

0052695

DOE/RL-2000-08

1999 Tier Two Emergency and Hazardous Chemical Inventory

Emergency Planning and
Community Right-To-Know Act
Section 312

RECEIVED
MAR 10 2000

EDMC



United States
Department of Energy
Richland Washington 99352

Approved for Public Release

TRADEMARK DISCLAIMER

Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof or its contractors or subcontractors.

This report has been reproduced from the best available copy.
Available in paper copy and microfiche.

Available to the U.S. Department of Energy
and its contractors from
Office of Scientific and Technical Information
P.O. Box 62
Oak Ridge, TN 37831
(615) 576-8401

Available to the public from the U.S. Department of Commerce
National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161
(703) 487-4650

Printed in the United States of America

DISCLM-5.CHP (8-91)

**1999 Tier Two Emergency and
Hazardous Chemical Inventory**
Emergency Planning and Community
Right-To-Know Act
Section 312

Date Published
February 2000



**United States
Department of Energy**
P.O. Box 550
Richland Washington 99352

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

PREFACE

The Hanford Site covers approximately 1,450 square kilometers (560 square miles) of land that is owned by the U.S. Government and managed by the U.S. Department of Energy, Richland Operations Office (DOE-RL). The Hanford Site is located northwest of the city of Richland, Washington. The city of Richland adjoins the southeastern portion of the Hanford Site boundary and is the nearest population center.

Activities on the Hanford Site are centralized in numerically designated areas. The 100 Areas, located along the Columbia River, contain deactivated reactors. The processing units are in the 200 Areas, which are on a plateau approximately 11 kilometers (7 miles) from the Columbia River. The 300 Area, located adjacent to and north of Richland, contains research and development laboratories. The 400 Area, 8 kilometers (5 miles) northwest of the 300 Area, contains the Fast Flux Test Facility previously used for testing liquid metal reactor systems. Adjacent to the north of Richland, the 1100 Area contains offices associated with administration, maintenance, transportation, and materials procurement and distribution. The 600 Area covers all locations not specifically given an area designation.

This Tier Two Emergency and Hazardous Chemical Inventory report contains information pertaining to hazardous chemicals managed by DOE-RL and its contractors on the Hanford Site. It does not include chemicals maintained in support of activities conducted by others on lands covered by leases, use permits, easements, and other agreements whereby land is used by parties other than DOE-RL. For example, this report does not include chemicals stored on state owned or leased lands (including the burial ground operated by US Ecology, Inc.), lands owned or used by the Bonneville Power Administration (including the Midway Substation and the Ashe Substation), lands used by the National Science Foundation (the Laser Interferometer Gravitational-Wave Observatory), lands leased to the Washington Public Power Supply System, Johnson Controls, Inc. (boilers operated for steam production), and R. H. Smith Company (gas stations), or similarly leased lands not under the management of DOE-RL.

INFORMATION CLEARANCE FORM

| | |
|---|---|
| A. Information Category <input type="checkbox"/> Abstract <input type="checkbox"/> Journal Article <input type="checkbox"/> Summary <input type="checkbox"/> Internet <input type="checkbox"/> Visual Aid <input type="checkbox"/> Software <input type="checkbox"/> Full Paper <input checked="" type="checkbox"/> Report <input type="checkbox"/> Other _____ | B. Document Number DOE/RL-2000-08 C. Title 1999 Hanford Site Emergency and Hazardous Chemical Inventory D. Internet Address |
|---|---|

| | |
|--|---|
| E. Required Information 1. Is document potentially Classified? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (MANDATORY) <i>See below for signature CW 3-1-00</i> Manager's Signature Required If Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Yes Classified ADC Signature Required 2. Internal Review Required? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Document Signatures Below Counsel _____ Program _____ 3. References in the Information are Applied Technology <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Export Controlled Information <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 4. Does Information Contain the Following: (MANDATORY) a. New or Novel (Patentable) Subject Matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Disclosure No.: _____ b. Information Received in Confidence, Such as Proprietary and/or Inventions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Affix Appropriate Legends/Notices. c. Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Attach Permission. d. Trademarks? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Identify in Document. 5. Is Information requiring submission to OSTI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes UC- 600 and B&R- EW0290700 6. Release Level? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Limited 7. Charge Code <u>CACN/ROA: 100016/CA40</u> |
|--|---|

F. Complete for a Journal Article

1. Title of Journal NA

G. Complete for a Presentation

1. Title for Conference or Meeting NA

2. Group Sponsoring _____

3. Date of Conference _____

4. City/State _____

5. Will Information be Published in Proceedings? No Yes

6. Will Material be Handed Out? No Yes

| | |
|---|---|
| H. Author/Requestor <u>D. E. Zaloudek</u> <i>Diane Zaloudek</i> (Print and Sign) | Responsible Manager <u>L. P. Diediker</u> <i>L. P. Diediker</i> 2-25-00 (Print and Sign) |
|---|---|

| I. Reviewers | Yes | Print | Signature | Public Y/N (If N, complete J) |
|----------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|
| General Counsel | <input type="checkbox"/> | _____ | _____ | Y / N |
| Office of External Affairs | <input type="checkbox"/> | _____ | _____ | Y / N |
| DOE-RL | <input checked="" type="checkbox"/> | <u>Randall N. Krekel</u> | <i>Randall N. Krekel</i> | <u>Y</u> / N |
| Other | <input type="checkbox"/> | _____ | _____ | Y / N |
| Other | <input type="checkbox"/> | _____ | _____ | Y / N |

J. If Information Includes Sensitive Information and is not to be released to the Public indicate category below.

| | |
|---|--|
| <input type="checkbox"/> Applied Technology | <input type="checkbox"/> Protected CRADA |
| <input type="checkbox"/> Personal/Private | <input type="checkbox"/> Export Controlled |
| <input type="checkbox"/> Proprietary | <input type="checkbox"/> Procurement-Sensitive |
| <input type="checkbox"/> Business-Sensitive | <input type="checkbox"/> Patentable |
| <input type="checkbox"/> Predecisional | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> UCNI | |

Information Clearance Approval 7



K. If Additional Comments, Please Attach Separate Sheet

| | | | |
|---|--|---|--|
| Facility Identification Name <u>U.S. DEPARTMENT OF ENERGY - HANFORD SITE</u> Address <u>825 JADWIN AVENUE</u> City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u> Latitude <u>046</u> deg. <u>30</u> min <u>00</u> sec Longitude <u>119</u> deg. <u>30</u> min <u>00</u> sec SIC Code <u>9999</u> Dun Bradstreet No <u>034456186</u> | | Owner/Operator Name Name <u>U.S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u> Address <u>POST OFFICE BOX 550</u> City <u>RICHLAND</u> State <u>WA</u> Zip <u>99352</u> FAX <u>(509) 376-4963</u> EMAIL: <u>randall.n.krekel@rl.gov</u> | |
| Mailing Address Name <u>U.S. DEPARTMENT OF ENERGY</u> Street <u>825 JADWIN AVENUE</u> PO Box <u>550</u> City <u>RICHLAND</u> State <u>WA</u> Zip <u>99352</u> | | Emergency Contact Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24-Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () 24 Hr. Phone () | |

Important: Read all instructions before completing form Reporting Period: From January 1 to December 31, 1999 Check if information below is identical to the information submitted last year.

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|--|--|----------------|----------|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <u>010043013</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site <u>365</u> | E | 1 | 4 | 185K WATER TREATMENT PLANT 100K AREA |
| | | | A | 1 | 4 | 183N FILTER PLANT 100N AREA |
| | | | J | 1 | 4 | 283E FILTER PLANT 200E AREA |
| | | | M | 1 | 4 | 234-5Z PLUTONIUM FINISHING PLANT 200W AREA |
| | | | J | 1 | 4 | 283W FILTER PLANT 200W AREA |
| | | | N | 1 | 4 | 306E DEV/FAB/TESTING LABORATORY 300 AREA |
| CAS <u>010043013</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site <u>365</u> | C | 1 | 4 | 315 FILTER PLANT 300 AREA |
| | | | E | 1 | 4 | 315 FILTER PLANT 300 AREA |
| | | | M | 1 | 4 | 315 FILTER PLANT 300 AREA |
| | | | N | 1 | 4 | 3746D TECHNICAL SERVICE ANNEX 300 AREA |
| CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>AMMUNITION</u> EHS Name _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site <u>365</u> | K | 1 | 4 | AMMUNITION CONEX @ PATROL TRAINING ACADEMY |

| | | | |
|---|--|---|--|
| Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru <u>40</u> , and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <u>JAMES E. RASMUSSEN, ACTING DIRECTOR</u> <u>OFFICE OF SITE SERVICES</u> Name and official title of owner/operator's authorized representative | | Signature <u>Jane E Rasmussen</u> Date signed <u>2/29/00</u> | Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures |
|---|--|---|--|

