pure substance write the name of the substance on the first line and fill the top boxes with CAS number. But if you reporting a mixture write the name of the Substance on the first line then write see attached on the next line, use the mixture component form write the substance name and then each reportable ingredient with the percentage and the CAS number. List as many reportable ingredients as possible per section. DO NOT use one section for each ingredient.

#### **C. What information should you record for each container at the facility?**

» Manufacturer's name and address.

» Trade/chemical name, Chemical Abstract Service Number (CAS), and concentration - for each hazardous ingredient in a mixture and for each pure substance.

» Health and physical hazards listed on the label or safety sheet.

**D.** What information can you identify on the Material Safety Data Sheet?

- Chemical name(s)
- Chemical abstract service number(s) (CAS)
- Concentration of ingredients in a mixture
- Physical State
- Physical and Health Hazards

**2. How do you determine if you need to report a substance under NYC Law?**

- A.** This substance must be on **the hazardous substance list or the physical and health hazard special list. THIS INCLUDES SUBSTANCES PRESENT AS PURE OR MIXTURE.** Trade names are not listed on the hazardous substance list.
- B.** This substance must be present at or above its individual threshold reporting quantity TRQ (in pounds) at any one time during the reporting year, either as a pure substance or as an ingredient in a particular mixture.
- C.** If a hazardous substance is present at or above its TRQ in a mixture, or a brand name product THAT MIXTURE MUST BE REPORTED. List the name of the mixture and its CAS number (if available), FOLLOWED by the names, CAS numbers and concentrations (weight %) of those hazardous ingredients present at or above their TRQ IN THAT MIXTURE. (Use the attached sheet) see Appendix B.
- D.** To find out if a hazardous ingredient is present at or above its TRQ in a mixture, multiply the concentration of the hazardous ingredient in weight % by the weight of the entire mixture and compare the calculated quantity with the TRQ of that ingredient.
- E.** If the ingredient of a mixture is not on the hazardous substance list refer to the physical and health hazard special list Chapter 41 (41-05) on the Laws and Regulations booklet to verify the TRQ for that mixture.

## PHYSICAL AND HEALTH HAZARDS

Under Title III, there are five such physical and health categories: Fire Hazard, Sudden Release of Pressure, Reactivity, Immediate (acute) and Delayed (chronic). Hazard categories allow emergency responders to classify broadly the reportable chemicals present at your facility.

Many employers are already familiar with the physical and health categories designated under the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard (HCS). In addition, many Material Safety Data Sheets note a hazardous chemicals appropriate OSHA hazard category. For these reasons, the chart on this page, comparing the Title III categories with the HCS categories should be useful. **The link between Title III's five categories and OSHA is not exact, so use caution as you report. Contact your supplier for any additional assistance.**

| <b>PHYSICAL AND HEALTH HAZARD CATEGORY COMPARISON</b>                         |                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Environmental Protection Agency's Hazard Categories</b><br>(Listed on FIF) | <b>Occupational Safety and Health Administration's Hazard Categories</b><br>(Listed on Material Safety Data Sheet)                                                                                                                 |
| Fire Hazard                                                                   | Flammable<br>Combustible Liquid<br>Pyrophoric<br>Oxidizer                                                                                                                                                                          |
| Sudden Release of Pressure                                                    | Explosive<br>Compressed Gas                                                                                                                                                                                                        |
| Reactive                                                                      | Unstable Reactive<br>Organic Peroxide<br>Water Reactive                                                                                                                                                                            |
| Immediate (Acute) Health Hazard                                               | Highly Toxic<br>Toxic<br>Irritant<br>Sensitizer<br>Corrosive<br><br>Other hazardous chemicals with an adverse effect on a target organ that generally occurs rapidly as a result of short term exposure and with a short duration. |
| Delayed (Chronic) Health Hazard                                               | Carcinogens<br><br>Other hazardous chemicals with an adverse effect on a target organ that generally occurs as a result of long term exposure and with a long duration.                                                            |

# **INSTRUCTIONS**

## Instructions For Completing The FIF

These instructions apply to facilities reporting under both Federal and City laws or under either law alone.

Make multiple copies of the Facility Inventory Form (FIF) and the Mixture Component Form provided in this Compliance Package. A blank FIF see appendix A and Mixture Component Form see appendix B in the back of this book.

At the top right corner of the form indicate the page number and the total number of pages.

**Name** - Enter the complete name of your facility as registered with NY State (company identifier, or "Doing Business As" name, if appropriate).

**Street Address, City, State, Zip** - Enter the full street address, including City, State and ZIP Code + 4. If a street address is not available, enter other information such as, street corners.

This address is to be used to locate your facility in the event of an emergency. Therefore, Do not enter a Post Office Box here.

**Telephone** - Enter the area code and telephone number.

**County** - Enter the name of the county in which your facility is located, i.e. Brooklyn, Queens, Manhattan, Bronx or Staten Island.

**NAICS Code, Federal Tax Number** - Enter your facility's North American Industry Classification System (NAICS) Code and Federal Tax number. Ask your financial officer or accountant for this information. To obtain your facility NAICS Code call (800) 553-6847 and for your Federal Tax Number call 1-800-829-3676.

### OWNER/OPERATOR

Enter the **Owner/Operator's** full name, mailing address, (a Post Office Box is acceptable) and telephone number. Enter your **E-mail address** if available

### EMERGENCY CONTACTS

**Name, Title, Day Phone** - Enter the name, title, and work telephone number of two persons who can act as referrals if emergency responders need assistance in the event of a hazardous substance accident.

**24-Hour Phone** - Provide an emergency phone number where an emergency contact will be available 24 hours a day, every day. The facility must make some arrangement to ensure a 24-hour contact is available.

### CHEMICAL DESCRIPTION

Enter information for each chemical type and state. *Type* being Pure or Mix, *state* being Solid, Liquid or Gas.

For example, report *compressed* methane in a separate chemical description area from *liquefied* methane.

**CAS** - Enter the substance's Chemical Abstract Service (CAS) number from the MSDS. Fill in the boxes from the right. Leave blank boxes to the left.

For example: Toluene-2,6-diisocyanate, CAS 91-08-7, is reported as:

|  |  |  |  |   |   |   |   |   |
|--|--|--|--|---|---|---|---|---|
|  |  |  |  | 9 | 1 | 0 | 8 | 7 |
|--|--|--|--|---|---|---|---|---|

**not**

|   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|--|--|--|--|
| 9 | 1 | 0 | 8 | 7 |  |  |  |  |
|---|---|---|---|---|--|--|--|--|

**Trade Secret** - Check this box only if you are with-holding a substances' identity.

**“Proprietary formulation”** - is not an accepted term under OSHA, SARA or NY City Right-to-Know Law. Request the formulation from the manufacturer.

Indicate the name of the mixture including the trade name.

Identify each ingredient in the mixture by its chemical name, CAS number and provide its concentration exactly as on the MSDS.

**Example:** Solvent X, is a mixture. It does not have a CAS number. It is made up of 50% by weight of 2-butoxy-ethanol, 14% sodium hypochlorite, 10% formaldehyde, 0.5% benzene and water. Solvent X would be reported:

**Solvent X**

| Chemical Name       | %  | CAS      |
|---------------------|----|----------|
| Butoxyethanol       | 50 | 111-76-2 |
| Sodium hypochlorite | 14 | 768-52-9 |
| Formaldehyde        | 10 | 50-00-0  |

Benzene                      0.5                      71-43-2

See sample FIF pages

**Pure, Mix, Solid, Liquid, Gas, EHS** -

Check the applicable boxes. Because you are entering only one type and state at a time, you will only check one of the *Pure/Mix* boxes and only one of the *Solid/Liquid/Gas* boxes.

**EHS** - for a substance that is a SARA Extremely Hazardous Substance (EHS), or for a mixture containing an EHS at or above the TPQ, check the EHS box. The Hazardous Substance List can be found in the Appendix List.

**PHYSICAL AND HEALTH HAZARDS**

Check all *Physical and Health Hazards boxes* that apply.

Hazards should be listed on the substance's MSDS and on its label.

**Fire:** includes flammable, combustible, liquid, oxidizer and any substance that will ignite spontaneously in air at temperatures below 130°F (54°C).

**Sudden release of pressure:** includes compressed gas or explosive.

**Reactivity:** includes unstable substances, organic, peroxide and water reactive.

**Immediate (acute):** includes adverse health effects appearing within 48 hours from exposure.

**Delayed (chronic):** includes adverse health. Effects appearing weeks after exposure.

The categories can be found on page 12. Additional definitions of terms used in describing the categories can be found in Section 41-05 of the Right-to-Know Regulations.

**INVENTORY**

**Report all amounts in POUNDS.**

To convert gas or liquid volume to weight in pounds, multiply the substance's volume by its density.

If a hazardous substance is part of a mixture, report the weight of the *entire mixture*.

**Maximum Amount (code)** - Estimate the greatest amount present at your facility at any one time during the reporting period, then find the appropriate code in *Table I-Reporting Ranges*, below, and enter the exact amount and the code in the *Maximum Amount* boxes.

**TABLE I - REPORTING RANGES**

| Weight Range in Pounds |             |      |
|------------------------|-------------|------|
| From                   | To          | Code |
| 0                      | 99          | 01   |
| 100                    | 999         | 02   |
| 1,000                  | 9,999       | 03   |
| 10,000                 | 99,999      | 04   |
| 100,000                | 999,999     | 05   |
| 1,000,000              | 9,999,999   | 06   |
| 10,000,000             | 49,999,999  | 07   |
| 50,000,000             | 99,999,999  | 08   |
| 100,000,000            | 499,999,999 | 09   |
| 500,000,000            | 999,999,999 | 10   |
| Billion                | Higher      | 11   |

**EXAMPLE:** To convert 5,000 gallons of Solvent X to pounds. (Solvent X density 7.29 pounds/gallon) multiply density (7.29) by volume (5,000 gallons) then find and enter the code using the table above.

- $7.29 \times 5,000 = 36,450$  lbs.
- Therefore, enter 36,450lbs for the exact amount and according to the table enter 04 for the code as the Max. Daily Amount.

**NOTE:** To obtain the density of any liquid multiply its specific gravity by 8.33 pounds per gallon (density of water).

**Average Amount (code)** - Estimate the average weight in pounds that was present at your facility over the year, then find the appropriate code in *Table I-Reporting Ranges*, above, and enter the exact amount and the code in the *Average Amount* boxes.

**EXAMPLE:** The 5,000-gallon shipment of Solvent X you receive in the earlier example was present for 10 days, when half was shipped off-site; the remainder stayed on-site for 215 days, after which it was shipped away. To find the average daily amount, total all daily weights [in this case, 36,450 lb x 10 days + 18,225 lb x 215 days] and divide the resulting sum by the number of days the substance was present [225 days], then find and enter the code using the table above.

- $36,450 \times 10 = 364,500$  and  $18,225 \times 215 = 3,918,375$ ;
- $364,500 + 3,918,375 = 4,282,875$
- $4,282,875 \div 225 = 19,035$
- \* Therefore, enter 19,035 lbs for the exact amount and according to the table enter 04 for the code as the Average Daily Amount.

**Note:** The Average Daily Amount is the average amount present when any is present. Therefore, if you had 10,000 lbs on Monday and 0 lbs on Tuesday, the average would be 10,000, not 5,000.

**No. of Days On-site:** Enter the number of days the hazardous substance pure or mixture was present at the facility in the *No. of Days on-site (days)* boxes. Usually the number entered is 365, to indicate all year.

**STORAGE CODES AND LOCATIONS**  
In this area, the Storage Codes and Storage Locations work together to provide location information.

If a substance has more than one set of storage codes, use separate storage location line(s) for the different sets of codes.

For example, if one line and its boxes describe a substance stored in carboys, use another line of boxes for the same substance stored in an above ground tank.

Describe Storage Locations before entering *Container, Temperature and Pressure codes*.

**Storage Locations** - Provide a brief description of the hazardous substance's precise location, so emergency responders can find the substance easily. Indicate the building or lot number, at least, and if practical add information on the room or area. Respond in narrative form. Use site coordinate abbreviations only if a site plan is attached.

Continue your responses down the page, if the location description requires more room.

**Storage Codes** - Indicates the codes for container type and storage conditions at each indicated location.

**Container** - In the first box, enter Container Type code. Find the appropriate code in the following Table II-Container types.

**TABLE II-CONTAINER TYPES**

| Container                    | Code |
|------------------------------|------|
| Above ground tank            | A    |
| Below ground tank            | B    |
| Tank inside building         | C    |
| Steel drum                   | D    |
| Plastic or non-metallic drum | E    |
| Can                          | F    |
| Carboy                       | G    |
| Silo                         | H    |
| Fiber drum                   | I    |
| Bag                          | J    |
| Box                          | K    |
| Cylinder                     | L    |
| Glass bottles or jugs        | M    |
| Plastic bottles or jugs      | N    |
| Tote bin                     | O    |
| Tank wagon                   | P    |
| Rail car                     | Q    |
| Other                        | R    |

**Pressure** - In the second box, enter the Pressure code. Find the appropriate code in *Table III-Pressure Conditions*, below.

**TABLE III-PRESSURE CONDITIONS**

| Pressure                      | Code |
|-------------------------------|------|
| Ambient pressure              | 1    |
| Greater than Ambient pressure | 2    |
| Less than ambient pressure    | 3    |

**Temperature** - In the third box, enter the Temperature code. Find the appropriate code below in *Table IV-Temperature Conditions*

**Table IV-Temperature Conditions**

| Temperature                                                    | Code |
|----------------------------------------------------------------|------|
| Ambient temperature                                            | 4    |
| Greater than ambient temperature (heated)                      | 5    |
| Less than ambient temperature but not cryogenic (refrigerated) | 6    |
| Cryogenic conditions (below freezing)                          | 7    |

**Note:** "Ambient" means "same as the surrounding area" - that is, the substance's pressure or temperature are not raised or lowered artificially.

**EXAMPLE:** The solvent in the main building is kept in an indoor tank, at ambient pressure and temperature. Find and enter the correct storage codes using Tables II, III and IV.

°According to Table II, the code for an indoor tank is C.

°According to Table III, the code for ambient pressure is 1.

°According to Table IV, the code for ambient temperature is 4.

°Therefore, enter the following Storage codes:

|   |   |   |
|---|---|---|
| C | 1 | 4 |
|---|---|---|

**EXAMPLE:** The oxygen cylinder at greater ambient pressure and ambient temperature. Find and enter the correct storage codes using tables II, III and IV.

|   |   |   |
|---|---|---|
| L | 2 | 4 |
|---|---|---|

**CERTIFICATION**

The *Certification* Section must be completed by a responsible party of the facility (the owner or operator, or his or her officially designated representative).

An **original signature** is required on at least the first page of the submission.

Submissions to the SERC, LEPC and fire department must each contain an original signature on the first page.

Subsequent pages must contain either an original signature, a photocopy of an original signature, or a signature stamp and date or date stamp.

Enter your full name and official title. Sign your name and enter the current date.

**DEP will return FIFs with photocopied or rubber stamped signatures on the first page.**

**Note to Third-Party Preparers:**

The Certification signer is legally responsible for the submission and other facility requirements. Only a responsible party of the facility may sign the FIF.

Any responsible party who submits a false document is subject to penalties pursuant to §24-713 of the New York City Administrative Code and §41-14 of the Right-to-Know Regulations.

# HOW TO PREPARE AND SEND YOUR MAILING

Your reporting package should contain Facility Inventory Forms, MSDS and filing fee. To process the submission more efficiently, indicate your ID # on the fee invoice, check and the FIF. If you have filed a RTK submission with DEP previously you may obtain your ID# by calling 718-595-4659. Further, we suggest that you arrange it in the following order.

1. **Filing Fee** - Do not send cash. All checks or money orders must be made payable to the NYC Commissioner of Finance. Facility inventory form (FIF) submitted without the correct fee will be considered incomplete and compliance with the NYC Community Right-to-Know law is not attained, write your ID # on the check.
2. **Fee Invoice** - Return the completed fee invoice attached to check or money order; including copy of the invoice and the check. Indicate your CFID # on both the check and the Fee Invoice Form.
3. **Facility Inventory Form (FIF)/Tier II** - Number each page in the upper right corner: Page \_\_\_ of \_\_\_ pages. If your submission requires more than one page, please staple the FIF pages together, in order.
4. **Material Safety Data Sheet(s) (MSDS)** - For each reported substance staple together all corresponding pages of the MSDS in proper order.
5. **Make copy of your submission** – Before you mail your submission keep copy in your facility.