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 105DR INTERIM SAFE STORAGE WORKSITE 100DR AREA 105F INTERIM SAFE STORAGE WORKSITE 100F AREA 105KE REACTOR BUILDING 100K AREA GAS BOTTLE STORAGE SHACK BY 105KE 100K AREA 105KW REACTOR BUILDING 100K AREA GAS BOTTLE STORAGE SHACK BY 105KW 100K AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 165KE POWER CONTROL BUILDING 100K AREA 1706KE HEALTH PHYSICS LABORATORY 100K AREA 1717K WAREHOUSE 100K AREA 1724KB GAS BOTTLE DOCK 100K AREA 1120N STORAGE & TRAINING FACILITY 100N AREA 1515N MULTICRAFT SHOP 100N AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 1723N WAREHOUSE 100N AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 209E WASTE SUPPORT FACILITY 200E AREA 2101HV CONSTRUCTION WAREHOUSE 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA CYLINDER STORAGE SHED S OF 2101M 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2247B IRONWORKERS SHOP (INACTIVE) 200E AREA 2249B GAS BOTTLE STORAGE (INACTIVE) 200E AREA 225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA 241AN TANK FARM 200E AREA 241AP TANK FARM 200E AREA 241AW TANK FARM 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 241AY TANK FARM 200E AREA 241BX TANK FARM 200E AREA 241C TANK FARM 200E AREA 242A EVAPORATOR FACILITY 200E AREA 242AC PIPEFITTERS SHOP 200E AREA 2703E CHEMICAL ENGINEERING LAB 200E AREA | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 2711E GARAGE 200E AREA 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA 272AW OPERATIONS SUPPORT FACILITY 200E AREA 277A FABRICATION SHOP 200E AREA HTS PIPEYARD AT NE CORNER OF 200E AREA 6290 RIGGING SERVICES FACILITY W OF 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 221T PROCESS & CANYON FACILITY 200W AREA 222S CONTROL LABORATORY 200W AREA 2263W GAS BOTTLE DOCK 200W AREA 2304W PIPEFITTERS SHOP 200W AREA 2306W GAS BOTTLE STORAGE (INACTIVE) 200W AREA 2307W PIPEFITTERS SHOP 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 2309W SHEETMETAL SHOP 200W AREA 2310W STORAGE BUILDING 200W AREA 2336W WASTE REPACKGNG/PROCESSNG FAC. 200W AREA 233S PLUTONIUM CONCENTRATION FAC. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 241SX TANK FARM 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 241SY TANK FARM 200W AREA 241T TANK FARM 200W AREA 241TX TANK FARM 200W AREA 241U TANK FARM 200W AREA 242S EVAPORATOR FACILITY 200W AREA 2620W MAINTENANCE FACILITY 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 2713WB ELECTRICAL SHOP (INACTIVE) 200W AREA 272W MACHINE SHOP 200W AREA 272WA OPERATIONS SUPPORT FACILITY 200W AREA 2734ZC COMPRESSED GAS STORAGE @ PFP 200W AREA 2734ZF COMPRESSED GAS STORAGE @ PFP 200W AREA 2734ZK COMPRESSED GAS STORAGE @ PFP 200W AREA | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 27362B PLUTONIUM STORAGE SUPPORT FAC. 200W AREA 277W FABRICATION SHOP 200W AREA 277W FABRICATION SHOP 200W AREA 6265 WCSF UTILITY SUPPORT FAC. E OF 200W AREA MOBILE LAB PARKED BY 622R LAB NE OF 200W AREA 300-FF-1 OPERABLE UNIT 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 305 ENGINEERING TESTING FACILITY 300 AREA 305A PIPEFITTERS SHOP 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA 325 RADIOCHEMISTRY BUILDING 300 AREA 327 POST IRRADIATION TEST LABORATORY 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | ENGINEERING SERVICES/SAFETY BUILDING 300 AREA 333 N FUELS BUILDING 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA 350 PLANT OPERATIONS/MAINTENANCE FAC. 300 AREA 3712 STORAGE BUILDING 300 AREA 3717B STANDARDS LABORATORY (INACTIVE) 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 3722 CONSTRUCTION SHOP 300 AREA 403 FUELS STORAGE FACILITY 400 AREA MAINTENANCE & STORAGE FACILITY 400 AREA 4621E EAST AUXILLARY EQUIPMENT BLDG 400 AREA 4621W WEST AUXILLARY EQUIPMENT BLDG 400 AREA 4704S FIRE STATION 400 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 4713B FFTF MAINTENANCE SHOP 400 AREA 4713D INTERIM MAINT/STORAGE FACILITY 400 AREA 4717 REACTOR SERVICE BUILDING 400 AREA 4760 CONSTRUCTION SHOP 400 AREA 491E HTS SERVICES BUILDING, EAST 400 AREA 491S HTS SERVICES BUILDING, SOUTH 400 AREA | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pressure Temperature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name ARGON EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>7</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 7 | | | | | | | 491W HTS SERVICES BUILDING, WEST 400 AREA 1168 GAS CYLINDER STORAGE BUILDING 1100 AREA 1168 GAS CYLINDER STORAGE BUILDING 1100 AREA | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 7 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name BENTONITE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | N | 1 | 4 | F | 1 | 4 | J | 1 | 4 | M | 1 | 4 | N | 1 | 4 | CONEX STORAGE BOX NE OF 105KE BLDG 100K AREA CONEX STORAGE BOX NE OF 105KW BLDG 100K AREA STORAGE SHED S OF 2025E ETF 200E AREA HTS PIPEYARD AT NE CORNER OF 200E AREA 222SA STANDARDS/PROCESS DEVEL LAB. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name BENTONITE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</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> | J | 1 | 4 | | | | | | | | | | | | | 277T BLOWDOWN BUILDING 200W AREA | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="4"/> Trade Secret <input type="checkbox"/> Chem. Name CALCIUM CHLORIDE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | A | 1 | 4 | A | 1 | 4 | I | 1 | 4 | N | 1 | 4 | M | 1 | 4 | N | 1 | 4 | TANK @ 100-DR-1 OPERABLE UNIT 100DR AREA TANK @ 100H WORKSITE 100H AREA 1724KA STORAGE SHED 100K AREA 222SA STANDARDS/PROCESS DEVEL LAB. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| I | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="4"/> Trade Secret <input type="checkbox"/> Chem. Name CALCIUM CHLORIDE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>F</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> | F | 1 | 4 | | | | | | | | | | | | | CONEX STORAGE BOX BY 305 FACILITY 300 AREA | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temper- ature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> </table> | K | 1 | 4 | N | 1 | 4 | N | 1 | 4 | K | 1 | 4 | F | 1 | 4 | J | 1 | 4 | 105DR INTERIM SAFE STORAGE WORKSITE 100DR AREA 1717K WAREHOUSE 100K AREA MOBILE LAB PARKED @ MO423 100N AREA MO425 ANALYTICAL LAB FAC. @ 1120N 100N AREA 2025E EFFLUENT TRATMENT FACILITY 200E AREA 2025E EFFLUENT TRATMENT FACILITY 200E AREA |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> </table> | R | 1 | 4 | K | 1 | 4 | D | 1 | 4 | I | 1 | 4 | K | 1 | 4 | K | 1 | 4 | 2025E EFFLUENT TRATMENT FACILITY 200E AREA SHED BY 209E WASTE SUPPORT FACILITY 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA CONEX STORAGE BOX BY 242A EVAPORATOR 200E AREA 242A81 WATER SERVICE BUILDING 200E AREA |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| I | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | R | 1 | 4 | K | 1 | 4 | E | 1 | 4 | A | 1 | 4 | I | 1 | 4 | N | 1 | 4 | 242AL42-44 LERF CATCH BASINS 200E AREA 616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W 200-ZP-1 PUMP & TREAT 200W AREA 200-ZP-2 ERA SITE (INACTIVE) 200W AREA 221T PROCESS & CANYON FACILITY 200W AREA 222S CONTROL LABORATORY 200W AREA |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| I | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>I</td><td>1</td><td>4</td></tr> </table> | K | 1 | 4 | D | 1 | 4 | K | 1 | 4 | K | 1 | 4 | N | 1 | 4 | I | 1 | 4 | 233S PLUTONIUM CONCENTRATION FAC. 200W AREA 243Z LLW TREATMENT FACILITY 200W AREA 271T OFFICE & SERVICE BUILDING 200W AREA 271U PLUTONIUM STORAGE FACILITY 200W AREA 271U PLUTONIUM STORAGE FACILITY 200W AREA 277T BLOWDOWN BULDING 200W AREA |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| I | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> </table> | K | 1 | 4 | K | 1 | 4 | M | 1 | 4 | K | 1 | 4 | R | 1 | 4 | F | 1 | 4 | 277T BLOWDOWN BULDING 200W AREA MO433 MOBILE OFFICE/CHNGRM @ T PLANT 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 6269 WSCF MOBILE LAB STORGE FAC.E OF 200W AREA 335 SODIUM TEST FACILITY 300 AREA CONEX STORAGE BOX BY 305 FACILITY 300 AREA |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temper- ature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|-----------------------------------|-----------|------------------------------------|-----------|-------------------------------------|-----------|-----------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> </table> | K | 1 | 4 | J | 1 | 4 | K | 1 | 4 | D | 1 | 4 | F | 1 | 4 | J | 1 | 4 | <table border="1"> <tr><td>306E DEV/FAB/TESTING LABORATORY</td><td>300 AREA</td></tr> <tr><td>3728 GEOTECHNICAL HIGH-BAY</td><td>300 AREA</td></tr> <tr><td>3728 GEOTECHNICAL HIGH-BAY</td><td>300 AREA</td></tr> <tr><td>4704S FIRE STATION</td><td>400 AREA</td></tr> <tr><td>4704S FIRE STATION</td><td>400 AREA</td></tr> <tr><td>4704S FIRE STATION</td><td>400 AREA</td></tr> </table> | 306E DEV/FAB/TESTING LABORATORY | 300 AREA | 3728 GEOTECHNICAL HIGH-BAY | 300 AREA | 3728 GEOTECHNICAL HIGH-BAY | 300 AREA | 4704S FIRE STATION | 400 AREA | 4704S FIRE STATION | 400 AREA | 4704S FIRE STATION | 400 AREA |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306E DEV/FAB/TESTING LABORATORY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3728 GEOTECHNICAL HIGH-BAY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3728 GEOTECHNICAL HIGH-BAY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4704S FIRE STATION | 400 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4704S FIRE STATION | 400 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4704S FIRE STATION | 400 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORINE GAS</u> EHS Name <u>CHLORINE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</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> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | | | | | | | | | | <table border="1"> <tr><td>183KE FILTER PLANT (INACTIVE)</td><td>100K AREA</td></tr> <tr><td>283E FILTER PLANT (INACTIVE)</td><td>200E AREA</td></tr> <tr><td>283W FILTER PLANT</td><td>200W AREA</td></tr> </table> | 183KE FILTER PLANT (INACTIVE) | 100K AREA | 283E FILTER PLANT (INACTIVE) | 200E AREA | 283W FILTER PLANT | 200W AREA | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 183KE FILTER PLANT (INACTIVE) | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 283E FILTER PLANT (INACTIVE) | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 283W FILTER PLANT | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> (FREON 22) EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | <table border="1"> <tr><td>105N REACTOR FACILITY</td><td>100N AREA</td></tr> <tr><td>105NB MECHANICAL SHOPP ADDITION</td><td>100N AREA</td></tr> <tr><td>2101M WAREHOUSE/OFFICE BUILDING</td><td>200E AREA</td></tr> <tr><td>242AC PIPEFITTERS SHOP</td><td>200E AREA</td></tr> <tr><td>MO444 INSULATORS SHOP @ B PLANT</td><td>200E AREA</td></tr> <tr><td>CONEX STORAGE BOX BY 200W PAINT SHOP</td><td>200W AREA</td></tr> </table> | 105N REACTOR FACILITY | 100N AREA | 105NB MECHANICAL SHOPP ADDITION | 100N AREA | 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | 242AC PIPEFITTERS SHOP | 200E AREA | MO444 INSULATORS SHOP @ B PLANT | 200E AREA | CONEX STORAGE BOX BY 200W PAINT SHOP | 200W AREA |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105N REACTOR FACILITY | 100N AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105NB MECHANICAL SHOPP ADDITION | 100N AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 242AC PIPEFITTERS SHOP | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO444 INSULATORS SHOP @ B PLANT | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX BY 200W PAINT SHOP | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> (FREON 22) EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>5</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>R</td><td>2</td><td>4</td></tr> </table> | L | 2 | 5 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | R | 2 | 4 | <table border="1"> <tr><td>CONEX STORAGE BOX BY 305 FACILITY</td><td>300 AREA</td></tr> <tr><td>331C ANIMAL CARE FAC. STORAGE BLDG</td><td>300 AREA</td></tr> <tr><td>331D BIOMAGNETIC EFFECTS LABORATORY</td><td>300 AREA</td></tr> <tr><td>4713B FFTF MAINTENANCE SHOP</td><td>400 AREA</td></tr> <tr><td>1162 FLAMMABLE MATERIAL STORAGE BLDG</td><td>1100 AREA</td></tr> <tr><td>SITE BUILDING HVAC/AC SYSTEMS</td><td></td></tr> </table> | CONEX STORAGE BOX BY 305 FACILITY | 300 AREA | 331C ANIMAL CARE FAC. STORAGE BLDG | 300 AREA | 331D BIOMAGNETIC EFFECTS LABORATORY | 300 AREA | 4713B FFTF MAINTENANCE SHOP | 400 AREA | 1162 FLAMMABLE MATERIAL STORAGE BLDG | 1100 AREA | SITE BUILDING HVAC/AC SYSTEMS | |
| L | 2 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX BY 305 FACILITY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 331C ANIMAL CARE FAC. STORAGE BLDG | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 331D BIOMAGNETIC EFFECTS LABORATORY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4713B FFTF MAINTENANCE SHOP | 400 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1162 FLAMMABLE MATERIAL STORAGE BLDG | 1100 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITE BUILDING HVAC/AC SYSTEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> Trade Secret <input type="checkbox"/> Chem. Name <u>CLINOPTILOLITE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>J</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> | J | 1 | 4 | J | 1 | 4 | | | | | | | | | | | | | <table border="1"> <tr><td>1723N WAREHOUSE</td><td>100N AREA</td></tr> <tr><td>2101M WAREHOUSE/OFFICE BUILDING</td><td>200E AREA</td></tr> </table> | 1723N WAREHOUSE | 100N AREA | 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1723N WAREHOUSE | 100N AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|--|--|--|--|--|--|--|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED BREATHING AIR</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 1724KB GAS BOTTLE DOCK 100K AREA 1512N GAS BOTTLE STORAGE 100N AREA MO425 ANALYTICAL LAB FAC. @ 1120N 100N AREA 2101HV CONSTRUCTION WAREHOUSE 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA CYLINDER STORAGE SHED S OF 2101M 200E AREA |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED BREATHING AIR</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 2249B GAS BOTTLE STORAGE (INACTIVE) 200E AREA 225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA 241AP TANK FARM 200E AREA 2703E CHEMICAL ENGINEERING LAB 200E AREA 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA 272AW OPERATIONS SUPPORT FACILITY 200E AREA |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED BREATHING AIR</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 275E CARPENTERS SHOP 200E AREA 277A FABRICATION SHOP 200E AREA 6290 RIGGING SERVICES FACILITY W OF 200E AREA 609D FIRE DEPT TRAINING TOWER BETWEEN 200E/W 609G FIRE ALARM/TESTING FAC. BETWEEN 200E/W 200-2P-1 PUMP & TREAT 200W AREA |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED BREATHING AIR</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 221T PROCESS & CANYON FACILITY 200W AREA 222S CONTROL LABORATORY 200W AREA 2263W GAS BOTTLE DOCK 200W AREA 2306W GAS BOTTLE STORAGE 200W AREA 233S PLUTONIUM CONCENTRATION FAC. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED BREATHING AIR</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 272WA OPERATIONS SUPPORT FACILITY 200W AREA 2734ZB COMPRESSED GAS STORAGE @ PFP 200W AREA MO037 MOBILE OFFICE @ 222S LAB 200W AREA MO720 MOBILE OFFICE/CHNGRM @ 272WA 200W AREA 6265 WSCF UTILITY BUILDING E OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|--|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name COMPRESSED BREATHING AIR EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | MOBILE LAB PARKED BY 622R LAB NE OF 200W AREA 305 ENGINEERING TESTING FACILITY 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA 328 ENGINEERING SERVICES/SAFETY BLDG 300 AREA 3709A FIRE STATION 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name COMPRESSED BREATHING AIR EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 3717B STANDARDS LABORATORY (INACTIVE) 300 AREA 3728 GEOTECHNICAL HIGH-BAY 300 AREA CONSTRUCTION BONEYARD BY 306E LAB 300 AREA 405 FTF REACTOR BUILDING 400 AREA 408A MAIN HEAT DUMP, EAST 400 AREA 408B MAIN HEAT DUMP, SOUTH 400 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name COMPRESSED BREATHING AIR EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 408C MAIN HEAT DUMP, WEST 400 AREA 4713B FTF MAINTENANCE SHOP 400 AREA 484 ICCW EQUIPMENT BUILDING 400 AREA 1168 GAS CYLINDER STORAGE BUILDING 1100 AREA 6092 TRAINING SUPPORT BUILDING HAMMER FACILITY | | |
| CAS <input type="text" value=""/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | A 1 4 A 1 4 P 1 4 F 1 4 A 1 4 B 1 4 | TANK @ 182B PUMP HOUSE 100B AREA TANK @ 100C AREA WORKSITE 100C AREA 100-DR-1 OPERABLE UNIT 100DR AREA 105F INTERIM SAFE STORAGE WORKSITE 100F AREA TANK @ 100H AREA WORKSITE 100H AREA TANK @ 100H AREA WORKSITE 100H AREA | | |
| CAS <input type="text" value=""/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | F 1 4 F 1 4 A 1 4 F 1 4 B 1 4 F 1 4 | HAZ MATL STORAGE BLDG HS080 BY 1724K 100K AREA 1714NB TOOL STORAGE SHED (INACTIVE) 100N AREA HEAVY EQUIPMENT POOL 100N AREA HEAVY EQUIPMENT POOL 100N AREA TANK BY 204AR STATION 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temper- ature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 Avg. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 No. of Days On-Site <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5 | <table border="1"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> </table> | A | 1 | 4 | F | 1 | 4 | A | 1 | 4 | B | 1 | 4 | C | 1 | 4 | A | 1 | 4 | 212H CSB CONSTRUCTION SITE (INACTIVE) 200E AREA 2242B CARPENTERS SHOP 200E AREA TANKS BY 225BG EQUIPMENT BUILDING 200E AREA TANK BY 242A EVAPORATOR FACILITY 200E AREA 2721E PATROL HQ/CANTRAL ALARM FAC. 200E AREA TANK BY 282B WATER PUMP HOUSE 200E AREA |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 Avg. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 No. of Days On-Site <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5 | <table border="1"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> </table> | A | 1 | 4 | A | 1 | 4 | F | 1 | 4 | F | 1 | 4 | F | 1 | 4 | B | 1 | 4 | TANK BY 282BA WATER PUMP HOUSE 200E AREA TANK FOR 282ED STANDBY GENERATOR 200E AREA CONEX STORAGE BOX @ 202S REDOX PLANT 200W AREA 221T PROCESS & CANYON FACILITY 200W AREA CONEX STORAGE BOX BY 221T FACILITY 200W AREA TANK @ 2721Z EMERGENCY GENERATOR 200W AREA |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 Avg. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 No. of Days On-Site <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5 | <table border="1"> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> </table> | C | 1 | 4 | A | 1 | 4 | A | 1 | 4 | A | 1 | 4 | A | 1 | 4 | A | 1 | 4 | TANK FOR 282WD STANDBY GENERATOR 200W AREA TANK @ 284W STEAM PLANT (INACTIVE) 200W AREA TANK @ 251W SWITCHING STATION 200W AREA 6618 ENV RESTORATION DISP FAC. SE OF 200W AREA 3020 ENVIRON/MOLECULAR SCIENCES LAB 300 AREA 300-FF-1 OPERABLE UNIT 300 AREA |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 Avg. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 No. of Days On-Site <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5 | <table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>C</td><td>1</td><td>4</td></tr> </table> | F | 1 | 4 | B | 1 | 4 | C | 1 | 4 | B | 1 | 4 | C | 1 | 4 | C | 1 | 4 | 3229 STORAGE BUILDING 300 AREA TANK BY 3621B/C EMERGENCY GENERATOR 300 AREA 3621B/C EMERGENCY GENERATOR BUILDING 300 AREA TANK BY 3621D EMERGENCY GENERATOR 300 AREA 3621D EMERGENCY GENERATOR BUILDING 300 AREA 382B FIRE PUMP STATION 300 AREA |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name DIESEL FUEL, GRADES 1 & 2 EHS Name _____ Check all that apply: <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 | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 Avg. Daily Amount (code) <input type="text"/> 0 <input type="text"/> 6 No. of Days On-Site <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5 | <table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> </table> | F | 1 | 4 | B | 1 | 4 | B | 1 | 4 | B | 1 | 4 | F | 1 | 4 | B | 1 | 4 | CONSTRUCTION BONEYARD BY 306E LAB 300 AREA TANK BY 408A MAIN HEAT DUMP, EAST 400 AREA TANK BY 408B MAIN HEAT DUMP, SOUTH 400 AREA TANK BY 408C MAIN HEAT DUMP, WEST 400 AREA 4704S FIRE STATION 400 AREA 4721 FFTF EMERGENCY GENERATOR BLDG 400 AREA |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| B | 1 | 4 | | | | | | | | | | | | | | | | | | | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temper- ature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="4"/> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> </table> | D | 1 | 4 | D | 1 | 4 | M | 1 | 4 | N | 1 | 4 | D | 1 | 4 | R | 1 | 4 | 190KE PUMP HOUSE BAY AREA 100K AREA HAZ MATL STORAGE BLDG BY 242AW FAC. 200E AREA 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 2336 WASTE REPACKAGNG/PROCESSNG FAC. 200W AREA 2336 WASTE REPACKAGNG/PROCESSNG FAC. 200W AREA |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="4"/> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> </table> | D | 1 | 4 | D | 1 | 4 | N | 1 | 4 | D | 1 | 4 | D | 1 | 4 | R | 1 | 4 | HAZ MATL STORAGE BLDG BY 272WA FAC. 200W AREA 3020 ENVIRON/MOLECULAR SCIENCES LAB 300 AREA CONEX STORAGE BOX BY 305 FACILITY 300 AREA 305A PIPEFITTERS SHOP 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="4"/> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>2</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table> | D | 1 | 4 | D | 1 | 4 | R | 2 | 4 | D | 1 | 4 | D | 1 | 4 | 3718G STORAGE BUILDING 300 AREA CONSTRUCTION BONEYARD BY 306E LAB 300 AREA 405 FFTF REACTOR BUILDING 400 AREA 4732C WAREHOUSE 400 AREA 4831 FLAMMABLE MATERIAL STORAGE BLDG 400 AREA | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table> | E | 1 | 4 | N | 1 | 4 | D | 1 | 4 | D | 1 | 4 | R | 1 | 4 | D | 1 | 4 | TRAILER @ 100H AREA WORKSITE 100H AREA 1713KE SHOP BUILDING 100K AREA 190KE PUMP HOUSE BAY AREA 100K AREA 1515N MULTICRAFT SHOP 100N AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | D | 1 | 4 | N | 1 | 4 | M | 1 | 4 | M | 1 | 4 | D | 1 | 4 | N | 1 | 4 | 2711E GARAGE 200E AREA 2715AW TANK FARM STORAGE/STAGING FAC. 200E AREA 222SA STANDARDS/PROCESS DEVEL LAB. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA CONEX STORAGE BOX BY 234-5Z PLANT 200W AREA 236Z PLUTONIUM RECLAMATION FACILITY 200W AREA |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="R"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="M"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="G"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> | 6266 WSCF LABORATORY E OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA 305 ENGINEERING TESTING FACILITY 300 AREA 310 TREATED EFFLUENT DISPOSAL FAC. 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="R"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="R"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="O"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> | 405 FTFF REACTOR BUILDING 400 AREA 427 FUELS & MATERIAL EXAMINATION FAC. 400 AREA 4722B FLEET MAINTENANCE SHOP 400 AREA 4732C WAREHOUSE 400 AREA 4732C WAREHOUSE 400 AREA 4831 FLAMMABLE MATERIAL STORAGE BLDG 400 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="R"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 4862 FMEF ENTRY WING OFFICE BLDG 400 AREA 609 FIRE STATION (100 AREA) CORNER RTS 1 & 4N _____ _____ _____ | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC CHLORIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="M"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="M"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="E"/> <input type="text" value="1"/> <input type="text" value="4"/> | 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 310 TREATED EFFLUENT DISPOSAL FAC. 300 AREA CONEX STORAGE BOX @ PIT 6 NW OF 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN PEROXIDE</u> <u>CONCENTRATIONS LESS THAN 52%</u> EHS Name _____ Check all that apply: <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 <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="C"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="E"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="6"/> | 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA CONEX STORAGE BOX E OF 2025E FAC. 200E AREA 222S CONTROL LABORATORY 200W AREA 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pressure Temperature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name HYDROGEN PEROXIDE CONCENTRATIONS LESS THAN 52% EHS Name _____ Check all that apply: <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 <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>6</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>6</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> </table> | N | 1 | 6 | N | 1 | 4 | N | 1 | 6 | N | 1 | 4 | A | 1 | 4 | 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA 310 TREATED EFFLUENT DISPOSAL FAC. 300 AREA | | | |
| N | 1 | 6 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 6 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name MINERAL OIL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> </table> | D | 1 | 4 | N | 1 | 4 | F | 1 | 4 | N | 1 | 4 | F | 1 | 4 | M | 1 | 4 | 100-DR-1 OPERABLE UNIT 100DR AREA 100-DR-1 OPERABLE UNIT 100DR AREA 183KE FILTER PLANT HEAD HOUSE 100K AREA 190KE PUMP HOUSE NW SECTION 100K AREA HAZ MATL STORAGE BLDG HS080 BY 1724K 100K AREA HAZ MATL STORAGE BLDG HS080 BY 1724K 100K AREA |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name MINERAL OIL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | N | 1 | 4 | N | 1 | 4 | R | 1 | 4 | F | 1 | 4 | D | 1 | 4 | HAZ MATL STORAGE BLDG HS080 BY 1724K 100K AREA 105NB MECHANICAL SHOP ADDITION 100N AREA SHED N OF 2025E FACILITY 200E AREA YARD W OF 2101M WAREHSE/OFFICE BLDG 200E AREA 2703 CHEMICAL ENGINEERING LAB 200E AREA 2711E GARAGE 200E AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name MINERAL OIL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | F | 1 | 4 | M | 1 | 4 | F | 1 | 4 | N | 1 | 4 | F | 1 | 4 | 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA CONEX STORAGE BOX @ 202S REDOX PLANT 200W AREA 222S CONTROL LABORATORY 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 271T OFFICE & SERVICE BUILDING 200W AREA 272W MACHINE SHOP 200W AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name MINERAL OIL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | F | 1 | 4 | N | 1 | 4 | D | 1 | 4 | N | 1 | 4 | D | 1 | 4 | N | 1 | 4 | 275W HEAVY EQUIPMENT SHOP 200W AREA 283W FILTRATION PLANT 200W AREA STORAGE CABINET HS031 SW OF 211T FAC. 200W AREA CONEX STORAGE BOX BY MO743 200W AREA 6618 ENV RESTORATION DISP FAC. SE OF 200W AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA |
| F | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|--|---|--|---|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>MINERAL OIL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | Container Type: N, E, F, F, R Pressure: 1, 1, 1, 1, 1 Temperature: 4, 4, 4, 4, 4 | 327 POST IRRADIATION TEST LABORATORY 300 AREA 3718G STORAGE BUILDING 300 AREA 3718G STORAGE BUILDING 300 AREA 4704S FIRE STATION 400 AREA SITE ELECTRICAL TRANSFORMERS | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> EHS Name <u>NITRIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="2"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="2"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | Container Type: M, M, N, M, M, M Pressure: 1, 1, 1, 1, 1, 1 Temperature: 4, 4, 4, 4, 4, 4 | 1706KE HEALTH PHYSICS LABORATORY 100K AREA HAZ MATL STORAGE BLDG HS080 BY 1724K 100K AREA FIELD TRAILER NE OF 1120N 100N AREA FIELD TRAILER NE OF 1120N 100N AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 222S CONTROL LABORATORY 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> EHS Name <u>NITRIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="2"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="2"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | Container Type: M, C, M, E, M, M Pressure: 1, 1, 1, 1, 1, 1 Temperature: 4, 4, 4, 4, 4, 4 | 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 241Z WASTE DISPOSAL BUILDING 200W AREA STORAGE UNIT HS046 BY 234-5Z PLANT 200W AREA 6266 WSCF LABORATORY E OF 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> EHS Name <u>NITRIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="2"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="2"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | Container Type: M, M, D, M, N, M Pressure: 1, 1, 1, 1, 1, 1 Temperature: 4, 4, 4, 4, 4, 4 | 6269 WSCF MOBILE LAB STORGE FAC.E OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA CONEX STORAGE BOX BY 305 FACILITY 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 327 POST IRRADIATION TEST LABORATORY 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | Container Type: L, L, L, L, L, L Pressure: 2, 2, 2, 2, 2, 2 Temperature: 7, 4, 4, 7, 4, 4 | 1706KE HEALTH PHYSICS LABORATORY 100K AREA GAS BOTTLE DOCK 100K AREA 190KE PUMP HOUSE NW SECTION 100K AREA 1120N STORAGE & TRAINING FACILITY 100N AREA 1512N GAS BOTTLE STORAGE 100N AREA 1723N WAREHOUSE 100N AREA | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | MO425 ANALYTICAL FAB FAC. @ 1120N 100N AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2101HV CONSTRUCTION WAREHOUSE 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA CYLINDER STORAGE SHED S OF 2101M 200E AREA 2249B GAS BOTTLE STOAGE (INACTIVE) 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA 225BG WEST COMPRESSOR FACILITY 200E AREA 225BG WEST COOLING EQUIPMENT BLDG 200E AREA 241A TANK FARM 200E AREA 241AN TANK FARM 200E AREA 241AP TANK FARM 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 241BY TANK FARM 200E AREA 242A EVAPORATOR FACILITY 200E AREA 242AC PIPEFITTERS SHOP 200E AREA 2703E CHEMICAL ENGINEERING LAB 200E AREA 2711E GARAGE 200E AREA 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2727E SAFEGUARDS/SECURITY OFFICES 200E AREA 272AW OPERATIONS SUPPORT FACILITY 200E AREA 277A FABRICATION SHOP 200E AREA HTS PIPEYARD AT NE CORNER OF 200E AREA 200-ZP-1 PUMP & TREAT 200W AREA 222S CONTROL LABORATORY 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2263W GAS BOTTLE DOCK 200W AREA 2304W PIPEFITTERS SHOP 200W AREA 2306W GAS BOTTLE STORAGE (INACTIVE) 200W AREA 2310W STORAGE BUILDING 200W AREA 2336W WASTE REPACKAGNG/PROCESSNG FAC. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|--|--|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="5"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="A"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA PORTABLE TANK SE OF 234-5Z PLANT 200W AREA GAS BOTTLE DOCK E OF 2402W 200W AREA 241S TANK FARM 200W AREA 241SX TANK FARM 200W AREA |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="5"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 2727W SODIUM STORAGE BUILDING 200W AREA 272WA OPERATIONS SUPPORT FACILITY 200W AREA 2734ZC COMPRESSED GAS STORAGE @ PFP 200W AREA 2734ZG COMPRESSED GAS STORAGE @ PFP 200W AREA 275W HEAVY EQUIPMENT SHOP 200W AREA 277W FABRICATION SHOP 200W AREA |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="5"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="7"/> | 6265 WSCF UTILITY BUILDING E OF 200W AREA 6265 WSCF UTILITY BUILDING E OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA 622R METEOROLOGY LABORATORY NE OF 200W AREA MOBILE LAB PARKED BY 622R LAB NE OF 200W AREA 300-FF-1 OPERABLE UNIT 300 AREA |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="5"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 305 ENGINEERING TESTING FACILITY 300 AREA 305A PIPEFITTERS SHOP 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA 325 RADIOCHEMISTRY BUILDING 300 AREA 331C ANIMAL CARE FAC. STORAGE BLDG 300 AREA |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | <input type="text" value="0"/> <input type="text" value="5"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site | <input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="L"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 337B HIGH-BAY & SERVICE WING 300 AREA NITROGEN TANK S OF 337B 300 AREA 350 PLANT OPERATIONS/MAINTENANCE FAC. 300 AREA 3717B STANDARDS LABORATORY (INACTIVE) 300 AREA 405 FTF REACTOR BUILDING 400 AREA 427 FUELS & MATERIAL EXAMINATION FAC. 400 AREA |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|--|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 437 MAINTENANCE & STORAGE FACILITY 400 AREA 4621W WEST AUXILLARY EQUIPMENT BLDG 400 AREA 4704S FIRE STATION 400 AREA 4713B FFFTF MAINTENANCE SHOP 400 AREA 4713D INTERIM MAINTENANCE/STORAGE FAC. 400 AREA 4760 CONSTRUCTION SHOP 400 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 1161 NITROGEN BOTTLE STORAGE FAC. 1100 AREA 1168 GAS CYLINDER STORAGE BUILDING 1100 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 100-DR-1 OPERABLE UNIT 100DR AREA 105DR INTERIM SAFE STORAGE WORKSITE 100DR AREA 105F INTERIM SAFE STORAGE WORKSITE 100F AREA TRAILER @ 100H AREA WORKSITE 100H AREA 1724KB GAS BOTTLE DOCK 100K AREA 1512N GAS BOTTLE STORAGE 100N AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 1515N MULTICRAFT SHOP 100N AREA 1723N WAREHOUSE 100N AREA MO425 ANALYTICAL LAB FAC. @ 1120N 100N AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA 212H CSB CONSTRUCTION SITE (INACTIVE) 200E AREA 2247B IRONWORKERS SHOP (INACTIVE) 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2249B GAS BOTTLE STORAGE (INACTIVE) 200E AREA 242AC PIPEFITTERS SHOP 200E AREA 2711E GARAGE 200E AREA 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA 272AW OPERATION SUPPORT FACILITY 200E AREA 277A FABRICATION SHOP 200E AREA | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temper- ature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | HTS PIPEYARD AT NE CORNER OF 200E AREA 6290 RIGGING SERVICES FACILITY W OF 200E AREA 609A CENTRAL FIRE STATION BETWEEN 200E/W AREAS 609D FIRE DEPT TRAINING TOWER BETWEEN 200E/W 221T PROCESS & CANYON FACILITY 200W AREA 222S CONTROL LABORATORY 200W AREA |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 2263W GAS BOTTLE DOCK 200W AREA 2304W PIPEFITTERS SHOP 200W AREA 2306W GAS BOTTLE STORAGE (INACTIVE) 200W AREA 2307W PIPEFITTERS STORAGE 200W AREA 2309W SHEETMETAL SHOP 200W AREA |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | 2310W STORAGE BUILDING 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 2713WB ELECTRICAL SHOP (INACTIVE) 200W AREA 272W MACHINE SHOP 200W AREA 272WA OPERATIONS SUPPORT FACILITY 200W AREA 2734ZC COMPRESSED GAS STORAGE @ PFP 200W AREA |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | 275W HEAVY EQUIPMENT SHOP 200W AREA 277W FABRICATION SHOP 200W AREA 6265 WSCF UTILITY BUILDING E OF 200W AREA 300-FF-1 OPERABLE UNIT 300 AREA 305 ENGINEERING TESTING FACILITY 300 AREA 305A PIPEFITTERS SHOP 300 AREA |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table> | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | L | 2 | 4 | 306E DEV/FAB/TESTING LABORATORY 300 AREA 3232 STORAGE BUILDING 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA 325 RADIOCHEMISTRY BUILDING 300 AREA 331 LIFE SCIENCES LABORATORY 300 AREA 331C ANIMAL CARE FAC. STORAGE BLDG 300 AREA |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| L | 2 | 4 | | | | | | | | | | | | | | | | | | | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 350 PLANT OPERATIONS/MAINTENANCE FAC. 300 AREA 3709A FIRE STATION 300 AREA 3717B STANDARDS LABORATORY (INACTIVE) 300 AREA 3718N INSULATION SHOP 300 AREA 3722 CONSTRUCTION SHOP 300 AREA 4704S FIRE STATION 400 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | 4713B FTFF MAINTENANCE SHOP 400 AREA 4713D INTERIM MAINTENANCE/STORAGE FAC. 400 AREA 4722B FLEET MAINTENANCE SHOP 400 AREA 4760 CONSTRUCTION SHOP 400 AREA 1168 GAS CYLINDER STORAGE BUILDING 1100 AREA MO001 MOBILE OFFICE @ PATROL TRAINING ACADEMY | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 | MO302 ARMORER SHOP @ PATROL TRAINING ACADEMY | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="3"/> Trade Secret <input type="checkbox"/> Chem. Name <u>POLYCHLORINATED BIPHENYLS</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | R 1 4 R 1 4 R 1 4 R 1 4 R 1 4 | TRANSFORMER @ 4621E BUILDING 400 AREA TRANSFORMER @ 4621W BUILDING 400 AREA TRANSFORMER @ 491E BUILDING 400 AREA TRANSFORMER @ 491W BUILDING 400 AREA RESIDUAL PCB IN SITE ELECTRICAL TRANSFORMERS | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 A 2 4 | 100-DR-1 OPERABLE UNIT 100DR AREA 105DR INTERIM SAFE STORAGE WORKSITE 100DR AREA 105F INTERIM SAFE STORAGE WORKSITE 100F AREA TRAILER @ 100H AREA WORKSITE 100H AREA TRAILER @ 142K CVD CONSTRUCTION SITE 100K AREA TANK S OF 1717K WAREHOUSE 100K AREA | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 1724KB GAS BOTTLE DOCK 100K AREA 1714NB TOOL STORAGE SHED (INACTIVE) 100K AREA 1723N WAREHOUSE 100N AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 209E WASTE SUPPORT FACILITY 200E AREA 2101HV CONSTRUCTION WAREHOUSE 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2101M WAREHOUSE/OFFICE BUILDING 200E AREA CYLINDER STORAGE SHED S OF 2101M 200E AREA 212H CSB CONSTRUCTION SITE (INACTIVE) 200E AREA 212H CSB CONSTRUCTION SITE (INACTIVE) 200E AREA 2242B CARPENTERS SHOP 200E AREA 2247B IRONWORKERS SHOP (INACTIVE) 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2249B GAS BOTTLE STORAGE (INACTIVE) 200E AREA 225E TEDF PUMP STATION 2 200E AREA CONEX STORAGE BOX SE OF 242A EVAP. 200E AREA 2711E GARAGE 200E AREA 2711E GARAGE 200E AREA 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> | 272AW OPERATIONS SUPPORT FACILITY 200E AREA FORKLIFT BY 272BA STORAGE BUILDING 200E AREA 272E CARPENTERS SHOP 200E AREA MO966 PAINT SHOP @ 224B (INACTIVE) 200E AREA 6290 RIGGING SERVICES FACILITY W OF 200E AREA 609A CENTRAL FIRE STATION BETWEEN 200E/W AREAS | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 609D FIRE DEPT TRAINING TOWER BETWEEN 200E/W 200-ZP-1 PUMP & TREAT 200W AREA CONEX STORAGE BOX @ 202S REDOX PLANT 200W AREA 221T PROCESS & CANYON FACILITY 200W AREA 222S CONTROL LABORATORY 200W AREA 2306W GAS BOTTLE STORAGE (INACTIVE) 200W AREA | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|---|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2307W PIPEFITTERS STORAGE 200W AREA 2309W SHEETMETAL SHOP 200W AREA 2310W STORAGE BUILDING 200W AREA GAS BOTTLE DOCK E OF 2402W 200W AREA 2402WL RMW STORAGE FACILITY 200W AREA 2620W MAINTENANCE FACILITY 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 2722W WELDING SHOP 200W AREA 272W MACHINE SHOP 200W AREA 2734ZK COMPRESSED GAS STORAGE @ PFP 200W AREA 275W HEAVY EQUIPMENT SHOP 200W AREA 277W FABRICATION SHOP 200W AREA 6265 WSCF UTILITY BUILDING E OF 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> | 300--FF-1 OPERABLE UNIT 300 AREA 305 ENGINEERING TESTING FACILITY 300 AREA 305A PIPEFITTERS SHOP 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA TANK N OF 331H BUILDING 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> | 333 N FUELS BUILDING 300 AREA 3718N INSULATION SHOP 300 AREA CONSTRUCTION BONEYARD BY 306E LAB 300 AREA 4704S FIRE STATION 400 AREA 4713D INTERIM MAINTENANCE/STORAGE FAC. 400 AREA 4722C PAINTERS SHOP 400 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="4"/> | 4760 CONSTRUCTION SHOP 400 AREA 609 FIRE STATION (100 AREA) CORNER RTS 1 & 4N 1161 NITROGEN BOTTLE STORAGE FAC. 1100 AREA 6092 TRAINING SUPPORT BUILDING HAMMER FACILITY 6092N PROPANE STORAGE HAMMER FACILITY | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|--|--|--|--|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPYLENE GLYCOL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="E"/> <input type="text" value="1"/> <input type="text" value="4"/> | 100-DR-1 OPERABLE UNIT 100DR AREA 190DR WAREHOUSE A BAY 100DR AREA 190KE PUMP HOUSE BAY AREA 100K AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2101HV CONSTRUCTION WAREHOUSE 200E AREA 241AZ CONTROL ROOM 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPYLENE GLYCOL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="F"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> | 2703E CHEMICAL ENGINEERING LAB 200E AREA 2721EA FIRE SYSTEMS MAINTENANCE FAC. 200E AREA HAZ MATL STORGE BLDG BY 272AW FAC. 200E AREA OIL SHED BY 272AW FACILITY 200E AREA OIL SHED BY 272AW FACILITY 200E AREA 2336W WASTE REPACKGNG/PROCESSNG FAC. 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPYLENE GLYCOL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="R"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="F"/> <input type="text" value="1"/> <input type="text" value="4"/> | 2336W WASTE REPACKGNG/PROCESSNG FAC. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 236Z PLUTONIUM RECLAMATION FAC. 200W AREA 2713WC PESTICIDE WASHWATER FACILITY 200W AREA 272W MACHINE SHOP 200W AREA CONEX STORAGE BOX BY 272WA FACILITY 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPYLENE GLYCOL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="M"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> | HAZ MATL STORAGE BLDG N OF 272WA 200W AREA CHEMICAL STORAGE FAC. HS012 BY 201W 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 3020 ENVIRON/MOLECULAR SCIENCES LAB 300 AREA 300-FF-1 OPERABLE UNIT 300 AREA CONEX STORAGE BOX BY 305 FACILITY 300 AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name PROPYLENE GLYCOL EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="R"/> <input type="text" value="1"/> <input type="text" value="4"/> | 305A PIPEFITTERS SHOP 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 324 CHEMICAL ENGINEERING BUILDING 300 AREA 331C ANIMAL CARE FAC. STORAGE BLDG 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA | | |

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temperature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------------|-----------|---|-----------------------------------|-------------------------------|---|-----------------------------------|------------------------------------|-----------------|---|-----------|--|-----------|---|-----------|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="6"/> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPYLENE GLYCOL</u> EHS Name _____ Check all that apply: <input checked="" 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 type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | D | 1 | 4 | N | 1 | 4 | D | 1 | 4 | N | 1 | 4 | <table border="1"> <tr><td>3705 PHOTOGRAPHY BUILDING</td><td>300 AREA</td></tr> <tr><td>3718G STORAGE BUILDING</td><td>300 AREA</td></tr> <tr><td>3746D TECHNICAL SERVICE ANNEX</td><td>300 AREA</td></tr> <tr><td>CONSTRUCTION BONEYARD BY 306E LAB</td><td>300 AREA</td></tr> <tr><td>4732A WAREHOUSE</td><td>400 AREA</td></tr> </table> | 3705 PHOTOGRAPHY BUILDING | 300 AREA | 3718G STORAGE BUILDING | 300 AREA | 3746D TECHNICAL SERVICE ANNEX | 300 AREA | CONSTRUCTION BONEYARD BY 306E LAB | 300 AREA | 4732A WAREHOUSE | 400 AREA | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3705 PHOTOGRAPHY BUILDING | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3718G STORAGE BUILDING | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3746D TECHNICAL SERVICE ANNEX | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION BONEYARD BY 306E LAB | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4732A WAREHOUSE | 400 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE- CRISTOBALITE</u> EHS Name _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>J</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> | J | 1 | 4 | J | 1 | 4 | | | | | | | | | | <table border="1"> <tr><td>2101M WAREHOUSE/OFFICE BUILDING</td><td>200E AREA</td></tr> <tr><td>616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W</td><td></td></tr> </table> | 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | 616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> </table> | J | 1 | 4 | J | 1 | 4 | N | 1 | 4 | J | 1 | 4 | N | 1 | 4 | J | 1 | 4 | <table border="1"> <tr><td>190DR WAREHOUSE A BAY</td><td>100DR AREA</td></tr> <tr><td>CONEX STORAGE BOX NE OF 105KE BLDG</td><td>100K AREA</td></tr> <tr><td>CONEX STORAGE BOX NE OF 105KE BLDG</td><td>100K AREA</td></tr> <tr><td>CONEX STORAGE BOX NE OF 105KW BLDG</td><td>100K AREA</td></tr> <tr><td>CONEX STORAGE BOX NE OF 105KW BLDG</td><td>100K AREA</td></tr> <tr><td>2101M WAREHOUSE/OFFICE BUILDING</td><td>200E AREA</td></tr> </table> | 190DR WAREHOUSE A BAY | 100DR AREA | CONEX STORAGE BOX NE OF 105KE BLDG | 100K AREA | CONEX STORAGE BOX NE OF 105KE BLDG | 100K AREA | CONEX STORAGE BOX NE OF 105KW BLDG | 100K AREA | CONEX STORAGE BOX NE OF 105KW BLDG | 100K AREA | 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 190DR WAREHOUSE A BAY | 100DR AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX NE OF 105KE BLDG | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX NE OF 105KE BLDG | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX NE OF 105KW BLDG | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX NE OF 105KW BLDG | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2101M WAREHOUSE/OFFICE BUILDING | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> </table> | J | 1 | 4 | N | 1 | 4 | J | 1 | 4 | J | 1 | 4 | D | 1 | 4 | J | 1 | 4 | <table border="1"> <tr><td>218B EMERGENCY EQUIP STORAGE SHED</td><td>200E AREA</td></tr> <tr><td>225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA</td><td></td></tr> <tr><td>CONEX STORAGE BOX @ 226B WASTE PAD</td><td>200E AREA</td></tr> <tr><td>2715AW TANK FARM STORAGE/STAGING FAC. 200E AREA</td><td></td></tr> <tr><td>607 BATCH PLANT (INACTIVE) BETWEEN 200E/W AREA</td><td></td></tr> <tr><td>616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W</td><td></td></tr> </table> | 218B EMERGENCY EQUIP STORAGE SHED | 200E AREA | 225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA | | CONEX STORAGE BOX @ 226B WASTE PAD | 200E AREA | 2715AW TANK FARM STORAGE/STAGING FAC. 200E AREA | | 607 BATCH PLANT (INACTIVE) BETWEEN 200E/W AREA | | 616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 218B EMERGENCY EQUIP STORAGE SHED | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX @ 226B WASTE PAD | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2715AW TANK FARM STORAGE/STAGING FAC. 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 607 BATCH PLANT (INACTIVE) BETWEEN 200E/W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> </table> | J | 1 | 4 | K | 1 | 4 | M | 1 | 4 | N | 1 | 4 | N | 1 | 4 | J | 1 | 4 | <table border="1"> <tr><td>221T PROCESS & CANYON FACILITY</td><td>200W AREA</td></tr> <tr><td>221T PROCESS & CANYON FACILITY</td><td>200W AREA</td></tr> <tr><td>222S CONTROL LABORATORY</td><td>200W AREA</td></tr> <tr><td>222S CONTROL LABORATORY</td><td>200W AREA</td></tr> <tr><td>222SA STANDARDS/PROCESS DEVEL LAB</td><td>200W AREA</td></tr> <tr><td>CONEX STORAGE BOX BY 2336W WRAP FAC.</td><td>200W AREA</td></tr> </table> | 221T PROCESS & CANYON FACILITY | 200W AREA | 221T PROCESS & CANYON FACILITY | 200W AREA | 222S CONTROL LABORATORY | 200W AREA | 222S CONTROL LABORATORY | 200W AREA | 222SA STANDARDS/PROCESS DEVEL LAB | 200W AREA | CONEX STORAGE BOX BY 2336W WRAP FAC. | 200W AREA |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 221T PROCESS & CANYON FACILITY | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 221T PROCESS & CANYON FACILITY | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222S CONTROL LABORATORY | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222S CONTROL LABORATORY | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222SA STANDARDS/PROCESS DEVEL LAB | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONEX STORAGE BOX BY 2336W WRAP FAC. | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|--|--|--|--|--|--|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="N"/> <input type="text" value="K"/> <input type="text" value="N"/> <input type="text" value="J"/> <input type="text" value="N"/> <input type="text" value="N"/> | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 233S PLUTONIUM CONCENTRATION FAC. 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA STORAGE CABINET HS031 SW OF 211T FAC. 200W AREA MO399 MOBILE OFFICE 200W AREA 6266 WSCF LABORATORY E OF 200W AREA |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="N"/> <input type="text" value="J"/> <input type="text" value="J"/> <input type="text" value="R"/> <input type="text" value="D"/> | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | CONEX STORAGE BOX BY 305 FACILITY 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 3728 GEOTECHNICAL HIGH-BAY 300 AREA 427 FUELS & MATERIAL EXAMINATION FAC. 400 AREA 4732A WAREHOUSE 400 AREA |
| CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="3"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-TRIDYMIT</u> EHS Name _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="J"/> <input type="text" value="J"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 2101M WAREHOUSE/OFFICE BUILDING 200E AREA 616 NONRAD HAZ CHEM WASTE FAC. BETWEEN 200E/W |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="M"/> <input type="text" value="C"/> <input type="text" value="D"/> <input type="text" value="A"/> <input type="text" value="C"/> <input type="text" value="D"/> | <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> | 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 2727W SODIUM STORAGE BUILDING 200W AREA ALKALI METAL STORAGE MODULES 200W AREA 337B HIGH-BAY & SERVICE WING 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="5"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <input type="text" value="C"/> <input type="text" value="R"/> <input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="C"/> | <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="5"/> | 337B HIGH-BAY & SERVICE WING 300 AREA 337B HIGH-BAY & SERVICE WING 300 AREA 3718M SODIUM STORAGE FACILITY 300 AREA 403 FUELS STORAGE FACILITY 400 AREA 405 FFTF REACTOR BUILDING 400 AREA |