**Do not staple an MSDS for one substance with the MSDS for another substance. Please number each MSDS in the same order as the substances are numbered on the FIF. Keep the MSDS order as on the Facility Inventory Form.**

| <b>Mail to:</b><br>↓↓↓↓↓↓↓                                                                                                                  | <b>If you are complying with:</b><br>⇒⇒⇒⇒⇒⇒⇒⇒ | NYC Community<br>Right-to-Know Law<br><b>AND</b><br>SARA TITLE III                                                                                                            | NYC Community<br>Right-to-Know Law<br><b>ONLY</b>                                                                                | SARA TITLE III<br><b>ONLY</b>                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                             |                                               | <b>Send the following documents:</b><br>↓↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ ↓↓↓↓↓↓ |                                                                                                                                  |                                                                                                                                        |
| Right-to-Know/LEPC<br>NYC Dept of Environmental Protection<br>59-17 Junction Blvd.<br>Flushing, N.Y. 11373-5107                             |                                               | <ul style="list-style-type: none"> <li>• Original FIF</li> <li>• Copies of MSDS</li> <li>• FEE</li> <li>• FEE INVOICE</li> </ul>                                              | <ul style="list-style-type: none"> <li>• Original FIF</li> <li>• Copies of MSDS</li> <li>• FEE</li> <li>• FEE INVOICE</li> </ul> | <ul style="list-style-type: none"> <li>• Original FIF</li> <li>• Copies of MSDS</li> <li>• <b>NO FEE</b></li> </ul>                    |
| Toxic Substance Unit<br>Bureau of Operations<br>NYC Fire Department<br>9 Metrotech Center<br>Brooklyn, N.Y. 11201                           |                                               | <ul style="list-style-type: none"> <li>• Copies of FIF</li> <li>• Copies of MSDS</li> </ul>                                                                                   | <ul style="list-style-type: none"> <li>• Copies of FIF</li> <li>• Copies of MSDS</li> </ul>                                      | <ul style="list-style-type: none"> <li>• Copies of FIF</li> <li>• Copies of MSDS</li> </ul>                                            |
| NYS Emergency Response Commission<br>NYS Emergency Management Office<br>1220 Washington Avenue, Bldg. 22, Suite 101<br>Albany NY 12226-2251 |                                               | <ul style="list-style-type: none"> <li>• Copies of FIF</li> <li>• Copies of MSDS for substances reported for the first time</li> </ul>                                        |                                                                                                                                  | <ul style="list-style-type: none"> <li>• Copies of FIF</li> <li>• Copies of MSDS for substances reported for the first time</li> </ul> |

## **Examples of Facilities That Are Required To Comply With The New York City Community Right To Know Law**

**Utilities, Industrial and Commercial Facilities:** You are required to comply with the filing and labeling requirements for electrical equipment such as Transformers, Capacitors and others containing regulated dielectric fluids such as PCB's, mineral spirits, mineral oil, tetrachloroethylene etc. when present at or above the Threshold Reporting Quantity (TRQ).

**Commercial Buildings, Hotels, Nursing Homes, and Businesses:** You are required to file a Facility Inventory Form (FIF) for materials such as cleaning products, solvents and paints, which contain regulated substances present in quantities at or above the TRQ.

**Auto Body Shops & Automobile Service Stations:** You are required to report regulated substances that are used, stored, handled, or processed at your facility if present at or above the TRQ.

(See Example 2 and 3).

**Material Supply Stores:** You are required to file a Facility Inventory Form (FIF) for regulated substances sold in non-consumer packaging. Only chemicals packaged for sale to ordinary consumers may be exempt.

**Dry Cleaning:** You are required to file a facility Inventory Form (FIF) for DF2000, or Perchloroethylene, and the spot remover at your facility if present at or above the Threshold Reporting Quantity (TRQ).

(See Example 1).

**Funeral Home:** You are required to submit the Facility Inventory Form (FIF) for the carcinogen and flammable substance pure or mixture at your facility if present at or above the Threshold Reporting Quantity (TRQ).

(See Example 4).

## **Example FIF'S**

**Example 1 Dry Cleaning**

**Example 2 Auto Repair Shop**

**Example 3 Auto Body Shop**

**Example 4 Funeral Home**

# **Example 1**

## **Dry Cleaners**

|                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |                                                                                                                     |
|-----------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|---------------------------------------------------------------------------------------------------------------------|
| NEW YORK CITY<br>Right-to-Know<br>FACILITY<br>INVENTORY<br>FORM<br>TIER TWO | Facility Identification | Name ABC DRY CLEANERS<br>Street 22-2 RUBBER STREET<br>City QUEENS VILLAGE State N Y Zip+4 11429<br>Telephone (718) 595-5555 County QUEENS<br>NAICS Code <table style="display: inline-table; border: 1px solid black;"><tr><td>8</td><td>1</td><td>2</td><td>2</td><td>3</td><td>0</td></tr></table> Federal Tax ID Number <table style="display: inline-table; border: 1px solid black;"><tr><td>1</td><td>7</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> | 8 | 1 | 2 | 2 | 3 | 0 | 1 | 7 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Owner/<br>Operator | Name NANCY DOE Phone (212) 566-7264<br>Mail Address 346 BROADWAY, NEW YORK, NY 110013<br>Email Address ndoe@aol.com |
|                                                                             |                         | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 | 2 | 2 | 3 | 0 |   |   |   |   |   |   |   |   |   |   |                    |                                                                                                                     |
| 1                                                                           | 7                       | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 | 5 | 6 | 7 | 8 | 9 |   |   |   |   |   |   |   |   |   |                    |                                                                                                                     |
| For Official Use Only: ID# _____ Date Received: _____                       | Emergency<br>Contacts   | Name William Clark Title Manager<br>Day Phone (212) 566-7264 24-hr phone (718) 587-2130<br>Name George Richmond Title Supervisor<br>Day Phone (212) 566-7264 24-hr phone (718) 999-8787                                                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                    |                                                                                                                     |

| Chemical Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Physical and Health Hazards<br><small>Check all that apply</small> | Inventory | Storage Codes and Locations<br>(Non-Confidential)<br><i>Storage Locations</i> | OPTIONAL |   |   |   |   |   |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
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| CAS <table style="display: inline-table; border: 1px solid black;"><tr><td> </td><td> </td><td> </td><td>1</td><td>2</td><td>7</td><td> </td><td>1</td><td>8</td><td> </td><td>4</td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>PERCHLOROETHYLENE</u><br>_____<br>_____<br>Check all that apply:<br><input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                  |                                                                    |           |                                                                               | 1        | 2 | 7 |   | 1 | 8 |   | 4                                                                                                                                                                                                                                            | <input type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed(chronic)                                                                                                                                                       | <table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>3</td></tr></table> Max Amount (code)<br><table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>2</td></tr></table> Avg. Amount (code)<br><table style="display: inline-table; border: 1px solid black;"><tr><td>3</td><td>6</td><td>5</td></tr></table> No. of Days Present | 0 | 3 | 0 | 2 | 3 | 6 | 5                                                                                                                                                                                                                                                                                                                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> In the dry cleaning machine<br>_____<br>_____ | R | 1 | 4 |  |  |  |  |  |  |  |  |  |  |  |                                                                                              | Check box if information submitted is identical to last year<br><br><input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |           | 1                                                                             | 2        | 7 |   | 1 | 8 |   | 4 |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6                                                                  | 4         | 7                                                                             | 4        | 2 |   | 4 | 8 |   | 9 |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
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| CAS <table style="display: inline-table; border: 1px solid black;"><tr><td> </td><td> </td><td> </td><td>7</td><td>9</td><td> </td><td>0</td><td>1</td><td> </td><td>6</td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>Pyratex</u><br><u>See Attached</u><br>_____<br>_____<br>Check all that apply:<br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS               |                                                                    |           |                                                                               | 7        | 9 |   | 0 | 1 |   | 6 | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed(chronic) | <table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>1</td></tr></table> Max Amount (code)<br><table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>1</td></tr></table> Avg. Amount (code)<br><table style="display: inline-table; border: 1px solid black;"><tr><td>3</td><td>6</td><td>5</td></tr></table> No. of Days Present | 0                                                                                                                                                                                                                                                                                                                                                                                       | 1 | 0 | 1 | 3 | 6 | 5 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> On the Spotting Board<br>_____<br>_____ | N                                                                                                                                                                                                                                                                                                                                           | 1 | 4 |   |  |  |  |  |  |  |  |  |  |  |  | Check box if information submitted is identical to last year<br><br><input type="checkbox"/> |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |           | 7                                                                             | 9        |   | 0 | 1 |   | 6 |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                  |           |                                                                               |          |   |   |   |   |   |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                  |           |                                                                               |          |   |   |   |   |   |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6                                                                  | 5         |                                                                               |          |   |   |   |   |   |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                  | 4         |                                                                               |          |   |   |   |   |   |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |           |                                                                               |          |   |   |   |   |   |   |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                              |                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Certification (Read and sign after completing all sections)</b><br>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.<br><p style="text-align: center;">Nancy Doe      President      23      01/01/12</p> | <b>OPTIONAL</b><br>I have attached a site plan<br><br><input type="checkbox"/> |
| Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____                                                                                                                                                                                                                                                                                                                                           |                                                                                |