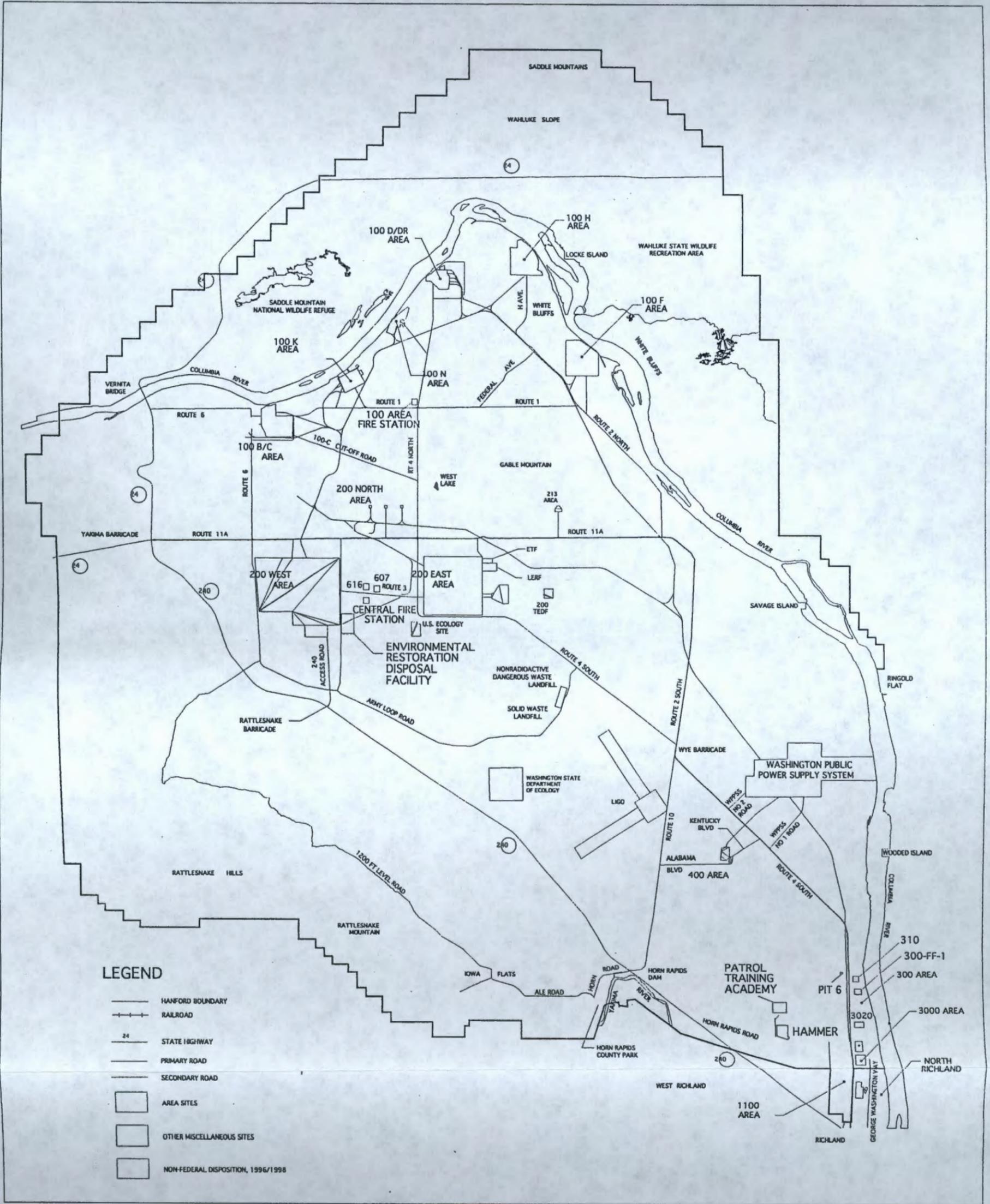
| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes | | | Storage Locations (Non-Confidential) (Please Print) |
|---|---|--|--|---|-------------|---|
| | | | Container Type | Pressure | Temperature | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | M 1 4 N 1 4 E 1 4 N 1 4 N 1 4 I 1 4 | 1706KE HEALTH PHYSICS LABORATORY 100K AREA 1706KE HEALTH PHYSICS LABORATORY 100K AREA 185K POTABLE WATER TREATMENT PLANT 100K AREA 183N FILTER PLANT 100N AREA FIELD TRAILER NE OF 1120N 100N AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | M 1 4 N 1 4 O 1 4 I 1 4 A 1 4 C 1 4 | 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA 2025E EFFLUENT TREATMENT FACILITY 200E AREA CONEX STORAGE BOX E OF 2025E ETF 200E AREA 2025E ETF PROCESS TANK 200E AREA 2025E ETF PROCESS TANK 200E AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | J 1 4 E 1 4 N 1 4 N 1 4 I 1 4 J 1 4 | CONEX STORAGE BOX BY 204AR STATION 200E AREA 2101M WAREHOUSE/OFFICE BUILDING 200E AREA 225B WASTE ENCAPSULATION/STORAGE FAC. 200E AREA 272BA DRY MATERIAL STORAGE BUILDING 200E AREA 221T PROCESS & CANYON FACILITY 200W AREA 221T PROCESS & CANYON FACILITY 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | N 1 4 N 1 6 M 1 4 N 1 4 D 1 4 E 1 4 | 222S CONTROL LABORATORY 200W AREA 222S CONTROL LABORATORY 200W AREA 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 222SA STANDARDS/PROCESS DEVEL LAB 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 234-5Z PLUTONIUM FINISHING PLANT 200W AREA | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | N 1 4 E 1 4 N 1 4 C 1 4 N 1 4 R 1 4 | 234-5Z PLUTONIUM FINISHING PLANT 200W AREA 241Z WASTE DISPOSAL BUILDING 200W AREA 244TX SALT WELL RECEIVER VAULT 200W AREA 271T OFFICE & SERVICE BUILDING 200W AREA HAZ MATL STORAGE BLDG N OF 272WA FAC. 200W AREA 291Z EXHAUST AIR FILTER STACK BLDG 200W AREA | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pressure Temperature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | J | 1 | 4 | M | 1 | 4 | N | 1 | 4 | M | 1 | 4 | N | 1 | 4 | N | 1 | 4 | STORAGE CABINET HS031 SW OF 211T 200W AREA STORAGE UNIT HS046 BY 234-5Z PLANT 200W AREA STORAGE UNIT HS046 BY 234-5Z PLANT 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 6266 WSCF LABORATORY E OF 200W AREA 6269 WSCF MOBILE LAB STORGE FAC.E OF 200W AREA |
| J | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | E | 1 | 4 | M | 1 | 4 | N | 1 | 4 | N | 1 | 4 | A | 1 | 4 | 622R METEOROLOGY LABORATORY NE OF 200W AREA 3020 ENVIRON/MOLECULAR SCIENCES LAB 300 AREA CONEX STORAGE BOX BY 305 FACILITY 300 AREA CONEX STORAGE BOX BY 305 FACILITY 300 AREA 306E DEV/FAB/TESTING LABORATORY 300 AREA 310 TREATED EFFLUENT DISPOSAL FAC. 300 AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | N | 1 | 4 | E | 1 | 4 | M | 1 | 4 | N | 1 | 4 | N | 1 | 4 | 327 POST IRRADIATION TEST LABORATORY 300 AREA 331D BIOMAGNETIC EFFECTS LABORATORY 300 AREA 337B HOGH-BAY & SERVICE WING 300 AREA 3705 PHOTOGRAPHY BUILDING 300 AREA 3705 PHOTOGRAPHY BUILDING 300 AREA 4732B WAREHOUSE 400 AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>D</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> <tr><td></td><td></td><td></td></tr> </table> | D | 1 | 4 | | | | | | | | | | | | | | | | 60921 PUMP HOUSE HAMMER FACILITY |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> EHS Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table> | R | 1 | 4 | R | 1 | 4 | R | 1 | 4 | R | 1 | 4 | E | 1 | 4 | D | 1 | 4 | 181B PUMP HOUSE BATTERY BANK 100B AREA 182B PUMP HOUSE BATTERY BANK 100B AREA 181D PUMP HOUSE BATTERY BANK 100D AREA 182D PUMP HOUSE BATTERY BANK 100D AREA 100-HR-1 PUMP & TREAT 100H AREA 100-KR-4 OPERABLE UNIT 100K AREA |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | |
| D | 1 | 4 | | | | | | | | | | | | | | | | | | | | |