# **Example 2**

## **Auto Repair**

|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEW YORK CITY<br>Right-to-Know FACILITY INVENTORY FORM<br>TIER TWO                                                                                                                                                                          | Facility Identification                                                                                                                                                                                                                                                | Name ABC AUTO REPAIR SHOP<br>Street <u>22-2 RUBBER STREET</u><br>City <u>QUEENS VILLAGE</u> State <u>N Y</u> Zip+4 <u>11429</u><br>Telephone <u>(718) 595-5555</u> County <u>QUEENS</u><br>NAICS Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr></table> Federal Tax. ID Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Owner/Operator<br>Name <u>_NANCY DOE</u> Phone <u>(212) 566-7264</u><br>Mail Address <u>346 BROADWAY, NEW YORK, NY 110013</u><br>Email Address <u>ndoe@aol.com</u> |
|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                        | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 | 1 | 1 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                    |
| 1                                                                                                                                                                                                                                           | 2                                                                                                                                                                                                                                                                      | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 | 5 | 6 | 7 | 8 | 9 |   |   |   |   |   |   |   |   |   |                                                                                                                                                                    |
| For Official Use Only: ID# <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Date Received: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> | Emergency Contacts<br>Name <u>William Clark</u> Title <u>Manager</u><br>Day Phone <u>(212) 566-7264</u> 24-hr phone <u>(718) 587-2130</u><br>Name <u>George Richmond</u> Title <u>Supervisor</u><br>Day Phone <u>(212) 566-7264</u> 2 4-hr phone <u>(718) 999-8787</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                    |

| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Physical and Health Hazards</b><br><i>Check all that apply</i> | <b>Inventory</b> | <b>Storage Codes and Locations (Non-Confidential)</b><br><i>Storage Locations</i> | OPTIONAL |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
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| CAS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>Motor Oil</u><br><u>See Attached</u><br>_____<br>_____<br>Check all that apply:<br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS  |                                                                   |                  |                                                                                   |          |  |  |  |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed(chronic) | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>2</td></tr></table><br><i>Max Amount (code)</i><br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>2</td></tr></table><br><i>Avg. Amount (code)</i><br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td><td>5</td></tr></table><br><i>No. of Days Present</i> | 0 | 2 | 0 | 2 | 3 | 6 | 5 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</td><td>1</td><td>4</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> On the shelf<br>_____<br>_____                    | N | 1 | 4 |  |  |  |  |  |  |  |  |  | Check box if information submitted is identical to last year<br><input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6                                                                 | 5                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 | 4                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6                                                                 | 5                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 | 4                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6                                                                 | 5                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 | 4                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                    |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <p><i>Certification (Read and sign after completing all sections)</i></p> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>26</u> , 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.<br>_____<br>Nancy Doe President | OPTIONAL<br>I have attached a site plan<br><input type="checkbox"/> |
| Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed <u>01/01/12</u>                                                                                                                                                                                                                                                                                      |                                                                     |

**NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
RIGHT TO KNOW PROGRAM**

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**FACILITY INVENTORY FORM APPENDIX  
Mixture Component Form**

CFID# \_\_\_\_\_ Facility Name ABC AUTO REPAIR

Name of Substance MOTOR OIL

**Ingredients**                                      **%**                                      **CAS #**                                      **EHS**

|                                                         |       |            |  |
|---------------------------------------------------------|-------|------------|--|
| Severely Solvent Refined Heavy Paraffinic Petroleum Oil | 75-85 | 64741-88-4 |  |
| Ethylene/Propylene Copolymer                            | 5-10  | 9010-79-1  |  |
| Zinc Dialkyl Dithiophosphate                            | 2     | 68649-42-3 |  |
|                                                         |       |            |  |
|                                                         |       |            |  |
|                                                         |       |            |  |

Name of Substance \_\_\_\_\_

**Ingredients**                                      **%**                                      **CAS #**                                      **EHS**

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Name of Substance ANTIFREEZE

**Ingredients**                                      **%**                                      **CAS #**                                      **EHS**

|                   |       |         |  |
|-------------------|-------|---------|--|
| Ethylene GlycolA  | 90-95 | 107-211 |  |
| Diethylene Glycol | 5     | 111-466 |  |
|                   |       |         |  |
|                   |       |         |  |
|                   |       |         |  |

# **Example 3**

## **Auto Body**

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NEW YORK CITY<br/>Right-to-Know<br/>FACILITY<br/>INVENTORY<br/>FORM<br/>TIER TWO</b>                                                                                                                                                            | <i>Facility Identification</i>                                                                                                                                                                                                                   | Name <u>ABC AUTO BODY SHOP</u><br>Street <u>22-2 RUBBER STREET</u><br>City <u>QUEENS VILLAGE</u> State <u>N Y</u> Zip+4 <u>11429</u><br>Telephone <u>(718) 595-5555</u> County <u>QUEENS</u><br>NAICS Code <table style="display: inline-table; border: 1px solid black;"><tr><td>8</td><td>1</td><td>1</td><td>1</td><td>7</td><td>1</td></tr></table> Federal Tax ID Number <table style="display: inline-table; border: 1px solid black;"><tr><td>1</td><td>7</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> | 8 | 1 | 1 | 1 | 7 | 1 | 1 | 7 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | <i>Owner/ Operator</i> | Name <u>_NANCY DOE</u> Phone <u>(212)_ 566-7264</u><br>Mail Address <u>346 BROADWAY, NEW YORK, NY 110013</u><br>Email Address <u>ndoe@aol.com</u> |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                  | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 | 1 | 1 | 7 | 1 |   |   |   |   |   |   |   |   |   |   |                        |                                                                                                                                                   |
| 1                                                                                                                                                                                                                                                  | 7                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 | 5 | 6 | 7 | 8 | 9 |   |   |   |   |   |   |   |   |   |                        |                                                                                                                                                   |
| <i>Emergency Contacts</i>                                                                                                                                                                                                                          | Name <u>William Clark</u> Title <u>Manager</u><br>Day Phone <u>(212) 566-7264</u> 24-hr phone <u>(718) 587-2130</u><br>Name <u>George Richmond</u> Title <u>Supervisor</u><br>Day Phone <u>(212) 566-7264</u> 2 4-hr phone <u>(718) 999-8787</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |                                                                                                                                                   |
| <i>For Official Use Only:</i> ID# <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Date Received: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                        |                                                                                                                                                   |

| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Physical and Health Hazards</b><br><i>Check all that apply</i> | <b>Inventory</b> | <b>Storage Codes and Locations (Non-Confidential)</b><br><i>Storage Locations</i> | <b>OPTIONAL</b> |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|-----------------|---|---|--|--|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|--|--|--|--|--|--|--|--|--|----------------------------------------------------------------------------------------------|
| CAS <table style="display: inline-table; border: 1px solid black;"><tr><td> </td><td> </td><td>7</td><td>7</td><td>8</td><td>2</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>Oxygen</u><br>_____<br>_____<br><i>Check all that apply:</i><br><input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS                          |                                                                   |                  | 7                                                                                 | 7               | 8 | 2 |  |  |  |  |  |  | <input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed(chronic)            | <table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>1</td></tr></table> <i>Max Amount (code)</i><br><table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>1</td></tr></table> <i>Avg. Amount (code)</i><br><table style="display: inline-table; border: 1px solid black;"><tr><td>3</td><td>6</td><td>5</td></tr></table> <i>No. of Days Present</i> | 0 | 1 | 0 | 1 | 3 | 6 | 5 | <table style="display: inline-table; border: 1px solid black;"><tr><td>L</td><td>2</td><td>5</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> <u>Cart in the shop</u><br>_____<br>_____          | L | 2 | 5 |  |  |  |  |  |  |  |  |  | Check box if information submitted is identical to last year<br><br><input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | 7                | 7                                                                                 | 8               | 2 |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6                                                                 | 5                |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 | 5                |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| CAS <table style="display: inline-table; border: 1px solid black;"><tr><td> </td><td> </td><td> </td><td> </td><td>7</td><td>4</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>Acetylene</u><br>_____<br>_____<br><i>Check all that apply:</i><br><input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS                       |                                                                   |                  |                                                                                   |                 | 7 | 4 |  |  |  |  |  |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed(chronic) | <table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>2</td></tr></table> <i>Max Amount (code)</i><br><table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>2</td></tr></table> <i>Avg. Amount (code)</i><br><table style="display: inline-table; border: 1px solid black;"><tr><td>3</td><td>6</td><td>5</td></tr></table> <i>No. of Days Present</i> | 0 | 2 | 0 | 2 | 3 | 6 | 5 | <table style="display: inline-table; border: 1px solid black;"><tr><td>L</td><td>2</td><td>5</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> <u>Cart in the shop</u><br>_____<br>_____          | L | 2 | 5 |  |  |  |  |  |  |  |  |  | Check box if information submitted is identical to last year<br><br><input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   | 7               | 4 |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6                                                                 | 5                |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 | 5                |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| CAS <table style="display: inline-table; border: 1px solid black;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>Thinners</u><br><u>See Attached</u><br>_____<br>_____<br><i>Check all that apply:</i><br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed(chronic) | <table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>2</td></tr></table> <i>Max Amount (code)</i><br><table style="display: inline-table; border: 1px solid black;"><tr><td>0</td><td>2</td></tr></table> <i>Avg. Amount (code)</i><br><table style="display: inline-table; border: 1px solid black;"><tr><td>3</td><td>6</td><td>5</td></tr></table> <i>No. of Days Present</i> | 0 | 2 | 0 | 2 | 3 | 6 | 5 | <table style="display: inline-table; border: 1px solid black;"><tr><td>N</td><td>1</td><td>4</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> <u>In the Fire Proof Cabinet</u><br>_____<br>_____ | N | 1 | 4 |  |  |  |  |  |  |  |  |  | Check box if information submitted is identical to last year<br><br><input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                 |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6                                                                 | 5                |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                 | 4                |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                  |                                                                                   |                 |   |   |  |  |  |  |  |  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                        |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------|
| <i>Certification (Read and sign after completing all sections)</i><br>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.<br><div style="display: flex; justify-content: space-between;"> <span>Nancy Doe                                  President                                  29</span> <span style="text-align: right;">01/01/12</span> </div> |  |  | <b>OPTIONAL</b><br>I have attached a site plan<br><br><input type="checkbox"/> |
| Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                |

**NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
RIGHT TO KNOW PROGRAM**

**FACILITY INVENTORY FORM APPENDIX  
Mixture Component Form**

CFID # \_\_\_\_\_ Facility Name ABC AUTO BODY \_\_\_\_\_

Name of Substance \_\_\_\_\_

**Ingredients**                                      **%**                                      **CAS #**                                      **EHS**

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Name of Substance \_\_\_\_\_

**Ingredients**                                      **%**                                      **CAS #**                                      **EHS**

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Name of Substance THINNERS \_\_\_\_\_

**Ingredients**                                      **%**                                      **CAS #**                                      **EHS**

|                 |           |              |                  |  |
|-----------------|-----------|--------------|------------------|--|
| <b>Toluene</b>  | <b>30</b> | <b>45-64</b> | <b>108-88-3</b>  |  |
| <b>Methanol</b> |           | <b>20-25</b> | <b>67-56-1</b>   |  |
| <b>Acetone</b>  |           | <b>10-20</b> | <b>67-64-1</b>   |  |
| <b>VM&amp;P</b> |           | <b>5-10</b>  | <b>8030-30-6</b> |  |
| <b>Xylene</b>   |           | <b>10-25</b> | <b>1330-20-7</b> |  |
|                 |           |              |                  |  |

# **Example 4**

## **Funeral Home**

|                                                                                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NEW YORK CITY<br/>Right-to-Know<br/>FACILITY<br/>INVENTORY<br/>FORM<br/>TIER TWO</b>                                         | <i>Facility Identification</i> | Name <b>ABC FUNERAL HOME</b><br>Street <b>22-2 RUBBER STREET</b><br>City <b>QUEENS VILLAGE</b> State <b>N Y</b> Zip+4 <b>11429</b><br>Telephone <b>(718) 595-5555</b> County <b>QUEENS</b><br>NAICS Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>2</td><td>2</td><td>1</td><td>0</td></tr></table> Federal Tax ID Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> | 8 | 1 | 2 | 2 | 1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | <i>Owner/Operator</i> | Name <b>NANCY DOE</b> Phone <b>(212) 566-7264</b><br>Mail Address <b>346 BROADWAY, NEW YORK, NY 110013</b><br>Email Address <b>ndoe@aol.com</b> |
|                                                                                                                                 |                                | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 | 2 | 2 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |                       |                                                                                                                                                 |
| 1                                                                                                                               | 2                              | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 | 5 | 6 | 7 | 8 | 9 |   |   |   |   |   |   |   |   |   |                       |                                                                                                                                                 |
| For Official Use Only: ID# <input style="width: 100px;" type="text"/> Date Received: <input style="width: 100px;" type="text"/> | <i>Emergency Contacts</i>      | Name <b>William Clark</b> Title <b>Manager</b><br>Day Phone <b>(212) 566-7264</b> 24-hr phone <b>(718) 587-2130</b><br>Name <b>George Richmond</b> Title <b>Supervisor</b><br>Day Phone <b>(212) 566-7264</b> 2 4-hr phone <b>(718) 999-8787</b>                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |                                                                                                                                                 |

| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Physical and Health Hazards</b><br><i>Check all that apply</i> | <b>Inventory</b> | <b>Storage Codes and Locations (Non-Confidential)</b><br><i>Storage Locations</i> | OPTIONAL |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|----------|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|--|--|--|--|--|--|--|--|--|----------------------------------------------------------------------------------------------|
| CAS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/><br>Name(s) of Chemical(s) <u>Hexaphene MA-22 (Embalming Chemical)</u><br>See Attached<br>_____<br>_____<br>Check all that apply:<br><input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS |                                                                   |                  |                                                                                   |          |  |  |  |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release Of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input checked="" type="checkbox"/> Delayed(chronic) | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>1</td></tr></table> <i>Max Amount (code)</i><br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>1</td></tr></table> <i>Avg. Amount (code)</i><br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td><td>5</td></tr></table> <i>No. of Days Present</i> | 0 | 1 | 0 | 1 | 3 | 6 | 5 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</td><td>1</td><td>4</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> In Steel Storage Locker in Embalming Room<br>_____<br>_____ | N | 1 | 4 |  |  |  |  |  |  |  |  |  | Check box if information submitted is identical to last year<br><br><input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6                                                                 | 5                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 | 4                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6                                                                 | 5                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 | 4                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6                                                                 | 5                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                 | 4                |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                  |                                                                                   |          |  |  |  |  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                              |   |   |   |  |  |  |  |  |  |  |  |  |                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                       |                    |                        |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------------------------------------------------------------------|
| <b>Certification (Read and sign after completing all sections)</b><br>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<br>I have attached a site plan<br><br><input type="checkbox"/> |
| Name and official title of owner/operator OR owner/operator's authorized representative<br>Nancy Doe President                                                                                                                                                                                                                                                                        | Signature<br>_____ | Date signed<br>2/22/12 |                                                                         |

**NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
RIGHT TO KNOW PROGRAM**

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**FACILITY INVENTORY FORM APPENDIX  
Mixture Component Form**

CFID # \_\_\_\_\_ Facility Name ABC FUNERAL HOME \_\_\_\_\_

Name of Substance HEXAPHENE MA-22 \_\_\_\_\_

| Ingredients                     | %    | CAS #    | EHS     |
|---------------------------------|------|----------|---------|
| Formandehyde                    | 23.6 | 50-00-0  | TPQ 500 |
| Methanol                        | 19   | 67-56-1  |         |
| Ethylene Glycol<br>(Carcinogen) | 4.48 | 107-21-1 |         |
|                                 |      |          |         |
|                                 |      |          |         |

Name of Substance DELICATE 25 \_\_\_\_\_

| Ingredients              | %  | CAS #   | EHS     |
|--------------------------|----|---------|---------|
| Formaldehyde             | 25 | 50-00-0 | TPQ 500 |
| Methanol<br>(Carcinogen) | 10 | 67-56-1 |         |
|                          |    |         |         |
|                          |    |         |         |
|                          |    |         |         |
|                          |    |         |         |

Name of Substance PETRICAL CAVITY \_\_\_\_\_

| Ingredients              | %  | CAS #   | EHS     |
|--------------------------|----|---------|---------|
| Formaldehyde             | 21 | 50-00-0 | TPQ 500 |
| Methanol<br>(Carcinogen) | 20 | 67-56-1 |         |
|                          |    |         |         |
|                          |    |         |         |
|                          |    |         |         |
|                          |    |         |         |

## Labeling Information

The following are summarized labeling requirements under the NYC Community Right-to-Know Law. The original text of the requirements is found in §41-07 of the Right-to-Know Regulations.

Every container must be labeled, tagged or marked with the following information for the hazardous substance(s) it contains:

1. the chemical name(s); and
2. the Chemical Abstracts Service (CAS) number(s).
3. the appropriate hazardous warning associated with the chemical

If the substance protected under the “trade secret” the label should bear the specific code assigned for such substance.

The labels must be written in legible English, prominently displayed on the container or readily available in the work area through each work shift. Information can also be in other languages, but it must appear in English. If existing labels convey the required information, new labels do not need to be affixed.

For individual stationary process containers, a facility can use signs, placards, process sheets, batch tickets, operating procedures or other written materials instead of affixed labels, as long as the containers are identified and the chemical name and CAS number are given. The written materials must be readily accessible to employees in their work area throughout each work shift.

Portable containers into which hazardous chemicals are transferred from labeled containers can remain unlabeled if the portable container will only be used by the employee who performs the transfer. The employee must not abandon control of the un-labeled container while it contains any hazardous chemical.

### **Example: Label for Solvent X, a mixture**

| SOLVENT X           |          |
|---------------------|----------|
| 2-Butoxyethanol     | 111-76-2 |
| Sodium Hypochlorite | 768-52-9 |
| Formaldehyde        | 50-00-0  |
| Benzene             | 71-43-2  |

# **FEE INSTRUCTIONS**

## **FEE INSTRUCTIONS**

The owner or responsible party of a facility is required, upon filing a Facility Inventory Form (FIF), to submit a fee to the Department of Environmental Protection under §41-03 (f) of NYC Right-to-Know regulations.

The fee shall be determined by three factors:

- The total number of all different hazardous substances pure or mixture including **extremely hazardous substances (EHS)** reported on the current FIF(s).
- The highest maximum amount (highest code) of any single hazardous substance including **EHSs** reported on the current FIF(s).
- The reporting of an **extremely hazardous substance** on the current FIF(s), at or above

the Threshold Planning Quantity.

**The fee shall be calculated in the following manner:**

- (1) Identify in the column entitled "Total Number of Hazardous Substances pure or mixture" on the RTK fee schedule, the row corresponding to the total number of hazardous substances including EHSs reported on the current FIF(s).
- (2) Identify in columns 01 to 11 on the RTK fee schedule, the column corresponding to the amount in pounds, of the highest amount (highest code) of any single hazardous substance including **EHSs** reported on the current FIF(s).
- (3) The fee shall be the dollar amount appearing at the intersection of the row and column identified in section (1) and (2) above.

**Example I:** If there are three reportable hazardous substances present at the facility, none of which is an **EHS**, and the highest amount of a hazardous substance is fifteen million pounds, then the amount owed would be \$350.00, which is the amount listed at the intersection of the row for (1-3) substances and the column which lists the reporting range for substances between 10,000,000 and 49,000,000 pounds or code 07.

- (4) When an **Extremely Hazardous Substance** has been reported, at or above its Threshold Planning Quantity, this will result in an EHS surcharge of 25%. Therefore, the total fee will be the amount determined in Example 1, plus the EHS surcharge.

**EXAMPLE II:** If any of the substances in Example 1, is an **Extremely Hazardous Substance**, then to determine the EHS surcharge, calculate as follows:

|               |          |                                       |
|---------------|----------|---------------------------------------|
| Base Fee      |          | \$350.00 (as determined in Example 1) |
| EHS Surcharge | <b>X</b> | <u>25%</u>                            |
|               | =        | \$ 87.50                              |

To obtain the total fee due, simply add the base fee to the EHS surcharge:

|                      |   |                                       |
|----------------------|---|---------------------------------------|
| Base Fee             | = | \$350.00 (as determined in Example 1) |
| EHS Surcharge        | + | <u>\$ 87.50</u> (as determined above) |
| <b>TOTAL FEE DUE</b> | = | <b>\$437.50</b>                       |

If you have any questions you can contact the RTK Technical Review Section at (718) 595-4659.

## RIGHT-TO-KNOW PROGRAM FEE SCHEDULE

### HIGHEST INVENTORY RANGE REPORTED - MAX AMOUNT

| TOTAL<br>NUMBER OF<br>HAZARDOUS<br>SUBSTANCES | 01                         | 02      | 03          | 04            | 05              | 06                  | 07                    | 08                    | 09                      | 10                      | 11             |
|-----------------------------------------------|----------------------------|---------|-------------|---------------|-----------------|---------------------|-----------------------|-----------------------|-------------------------|-------------------------|----------------|
|                                               | REPORTING RANGES IN POUNDS |         |             |               |                 |                     |                       |                       |                         |                         |                |
|                                               | 0-99                       | 100-999 | 1,000-9,999 | 10,000-99,999 | 100,000-999,999 | 1,000,000-9,999,999 | 10,000,000-49,999,999 | 50,000,000-99,999,999 | 100,000,000-499,999,999 | 500,000,000-999,999,999 | BILLION-HIGHER |
| <b>1-3</b>                                    | \$200                      | \$225   | \$250       | \$275         | \$300           | \$325               | \$350                 | \$375                 | \$400                   | \$425                   | \$450          |
| <b>4-7</b>                                    | \$225                      | \$250   | \$275       | \$300         | \$325           | \$350               | \$375                 | \$400                 | \$425                   | \$450                   | \$475          |
| <b>8-10</b>                                   | \$250                      | \$275   | \$300       | \$325         | \$350           | \$375               | \$400                 | \$425                 | \$450                   | \$475                   | \$500          |
| <b>11-13</b>                                  | \$275                      | \$300   | \$325       | \$350         | \$375           | \$400               | \$425                 | \$450                 | \$475                   | \$500                   | \$525          |
| <b>14-17</b>                                  | \$300                      | \$325   | \$350       | \$375         | \$400           | \$425               | \$450                 | \$475                 | \$500                   | \$525                   | \$550          |
| <b>18-20</b>                                  | \$325                      | \$350   | \$375       | \$400         | \$425           | \$450               | \$475                 | \$500                 | \$525                   | \$550                   | \$575          |
| <b>21-23</b>                                  | \$350                      | \$375   | \$400       | \$425         | \$450           | \$475               | \$500                 | \$525                 | \$550                   | \$575                   | \$600          |
| <b>24-27</b>                                  | \$375                      | \$400   | \$425       | \$450         | \$475           | \$500               | \$525                 | \$550                 | \$575                   | \$600                   | \$625          |
| <b>28-30</b>                                  | \$400                      | \$425   | \$450       | \$475         | \$500           | \$525               | \$550                 | \$575                 | \$600                   | \$625                   | \$650          |
| <b>31-50</b>                                  | \$450                      | \$475   | \$500       | \$525         | \$550           | \$575               | \$600                 | \$625                 | \$650                   | \$675                   | \$700          |
| <b>51-100</b>                                 | \$500                      | \$525   | \$550       | \$575         | \$600           | \$625               | \$650                 | \$675                 | \$700                   | \$725                   | \$750          |
| <b>101-150</b>                                | \$550                      | \$575   | \$600       | \$625         | \$650           | \$675               | \$700                 | \$725                 | \$750                   | \$775                   | \$800          |
| <b>151-200</b>                                | \$600                      | \$625   | \$650       | \$675         | \$700           | \$725               | \$750                 | \$775                 | \$800                   | \$825                   | \$850          |
| <b>201-250</b>                                | \$700                      | \$725   | \$750       | \$775         | \$800           | \$825               | \$850                 | \$875                 | \$900                   | \$925                   | \$950          |
| <b>251-300</b>                                | \$800                      | \$825   | \$850       | \$875         | \$900           | \$925               | \$950                 | \$975                 | \$1,000                 | \$1,025                 | \$1,050        |
| <b>OVER 300</b>                               | \$950                      | \$975   | \$1,000     | \$1,025       | \$1,050         | \$1,075             | \$1,100               | \$1,125               | \$1,150                 | \$1,175                 | \$1,200        |