Facility Name U.S. DEPARTMENT OF ENERGY - HANFORD SITE

| Chemical Description | Physical and Health Hazards (check all that apply) | Inventory | Storage Codes Container Type Pres- sure Temper- ature | Storage Locations (Non-Confidential) (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------------------------------------|-----------|------------------------------------|-----------|---------------------------------|----------------|---------------------------------------|----------------|------------------------------------|-----------------|-------------------------------------|-----------|
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> EHS Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>K</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>E</td><td>1</td><td>4</td></tr> </table> | M | 1 | 4 | K | 1 | 4 | N | 1 | 4 | M | 1 | 4 | M | 1 | 4 | E | 1 | 4 | <table border="1"> <tr><td>1706KE HEALTH PHYSICS LABORATORY</td><td>100K AREA</td></tr> <tr><td>190KE PUMP HOUSE NW SECTION</td><td>100K AREA</td></tr> <tr><td>190KE PUMP HOUSE NW SECTION</td><td>100K AREA</td></tr> <tr><td>HAZ MATL STORAGE BLDG HS080 BY 1724K</td><td>100K AREA</td></tr> <tr><td>FIELD TRAILER NE OF 1120N</td><td>100N AREA</td></tr> <tr><td>2025E EFFLUENT TREATMENT FACILITY</td><td>200E AREA</td></tr> </table> | 1706KE HEALTH PHYSICS LABORATORY | 100K AREA | 190KE PUMP HOUSE NW SECTION | 100K AREA | 190KE PUMP HOUSE NW SECTION | 100K AREA | HAZ MATL STORAGE BLDG HS080 BY 1724K | 100K AREA | FIELD TRAILER NE OF 1120N | 100N AREA | 2025E EFFLUENT TREATMENT FACILITY | 200E AREA |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1706KE HEALTH PHYSICS LABORATORY | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 190KE PUMP HOUSE NW SECTION | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 190KE PUMP HOUSE NW SECTION | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAZ MATL STORAGE BLDG HS080 BY 1724K | 100K AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIELD TRAILER NE OF 1120N | 100N AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2025E EFFLUENT TREATMENT FACILITY | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> EHS Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>C</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> </table> | M | 1 | 4 | A | 1 | 4 | C | 1 | 4 | R | 1 | 4 | R | 1 | 4 | M | 1 | 4 | <table border="1"> <tr><td>2025E EFFLUENT TREATMENT FACILITY</td><td>200E AREA</td></tr> <tr><td>2025E ETF PROCESS TANK</td><td>200E AREA</td></tr> <tr><td>2025E ETF PROCESS TANK</td><td>200E AREA</td></tr> <tr><td>252E SWITCHING STATION BATTERY BANK</td><td>200E AREA</td></tr> <tr><td>2721E PATROL HQ/ALARM BATTERY BANK</td><td>200E AREA</td></tr> <tr><td>222S CONTROL LABORATORY</td><td>200W AREA</td></tr> </table> | 2025E EFFLUENT TREATMENT FACILITY | 200E AREA | 2025E ETF PROCESS TANK | 200E AREA | 2025E ETF PROCESS TANK | 200E AREA | 252E SWITCHING STATION BATTERY BANK | 200E AREA | 2721E PATROL HQ/ALARM BATTERY BANK | 200E AREA | 222S CONTROL LABORATORY | 200W AREA |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2025E EFFLUENT TREATMENT FACILITY | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2025E ETF PROCESS TANK | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2025E ETF PROCESS TANK | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 252E SWITCHING STATION BATTERY BANK | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2721E PATROL HQ/ALARM BATTERY BANK | 200E AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222S CONTROL LABORATORY | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> EHS Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | M | 1 | 4 | R | 1 | 4 | M | 1 | 4 | N | 1 | 4 | R | 1 | 4 | <table border="1"> <tr><td>222S CONTROL LABORATORY</td><td>200W AREA</td></tr> <tr><td>222SA STANDARDS/PROCESS DEVEL LAB</td><td>200W AREA</td></tr> <tr><td>2336 WRAP FACILITY BATTERY BANK</td><td>200W AREA</td></tr> <tr><td>234-5Z PLUTONIUM FINISHING PLANT</td><td>200W AREA</td></tr> <tr><td>234-5Z PLUTONIUM FINISHING PLANT</td><td>200W AREA</td></tr> <tr><td>251W SWITCHING STATION BATTERY BANK</td><td>200W AREA</td></tr> </table> | 222S CONTROL LABORATORY | 200W AREA | 222SA STANDARDS/PROCESS DEVEL LAB | 200W AREA | 2336 WRAP FACILITY BATTERY BANK | 200W AREA | 234-5Z PLUTONIUM FINISHING PLANT | 200W AREA | 234-5Z PLUTONIUM FINISHING PLANT | 200W AREA | 251W SWITCHING STATION BATTERY BANK | 200W AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222S CONTROL LABORATORY | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222SA STANDARDS/PROCESS DEVEL LAB | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2336 WRAP FACILITY BATTERY BANK | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 234-5Z PLUTONIUM FINISHING PLANT | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 234-5Z PLUTONIUM FINISHING PLANT | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 251W SWITCHING STATION BATTERY BANK | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> EHS Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> <tr><td>M</td><td>1</td><td>4</td></tr> </table> | R | 1 | 4 | R | 1 | 4 | M | 1 | 4 | N | 1 | 4 | M | 1 | 4 | M | 1 | 4 | <table border="1"> <tr><td>252W SWITCHING STATION BATTERY BANK</td><td>200W AREA</td></tr> <tr><td>2707SX CARPENTERS SHOP</td><td>200W AREA</td></tr> <tr><td>6266 WSCF LABORATORY</td><td>E OF 200W AREA</td></tr> <tr><td>6266 WSCF LABORATORY</td><td>E OF 200W AREA</td></tr> <tr><td>622R METEOROLOGY LABORATORY</td><td>NE OF 200W AREA</td></tr> <tr><td>306E DEV/FAB/TESTING LABORATORY</td><td>300 AREA</td></tr> </table> | 252W SWITCHING STATION BATTERY BANK | 200W AREA | 2707SX CARPENTERS SHOP | 200W AREA | 6266 WSCF LABORATORY | E OF 200W AREA | 6266 WSCF LABORATORY | E OF 200W AREA | 622R METEOROLOGY LABORATORY | NE OF 200W AREA | 306E DEV/FAB/TESTING LABORATORY | 300 AREA |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 252W SWITCHING STATION BATTERY BANK | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2707SX CARPENTERS SHOP | 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6266 WSCF LABORATORY | E OF 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6266 WSCF LABORATORY | E OF 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 622R METEOROLOGY LABORATORY | NE OF 200W AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306E DEV/FAB/TESTING LABORATORY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="9"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> EHS Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS | <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) | Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> Avg. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="5"/> No. of Days On-Site <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> | <table border="1"> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>R</td><td>1</td><td>4</td></tr> </table> | N | 1 | 4 | A | 1 | 4 | N | 1 | 4 | R | 1 | 4 | R | 1 | 4 | R | 1 | 4 | <table border="1"> <tr><td>306E DEV/FAB/TESTING LABORATORY</td><td>300 AREA</td></tr> <tr><td>310 TREATED EFFLUENT DISPOSAL FAC.</td><td>300 AREA</td></tr> <tr><td>315 FILTER PLANT</td><td>300 AREA</td></tr> <tr><td>351B SWITCHGEAR FACILITY BATTERY BANK</td><td>300 AREA</td></tr> <tr><td>352C SWITCH HOUSE BATTERY BANK</td><td>300 AREA</td></tr> <tr><td>352E SWITCH STATION BATTERY BANK</td><td>300 AREA</td></tr> </table> | 306E DEV/FAB/TESTING LABORATORY | 300 AREA | 310 TREATED EFFLUENT DISPOSAL FAC. | 300 AREA | 315 FILTER PLANT | 300 AREA | 351B SWITCHGEAR FACILITY BATTERY BANK | 300 AREA | 352C SWITCH HOUSE BATTERY BANK | 300 AREA | 352E SWITCH STATION BATTERY BANK | 300 AREA |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306E DEV/FAB/TESTING LABORATORY | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 TREATED EFFLUENT DISPOSAL FAC. | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 315 FILTER PLANT | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 351B SWITCHGEAR FACILITY BATTERY BANK | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 352C SWITCH HOUSE BATTERY BANK | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 352E SWITCH STATION BATTERY BANK | 300 AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