(Fee is based upon the highest reported amount of any single reported substance under the NYC Right-to-Know Laws).

# QUESTIONS & ANSWERS

For LL 26/88<sup>1</sup> and SARA Title III

## 1. How do I determine the "maximum amount"?

Maximum Amount  
(code)

On the Facility Inventory Form (FIF), you must consider the daily (weekly, monthly) amounts (in pounds) of each reportable chemical at your facility. The amounts should vary as shipments increase your inventory and regular use depletes it. The "maximum amount" occurs for each chemical when its storage level reaches its highest point for that year. Enter the appropriate two-digit code on the front of the form. The two-digit codes provide broad ranges (factors of ten) for indicating your storage levels. You need to be exact on these ranges. Please note, reporting thresholds depend on the "maximum amount" (see page 15 for reporting ranges).

## 2. How do I calculate the "average daily amount"?

Average Amount  
(Code)

Weights of reportable chemicals may be measured daily, weekly or monthly as appropriate to your type of operation. On the FIF, for every reportable chemical, consider the number of days (weeks, months) that chemical is at your facility and compute its daily (weekly, monthly) storage weight. Then, total these numbers and divide by the number of days (weeks, months) the chemical is on-site. Enter the appropriate quadrant of a field should also be noted.

two-digit code for the "average daily amount." These codes offer broad ranges, and you need to calculate your "average daily amount" only to an exactness within these ranges. (see page 15 for reporting ranges)

## 3. What is the Chemical Abstract Service (CAS) number and where can I find it?

CAS

The CAS is chemical abstract service registry number assigned to the chemical for purposes of identification. This number is required for each chemical reported on the FIF. If the substance you reported is pure it will be one CAS number, but if the substances you reported is a mixture you have to write each reportable chemical with their CAS number. You can find the CAS number for a substance on its MSDS, or on our reportable substance list provided on the Laws and Regulations booklet.

If you are unable to locate the CAS number for a chemical, then submit the form without it. This requirement should not stop you from reporting.

## 4. How specific must I be in reporting "storage locations"? Is a site plan necessary?

You must indicate at least the building, log, warehouse, shed, tank, field, etc. where the chemical is stored. On the FIF, where practical, the specific room in a building or

The Environmental Protection Agency

<sup>1</sup> Source: United States Environmental Protection Agency.

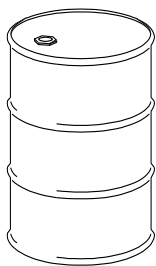
recommends that you use a site-plan to indicate where the chemicals are stored at your facility. Simply copy the facility plans and mark all appropriate storage areas for your reportable chemicals. Show all symbols and abbreviations in a complete, clear notation key.

### 5. How do I convert volumes of liquids and gases into weight (pounds)?

|                       |
|-----------------------|
| Density of Water      |
| 8.3 Pounds per gallon |
| 2.2 pounds per liter  |

Only the weight of the substance needs to be reported and not the weight of the container. Most gases and liquids are sold by the pound, and these weights should be noted on the label. If so, then the weight of liquids can easily be estimated by multiplying the weight of the liquid in a full container by the fraction of the volume remaining. If the liquid is not labeled in pounds, then you can calculate its weight by multiplying the volume of the liquid by its density. The density (mass per unit volume) should be noted on the Material Safety Data

Sheet. **If not**, then simply estimate the weight by the density of water. Be careful with your units of measure (gallons, liters, pounds, kilograms).



If the weight of the gas is listed on the cylinder's label, base your calculation on this measure. You can obtain the "tare weight" (the weight of the cylinder without the gas) either from the label or by subtracting the listed weight of the gas from the total weight of

the full cylinder. Knowing the tare weight, you can chart the weight of the gas remaining in the cylinder by subtracting the cylinder's tare weight from its total weight at that time. This procedure can be used for both liquefied and fixed gases. If these methods fail, contact your supplier for assistance.

### 6. How can I locate my North American Industry Classification System Code? My Federal Tax ID Number?

7.

NAICS Code

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Every type of business can be categorized by the North American Industry Classification System (NAICS) code. If you are not familiar with your facility's code, check the Million Dollar Directory which should be located in your public library or you can call (800) 553-6847.

The Federal Tax Identification Number is a number assigned by the IRS used to identify your business to several federal agencies responsible for the regulation of business. Every individual facility offering products or services that are taxed must get a Federal Tax ID Number or Employer ID Number (EIN). You have to use Form SS-4 to get this number. Contact your Local Internal Revenue Service (IRS) or Call 1-(800) 829-3676.

### 7. Who can serve as an emergency contact?

Anyone who can be reached at all times to aid responders in the event of an emergency can serve as the emergency contact. Many small firms already post an emergency or "after hours" telephone

number. That would be appropriate here. The emergency contact does not need to be an expert on chemical hazards, but must be able to act as a referral for responders. In case one emergency contact is not sufficient for 24-hour coverage, the FIF has spaces for two emergency contacts.

### **8. Must I report a hazardous chemical that is on-site for less than 24 hours?**

Yes. Under community Right-to-Know reporting, any hazardous chemical on site for any length of time in excess of the established reporting threshold (and not exempt under Title III or LL 26/88) must be reported.

### **9. What is the List of Extremely Hazardous Substances? How can I obtain a copy?**

The list of Extremely Hazardous Substances (EHS) contains about 366 chemicals, which present known acute health hazards. All of the chemicals are included under the Occupational Safety and Health Administration's definition of hazardous chemical - **they are a subset**. These chemicals were selected, as stipulated under Section 302 of Title III, as the priority chemicals of the emergency planning process.

Due to this higher priority, these substances have a lower reporting threshold than other hazardous chemicals and also have chemical specific threshold planning quantities, indicative of health concerns.

Facilities where extremely hazardous substances are present incur another responsibility, namely participating in the emergency planning process. Under Section 302, these facilities have to notify the State Emergency Response Commission (SERC). They are required to designate a facility contact and provide the name to the Local Emergency Planning Committee (LEPC).

The subset of EHS's is included in the Risk Management Section in the Community Right To Know Laws And Regulations booklet. The **TPQ** column represents the Threshold Planning Quantity. The presence of an EHS at or above the TPQ will trigger, under NYC Community Right-to-Know Law the submission of a Risk Management Plan.