HANFORD SITE

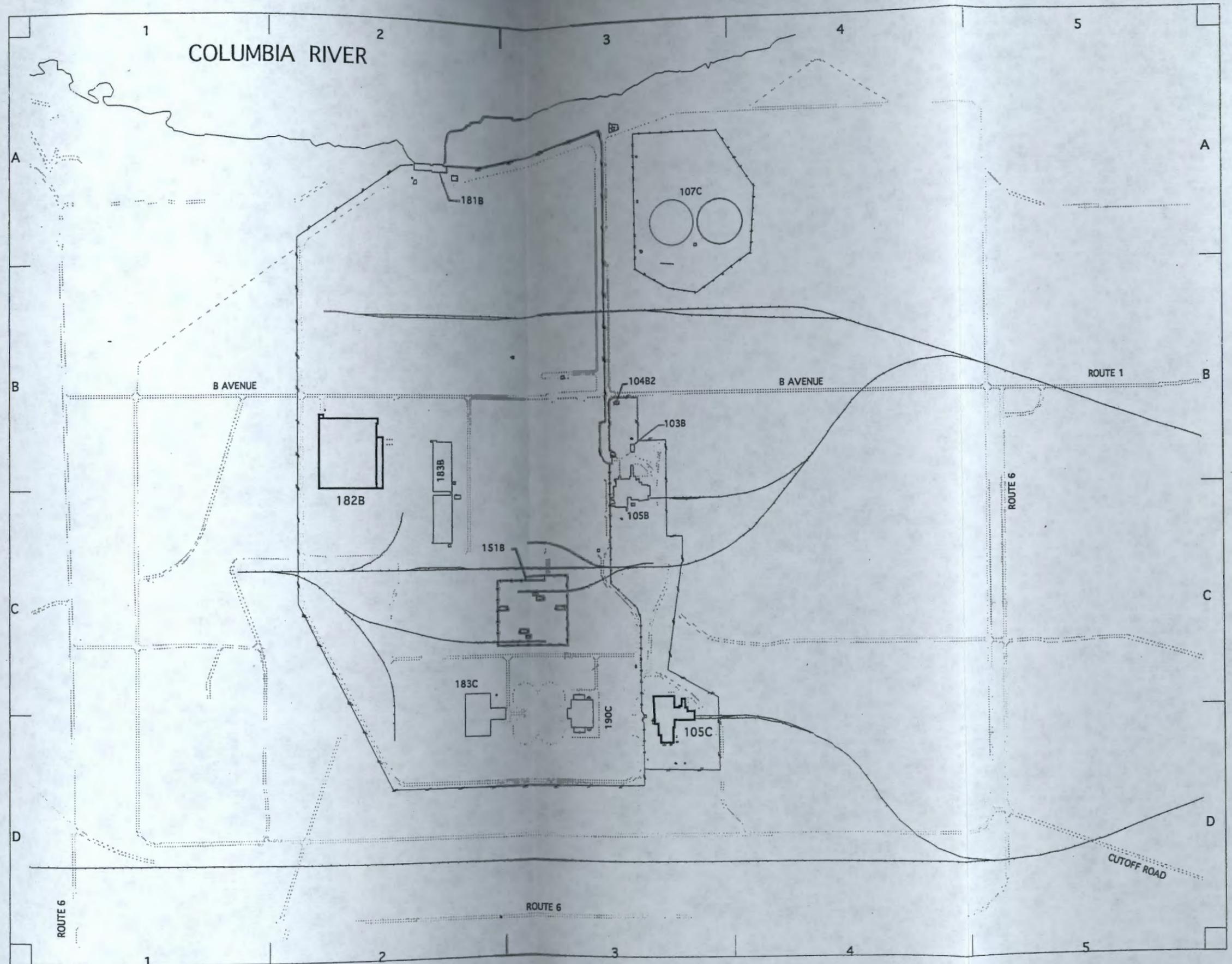
99020104.14

COLUMBIA RIVER

| BUILDING NUMBER | ZONE |
|-----------------|-------|
| 103B | B3 |
| 104B2 | B3 |
| 105B | C3 |
| 105C | D3 |
| 107C | A3 |
| 151B | C3 |
| 181B | A2 |
| 182B | B2 |
| 183B | C2,B2 |
| 183C | D2 |
| 190C | D3 |

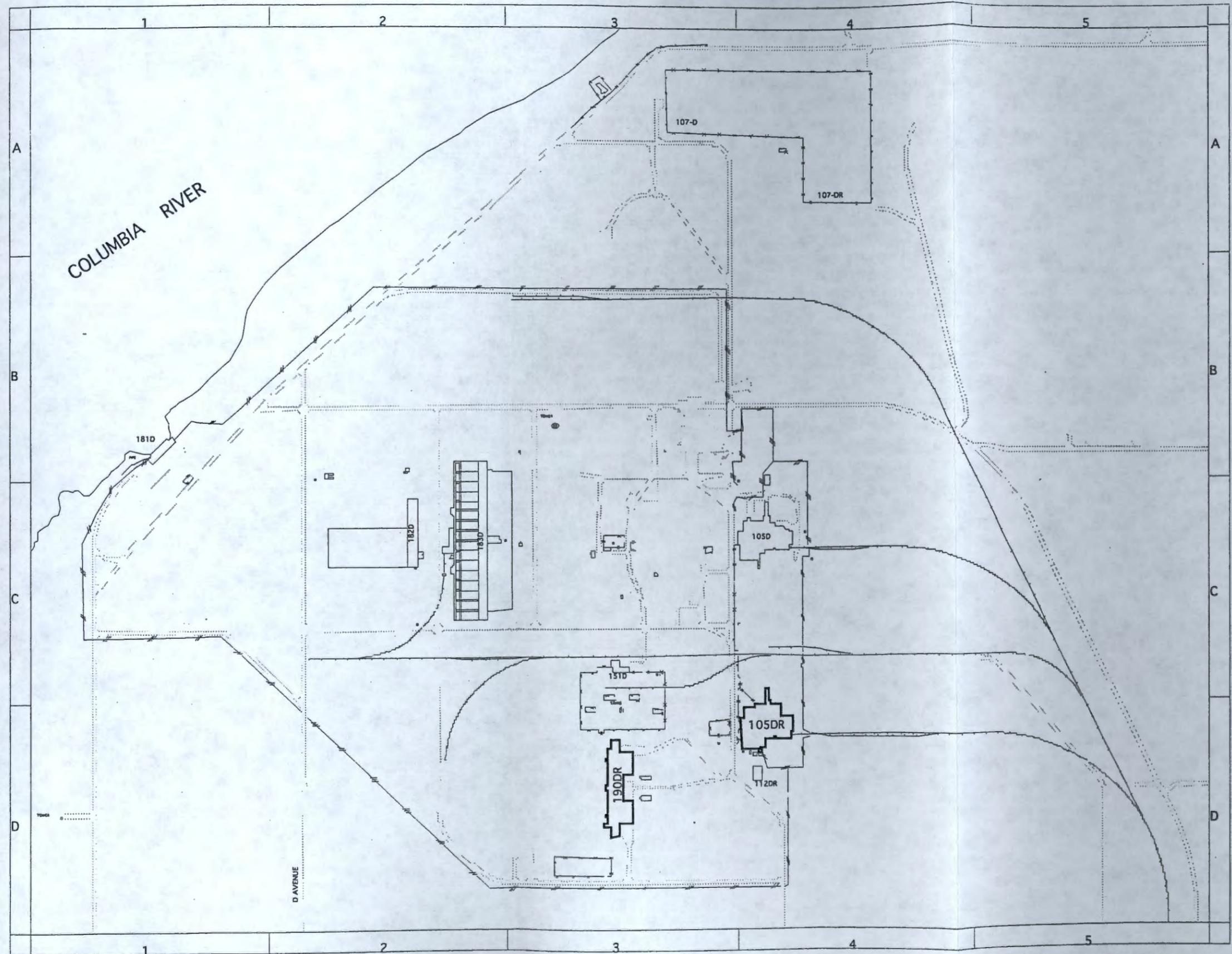
LEGEND

-  MAJOR BUILDINGS
-  MINOR BUILDINGS
MISC STRUCTURES/
SHEDS & TOWERS
-  242A BUILDING NUMBERS
-  MOBILE OFFICES
-  MO240 MOBILE OFFICE NUMBERS
-  216-A-42 CRIBS
-  218-E-10 BURIAL GROUNDS
-  IMPROVED ROADS
-  UNIMPROVED ROADS
-  DIRT ROADS
-  RAILROADS
-  SECURITY, WARNING & MISC FENCES
-  POST & CHAIN (CRIB & BURIAL-GROUND FENCES)
-  PERIMETER FENCES
-  UNDERGROUND WASTE TANKS
-  WATER TANKS
-  MISC. TANKS
-  BASINS



| BUILDING NUMBER | ZONE |
|-----------------|------|
| 105D | C4 |
| 105DR | D4 |
| 112DR | D4 |
| 151D | C3 |
| 181D | B1 |
| 182D | C2 |
| 183D | C2 |
| 190DR | D3 |

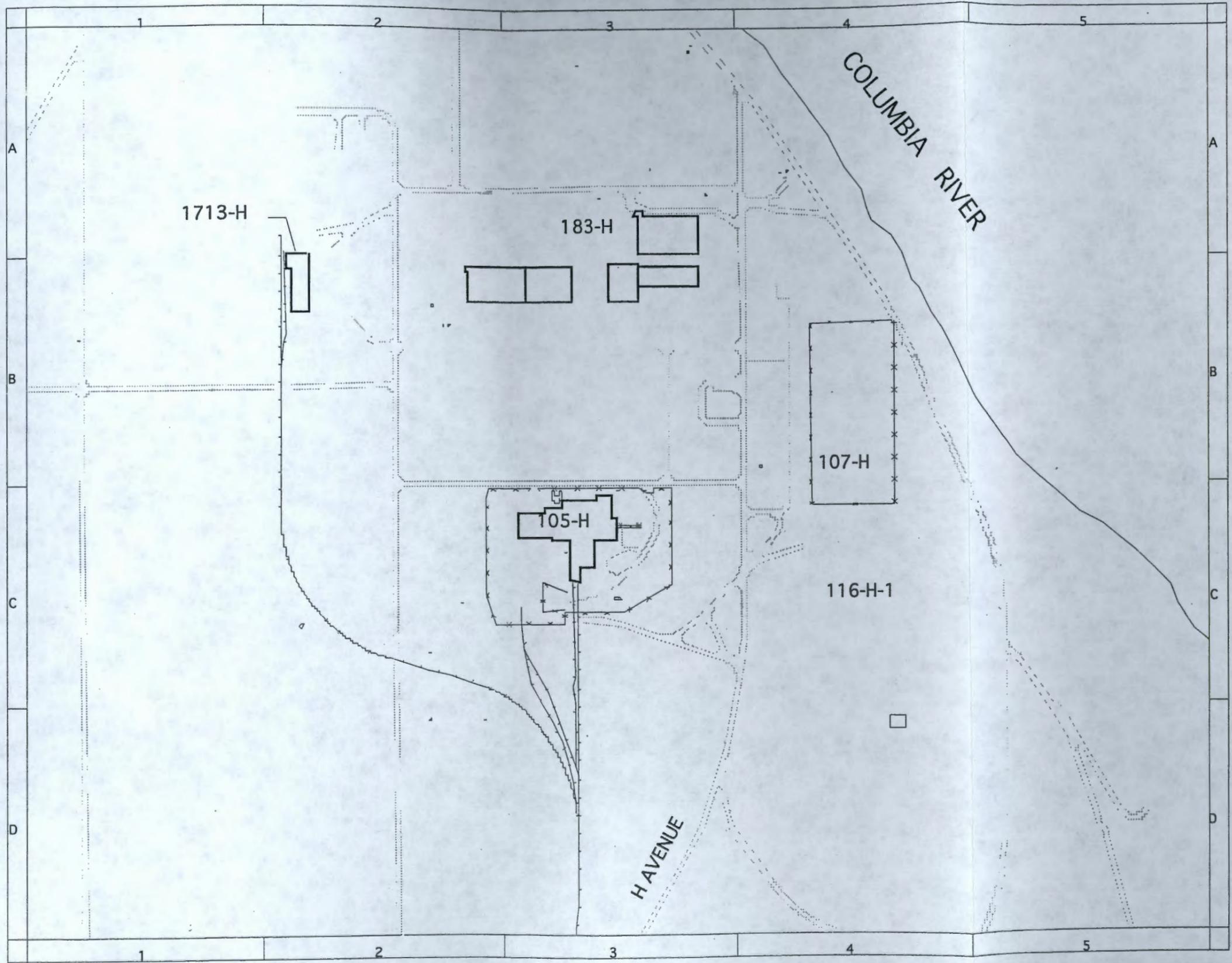
| LEGEND | |
|----------|---|
| | MAJOR BUILDINGS |
| | MINOR BUILDINGS |
| | MISC STRUCTURES/ SHEDS & TOWERS |
| 242A | BUILDING NUMBERS |
| | MOBILE OFFICES |
| MO240 | MOBILE OFFICE NUMBERS |
| 216-A-42 | CRIBS |
| 218-E-10 | BURIAL GROUNDS |
| | IMPROVED ROADS |
| | UNIMPROVED ROADS |
| | DIRT ROADS |
| | RAILROADS |
| | SECURITY, WARNING & MISC FENCES |
| | POST & CHAIN (CRIB & BURIAL- GROUND FENCES) |
| | PERIMETER FENCES |
| | UNDERGROUND WASTE TANKS |
| | WATER TANKS |
| | MISC. TANKS |