### **10. What do the storage codes "ambient" pressure and temperature, and "cryogenic conditions" mean?**

"Ambient pressure" means the pressure of the surrounding area. So, materials stored at ambient pressure are stored at the same pressure as that of the surrounding area. Most drums, bags, boxes, cans, etc. fit this category. Any gases stored in high-pressure containers should be reported as greater than ambient pressure.

Similarly, ambient temperature means that the material is stored in the same temperature range as that of the surrounding area. Outdoor storage tanks that are heated or cooled to counter the variation in temperature should also be classified as ambient. However, a tank maintained at high (or low) temperature not close to the normal range of temperatures of the region should be noted as greater (or less) than ambient temperature.

Some gases are stored under "cryogenic conditions" that is, they are stored at very low temperatures (-130 degrees Fahrenheit or less). Examples of gases that may be stored this way include air, argon, carbon monoxide, ethylene, fluorine, helium, hydrogen, methane, nitrogen and oxygen.

For assistance in determining a chemical's storage conditions, contact your supplier or your local trade association. The Material Safety Data Sheet should also have some helpful data.

**11. Do I have to report the hazardous components of a mixture?**

Yes. You can report the entire quantity of a particular paint stored at your facility as a bulk weight, noting the paint by its trade name on the FIF then listing only the reportable hazardous ingredients with CAS number and the percentage on the separate sheet provided. You can use more than one sheet.

# ACRONYMS

|                      |                                                                                  |
|----------------------|----------------------------------------------------------------------------------|
| <b>CAS</b> .....     | Chemical Abstract Service registry number                                        |
| <b>CERCLA</b> .....  | Comprehensive Environmental Response,<br>Compensation, and Liability Act of 1980 |
| <b>D&amp;B</b> ..... | Dun & Bradstreet                                                                 |
| <b>DEP</b> .....     | New York City Department of Environmental<br>Protection                          |
| <b>EHS</b> .....     | Extremely Hazardous Substance                                                    |
| <b>EPA</b> .....     | Environmental Protection Agency                                                  |
| <b>FD</b> .....      | New York City Fire Department                                                    |
| <b>FDA</b> .....     | Food and Drug Administration                                                     |
| <b>FIF</b> .....     | Facility Inventory Form                                                          |
| <b>HCS</b> .....     | Hazard Communication Standard                                                    |
| <b>LEPC</b> .....    | Local Emergency Planning Committee                                               |
| <b>LL</b> .....      | Local Law                                                                        |
| <b>MSDS</b> .....    | Material Safety Data Sheet                                                       |
| <b>NYC</b> .....     | New York City                                                                    |
| <b>OSHA</b> .....    | Occupational Safety and Health Administration                                    |
| <b>RMP</b> .....     | Risk Management Plan                                                             |
| <b>RQ</b> .....      | Reporting Quantity                                                               |
| <b>SARA</b> .....    | Superfund Amendments and Reauthorization Act<br>of 1986                          |
| <b>SERC</b> .....    | State Emergency Response Commission                                              |
| <b>SIC</b> .....     | Standard Industrial Classification Code                                          |
| <b>TPQ</b> .....     | Threshold Planning Quantity                                                      |
| <b>TRQ</b> .....     | Threshold Reporting Quantity                                                     |

# **RISK MANAGEMENT PLAN**

For Facilities Handling Extremely Hazardous Substances  
and/or Regulated Toxic Substances

# **RISK MANAGEMENT PLAN REQUIREMENTS**

New York City's Community Right-to-Know Law was recently strengthened by Local Law 92 established in 1993 which requires facilities, where extremely hazardous substances or regulated toxic substances are present at or above federally determined levels (Threshold Planning quantity), to prepare and submit a Risk Management Plan to the Department of Environmental Protection **on or before March first of every year**. In situations where a substance is listed on both the extremely hazardous substance list and the regulated toxic substance list, the lower of the threshold planning quantities (TPQ) shall apply. Lists of the regulated toxic substances and the extremely hazardous substances are provided in the Community Right-To-Know Laws and Regulations booklet.

The purpose of the plan is to protect the surrounding communities, workers and emergency response personnel from the dangers associated with hazardous substances, extremely hazardous substances and regulated toxic substances by mitigating the harm posed by release of such substances.

There are three major elements that must be included in your Risk Management Plan (RMP): a Risk Assessment Program, a Risk Reduction Program and an Emergency Response Program. Please refer to the actual legal document for the exact requirements and the definitions of technical terms when completing your RMP. You can use the order form on this booklet to get a copy of the RMP regulation package.

**If you filed a RMP which was approved by DEP, you only need to submit an update of the plan.** The update of the plan shall include the following:

(1) a description of any change in a facility's process(es) or changes in the surrounding community that require that a facility amend its RMP to remain in compliance with this rule.

(2) amendments to a facility's RMP.

(3) **if a facility has not amended its RMP**, it shall submit to DEP a notarized letter to show that no changes occurred at a facility or in the community surrounding a facility, which required that the facility amend its RMP to remain in compliance with this rule.

Any business that fails to file a required RMP may be subject to penalties of up to **\$20,000**. Businesses that submit RMPs which contain misrepresentations, or false statements or certifications are also subject to penalties.

**In the event of a SPILL or RELEASE of a hazardous substance:**

- Activate your emergency contingency plan
- Notify DEP at **718 595-4646 and 311**

Regulations promulgated under the Spill Bill (New York City hazardous substance emergency response law, Section 24-101 *et seq* of the Administrative Code) require that DEP be immediately notified of certain spills at **718 595-4646**. Written notification is also required within a week to:

Department of Environmental Protection  
Division of Emergency Response & Technical Assessment  
59-17 Junction Blvd.  
Flushing, New York 11373

To reserve a copy of the Spill Bill call (718) 595-4784

**You must comply with SARA Section 304 if the substance is:**

- ➔ An Extremely Hazardous Substance or a CERCLA Hazardous Substance, and
- ➔ the amount spilled or released is greater than the Reportable Quantity

Call the following agencies:

- ➔ **(800) 457-7362** or **(518) 402-9469** (NY SERC)
- ➔ **(800) 424-8802** (National Response Center)

**Identify:**

- Facility name, address, phones and contact persons.
- The substance released, form, and quantity involved.
- Water, ground, or air contaminations.
- Give the time it happened and for how long.

**Summarize** whatever precautions should be taken:

- Health and Physical Hazards.
- Necessary medical attention.
- Emergency evacuation.

And write to the LEPC and SERC. Include:

- Information provided over the phone.
- Actions taken to respond to contain the release.
- Anticipated health effects associated with the release.
- Other relevant information.

**CITY OF NEW YORK**  
**Department of Environmental Protection**  
**Division of Emergency Response & Technical Assessment**  
**Right-to-Know Program**

## Fee Invoice

Make check or money order payable to: **NYC Commissioner of Finance** and should be stapled to this completed form or a copy of this form and sent in with your FIF submission.

**Facility Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **E Mail Address:** \_\_\_\_\_

Check Number \_\_\_\_\_

**TOTAL** Number of Chemicals \_\_\_\_\_  
Highest Amount of any  
single reportable substance(lbs) \_\_\_\_\_

Amount of Fee \_\_\_\_\_(a)  
**EHS Surcharge (if applicable)**  
is the amount on line  
(a) multiplied by 25% \_\_\_\_\_(b)

**Total Fee Paid (a+b)** \_\_\_\_\_

For Office Use Only:

Fee Paid \_\_\_\_\_

Fee Due \_\_\_\_\_

Balance Due \_\_\_\_\_

Initials: \_\_\_\_\_

# Appendix A



# Appendix B

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
RIGHT TO KNOW PROGRAM

FACILITY INVENTORY FORM APPENDIX  
Mixture Component Form

CFID # \_\_\_\_\_ Facility Name \_\_\_\_\_

Name of Substance \_\_\_\_\_

| Ingredients | % | CAS # | EHS |
|-------------|---|-------|-----|
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |

Name of Substance \_\_\_\_\_

| Ingredients | % | CAS # | EHS |
|-------------|---|-------|-----|
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |

Name of Substance \_\_\_\_\_

| Ingredients | % | CAS # | EHS |
|-------------|---|-------|-----|
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |
|             |   |       |     |