100 D/DR AREA

LEGEND

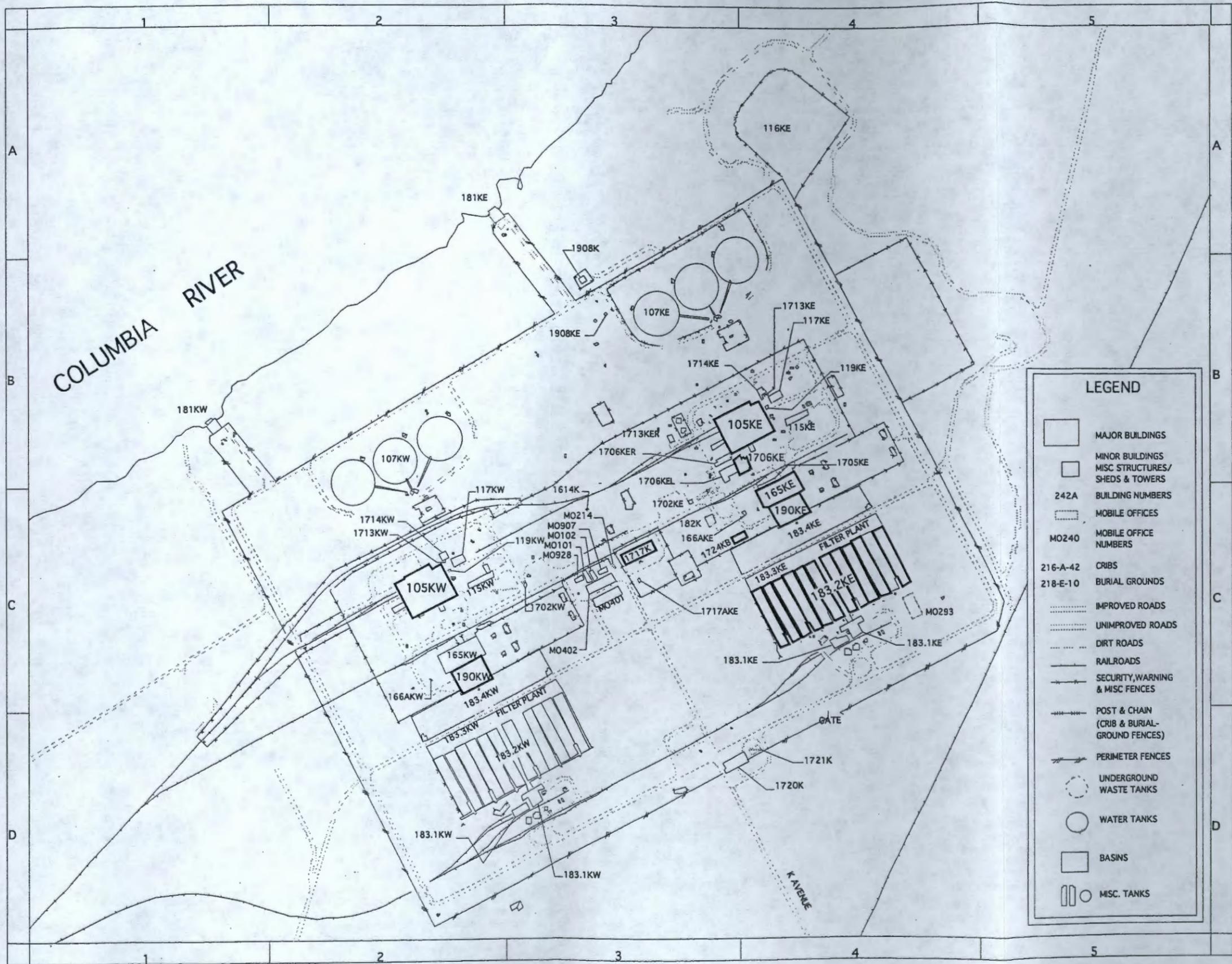
-  MAJOR BUILDINGS
-  MINOR BUILDINGS
-  242A BUILDING NUMBERS
-  MO240 MOBILE OFFICES
-  216-A-42 CRIBS
-  218-E-10 BURIAL GROUNDS
-  IMPROVED ROADS
-  UNIMPROVED ROADS
-  DIRT ROADS
-  RAILROADS
-  SECURITY, WARNING & MISC FENCES
-  POST & CHAIN (CRIB & BURIAL-GROUND FENCES)
-  PERIMETER FENCES
-  UNDERGROUND WASTE TANKS
-  WATER TANKS
-  MISC. TANKS



100 H AREA

BUILDING
NUMBER ZONE

- 105KE B4
- 105KW C2
- 115KE B4
- 115KW C2
- 117KE B4
- 117KW C2
- 119KE B4
- 119KW C2
- 165KE C4
- 165KW C2
- 166AKW C2
- 166AKE C4
- 1614K C3
- 1702KE C3
- 1702KW C3
- 1706KE B4
- 1706KEL B3
- 1706KER B3
- 1713KE B4
- 1713KER B3
- 1713KW C2
- 1714KE B4
- 1714KW C2
- 1717K C3
- 1717AKE C3
- 1720K D3
- 1721K D4
- 181KE A2
- 181KW B1
- 182K C3
- 183.1KE C4
- 183.2KE C4
- 183.3KE C4
- 183.4KE C4
- 183.1KW D3
- 183.2KW D2
- 183.3KW D2
- 183.4KW D2
- 1908K B3
- 1908KE B3
- 190KE C4
- 190KW C2
- MO101 (1711K) C3
- MO102 (1709K) C3
- MO214 (1701K) C3
- MO293 (1725K) C4
- MO401 (1719K) C3
- MO402 (1718K) C3
- MO907 (1722K) C3
- MO928 (1723K) C3

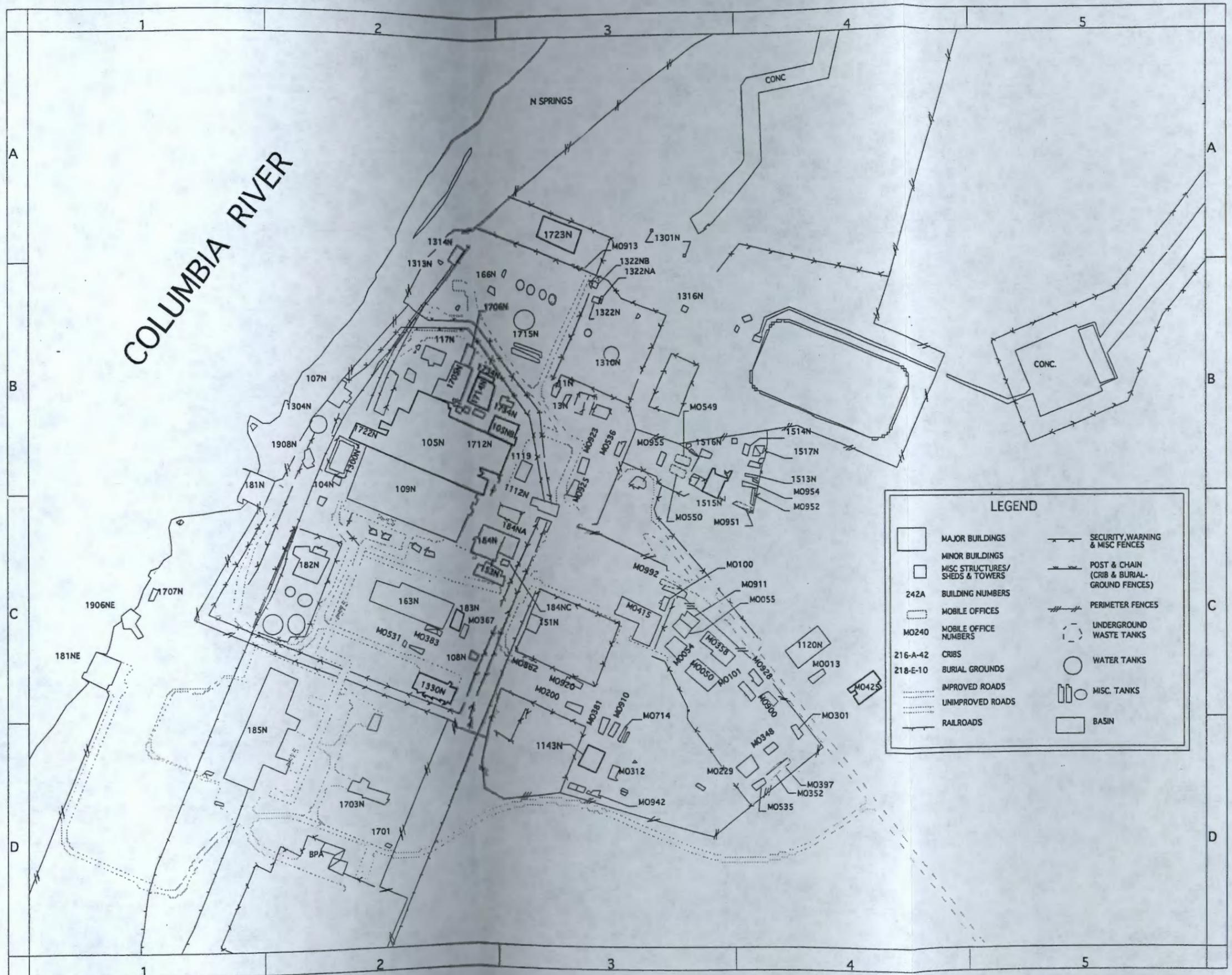


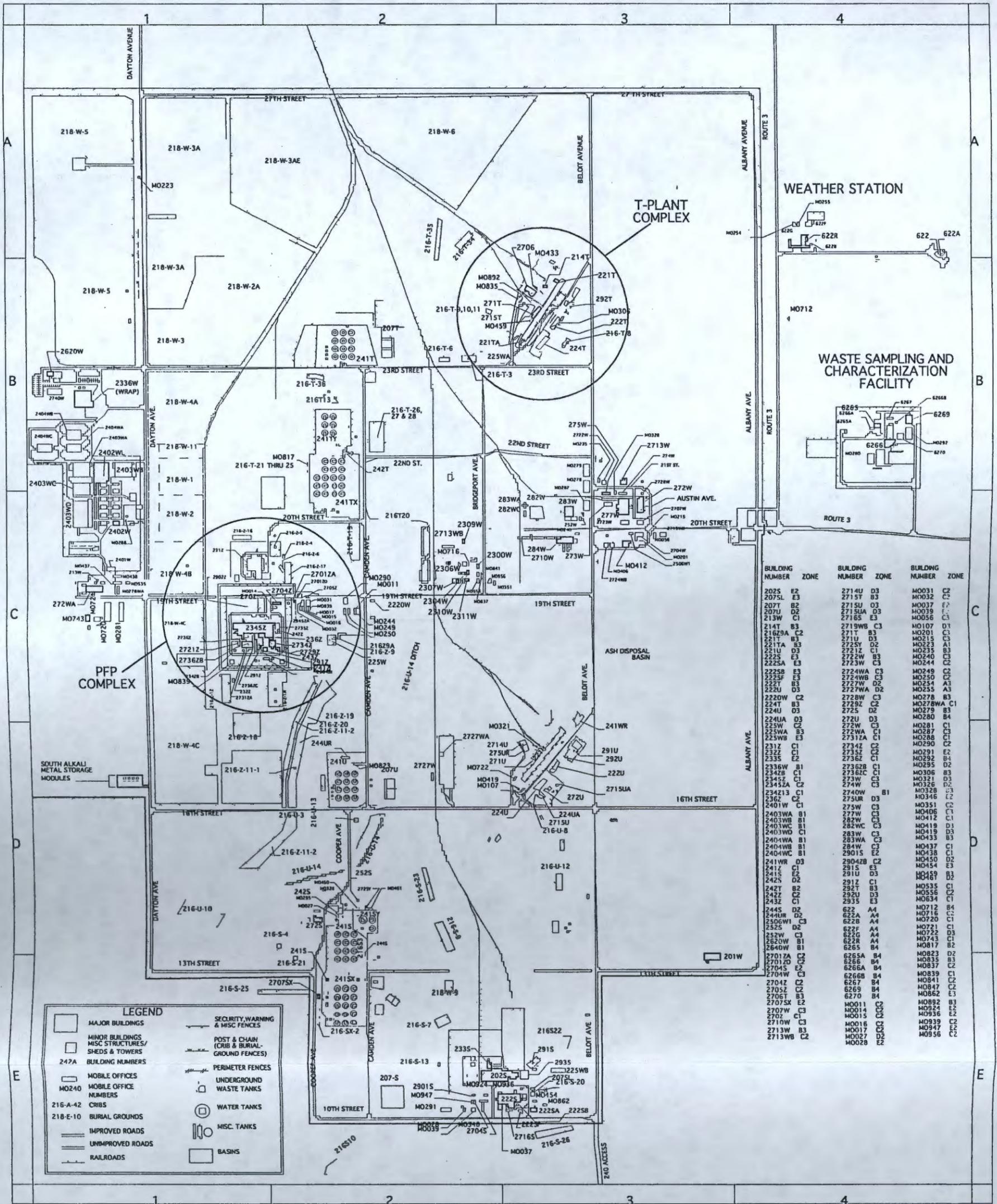
LEGEND

- MAJOR BUILDINGS
- MINOR BUILDINGS
- MISC STRUCTURES/
SHEDS & TOWERS
- 242A BUILDING NUMBERS
- MOBILE OFFICES
- MO240 MOBILE OFFICE
NUMBERS
- 216-A-42 CRIBS
- 218-E-10 BURIAL GROUNDS
- IMPROVED ROADS
- UNIMPROVED ROADS
- DIRT ROADS
- RAILROADS
- SECURITY, WARNING
& MISC FENCES
- POST & CHAIN
(CRIB & BURIAL-
GROUND FENCES)
- PERIMETER FENCES
- UNDERGROUND
WASTE TANKS
- WATER TANKS
- BASINS
- MISC. TANKS

100 K AREA

| BUILDING NUMBER | ZONE | BUILDING NUMBER | ZONE |
|-----------------|------|-----------------|------|
| 104N | B2 | 184NA | C3 |
| 105N | B2 | 184NC | C3 |
| 107N | B2 | 185N | D1 |
| 108N | C2 | 1906NE | C1 |
| 109N | C2 | 1908N | B2 |
| 1102N | C3 | BPA | D2 |
| 1112N | C3 | MO013 | C4 |
| 1119 | B3 | MO050 | C3 |
| 1120N | C4 | MO054 | C3 |
| 1143N | D3 | MO055 | C3 |
| 117N | B2 | MO100 | C3 |
| 11N | B3 | MO101 | C4 |
| 1301N | A3 | MO200 | C3 |
| 1313N | A2 | MO229 | D4 |
| 1314N | A2 | MO301 | D4 |
| 1316N | B3 | MO312 | D3 |
| 1322N | B3 | MO348 | D4 |
| 1322NA | B3 | MO352 | D4 |
| 1322NB | B3 | MO358 | C3 |
| 13N | B3 | MO367 | C2 |
| 1513N | B4 | MO381 | D3 |
| 1514N | B4 | MO383 | C2 |
| 1515N | B3 | MO397 | D4 |
| 1516N | B3 | MO415 | C3 |
| 1517N | B4 | MO531 | C2 |
| 151N | C3 | MO535 | D4 |
| 153N | C2 | MO536 | B3 |
| 163N | C2 | MO549 | B3 |
| 163PAD | C2 | MO550 | B3 |
| 166N | B2 | MO714 | D3 |
| 1701 | D2 | MO862 | C3 |
| 1703N | D2 | MO900 | C4 |
| 1705N | B2 | MO910 | D3 |
| 1706N | B2 | MO911 | C3 |
| 1707N | C1 | MO913 | B3 |
| 1712N | B2 | MO920 | C3 |
| 1714N | B2 | MO923 | B3 |
| 1722N | B2 | MO925 | B3 |
| 1723N | A3 | MO928 | C4 |
| 1734N | B3 | MO942 | D3 |
| 181N | B1 | MO951 | C4 |
| 181NE | C1 | MO952 | C4 |
| 182N | C2 | MO954 | B4 |
| 183N | C2 | MO955 | B3 |
| 184N | C2 | MO992 | C3 |





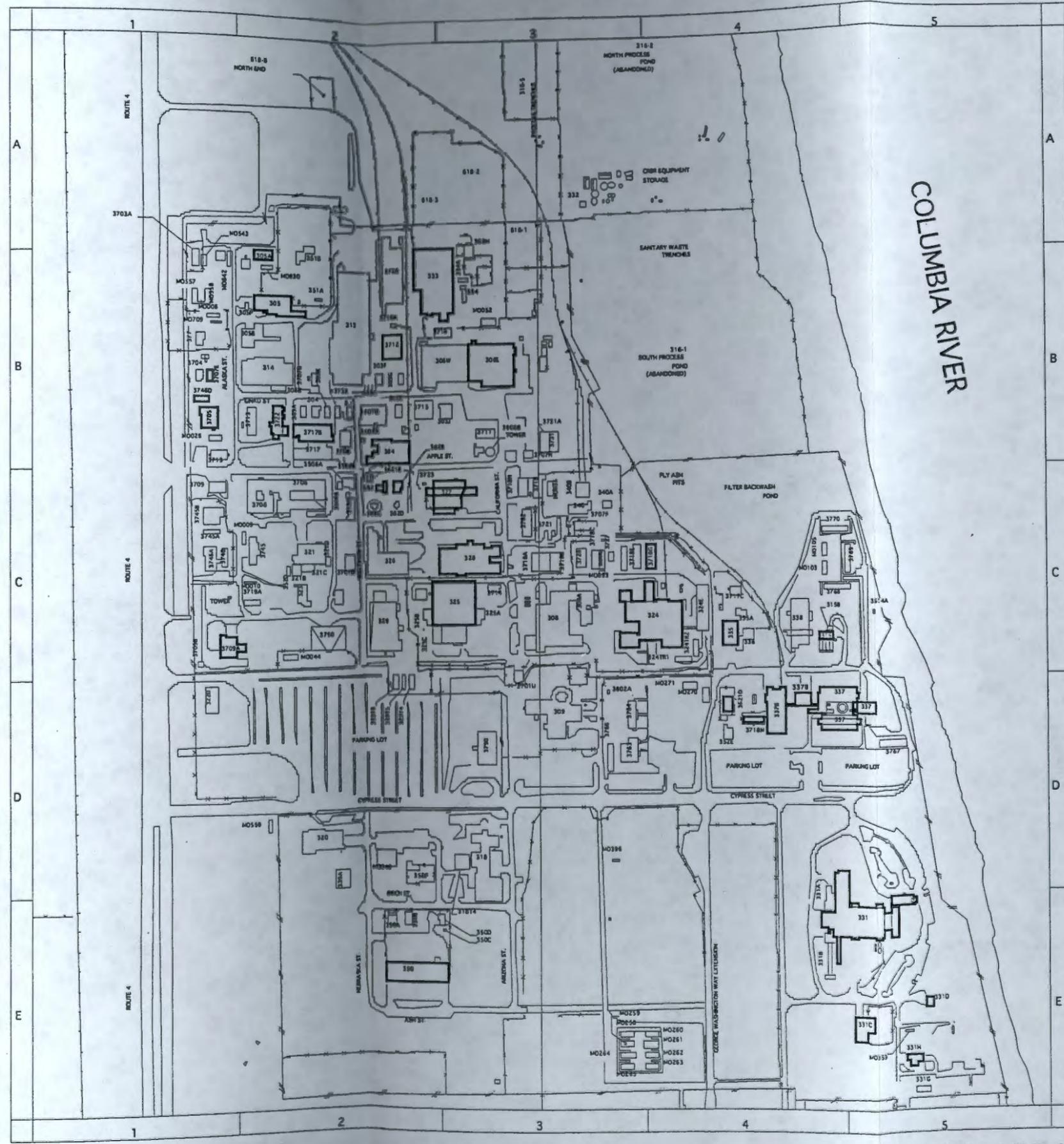
99020104.2

200 WEST AREA

| BUILDING NUMBER | ZONE | BUILDING NUMBER | ZONE | BUILDING NUMBER | ZONE |
|-----------------|------|-----------------|------|-----------------|------|
| 303A | B2 | 339A | D2 | 3722 | B2 |
| 303B | B2 | 340 | C3 | 3723 | C2 |
| 303C | B2 | 340A | C3 | 3727 | C3 |
| 303E | B2 | 340B | C3 | 3728 | C3 |
| 303F | B2 | 350 | E2 | 3730 | C2 |
| 303G | B2 | 350A | E2 | 3731 | B3 |
| 303J | B3 | 350B | E2 | 3731A | B3 |
| 303K | B2 | 350C | E3 | 3732 | B2 |
| 303M | A3 | 350D | E3 | 3745 | C2 |
| 304 | B2 | 3503A | B2 | 3745A | C1 |
| 305 | B2 | 3503B | C2 | 3745B | C1 |
| 305A | B2 | 3506A | C2 | 3746 | C1 |
| 305B | B2 | 3506B | C2 | 3746A | C1 |
| 305P | B2 | 350A | E2 | 3746D | B1 |
| 306E | B3 | 350B | E2 | 3760 | C2 |
| 306W | B3 | 350C | E3 | 3762 | C3 |
| 308 | C3 | 350D | E3 | 3763 | D3 |
| 308A | C3 | 351A | B2 | 3764 | D3 |
| 309 | D3 | 351B | B2 | 3766 | D3 |
| 313 | B2 | 352D | C2 | 3767 | D5 |
| 314 | B2 | 352E | D4 | 3768 | C4 |
| 315 | C4 | 352F | D2 | 3769 | C5 |
| 315B | C4 | 3614A | C5 | 377 | B1 |
| 318 | D3 | 3621B | C2 | 3770 | C4 |
| 318T4 | D3 | 3621C | C2 | 3790 | D3 |
| 320 | D2 | 3621D | D4 | 3802A | D3 |
| 321 | C2 | 3701D | C2 | 382 | C2 |
| 321B | C2 | 3701U | D3 | 382B | C2 |
| 321C | C2 | 3702 | C2 | 382C | C2 |
| 321D | C2 | 3703A | B1 | 382D | C2 |
| 3220 | D1 | 3704 | B1 | 384 | B2 |
| 323 | C2 | 3705 | B1 | MO006 | B1 |
| 324 | C4 | 3706 | C2 | MO009 | C2 |
| 324E | C4 | 3707D | B2 | MO010 | C2 |
| 324TR1 | C4 | 3707E | B1 | MO026 | B1 |
| 324TR2 | C4 | 3707F | C3 | MO036 | C3 |
| 325 | C3 | 3707G | B2 | MO044 | C2 |
| 325A | C3 | 3707H | B3 | MO046 | D2 |
| 325B | C2 | 3708 | B2 | MO052 | B3 |
| 325C | C2 | 3709 | C1 | MO103 | C4 |
| 326 | C2 | 3709A | C1 | MO105 | C4 |
| 327 | C3 | 3709B | C1 | MO258 | E3 |
| 328 | C3 | 3710A | B2 | MO259 | E3 |
| 329 | C2 | 3711 | B3 | MO260 | E4 |
| 329T4 | D2 | 3712 | B2 | MO261 | E4 |
| 329T5 | D2 | 3713 | B2 | MO262 | E4 |
| 329T6 | D2 | 3714 | C3 | MO263 | E4 |
| 331 | E5 | 3715 | B2 | MO264 | E3 |
| 331A | E4 | 3716 | B3 | MO265 | E3 |
| 331B | E4 | 3717 | B2 | MO270 | D4 |
| 331C | E5 | 3717B | B2 | MO271 | D4 |
| 331D | E5 | 3717C | C4 | MO350 | C2 |
| 331G | E5 | 3718 | C3 | MO359 | E5 |
| 331H | E5 | 3718A | C3 | MO396 | D3 |
| 332 | A3 | 3718B | C3 | MO543 | B1 |
| 333 | B2 | 3718C | C3 | MO557 | B1 |
| 334 | B3 | 3718E | C3 | MO558 | B1 |
| 334A | B3 | 3718G | C4 | MO559 | D2 |
| 335 | C4 | 3718M | D4 | MO565 | B1 |
| 335A | C4 | 3718N | C3 | MO709 | B1 |
| 336 | C4 | 3719 | B1 | MO830 | C2 |
| 337 | D4 | 3719A | C2 | MO833 | B3 |
| 337B | D4 | 3720 | B2 | MO842 | B1 |
| 338 | C4 | 3721 | C3 | | |

LEGEND

| | | | |
|--|---|--|---|
| | MAJOR BUILDINGS | | SECURITY, WARNING & MISC FENCES |
| | MINOR BUILDINGS MISC STRUCTURES/ SHEDS & TOWERS | | POST & CHAIN (CRIB & BURIAL- GROUND FENCES) |
| | 242A BUILDING NUMBERS | | PERIMETER FENCES |
| | MOBILE OFFICES | | UNDERGROUND WASTE TANKS |
| | MO240 MOBILE OFFICE NUMBERS | | WATER TANKS |
| | 216-A-42 CRIBS | | MISC. TANKS |
| | 218-E-10 BURIAL GROUNDS | | |
| | ROADS | | |
| | RAILROADS | | |

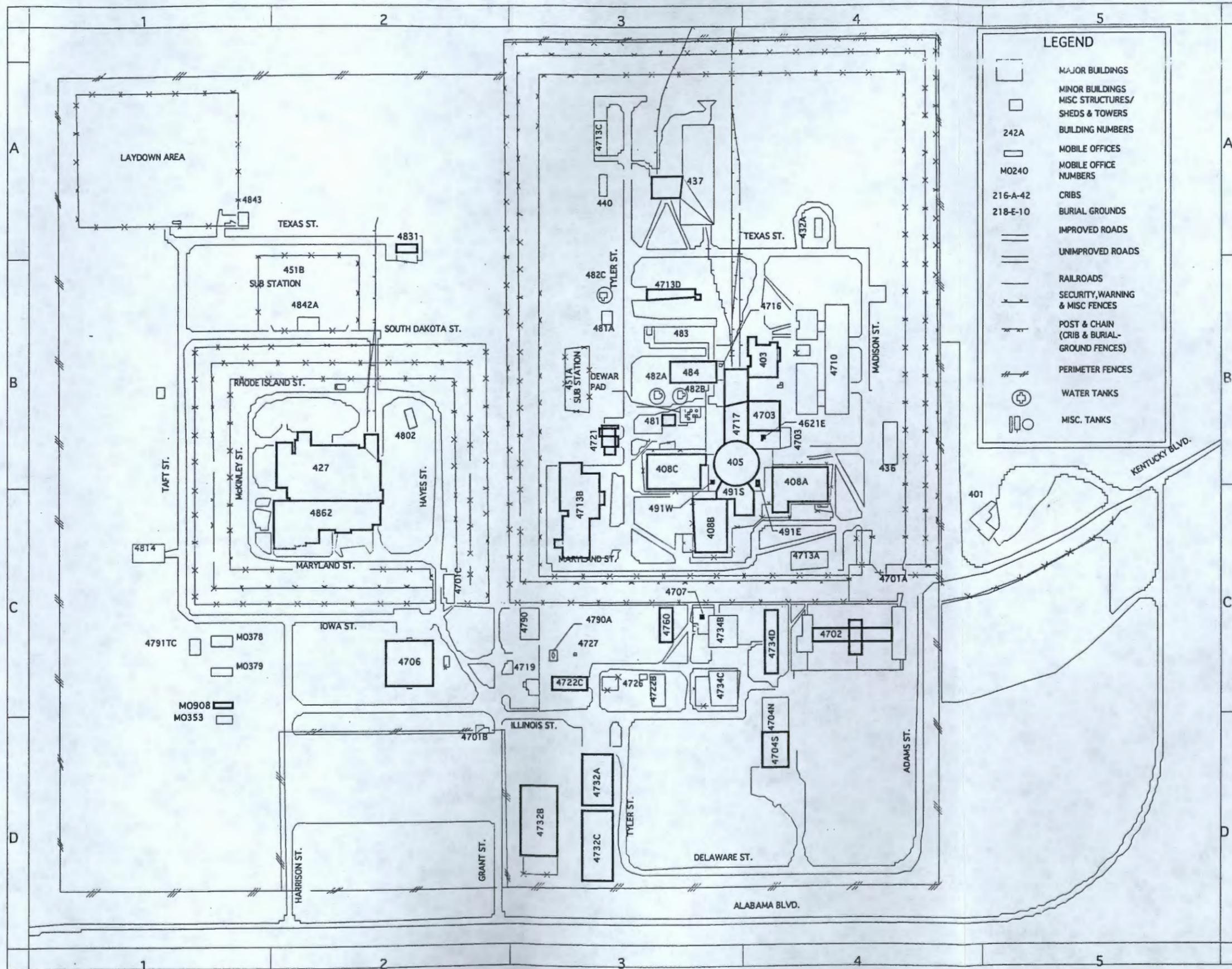


COLUMBIA RIVER

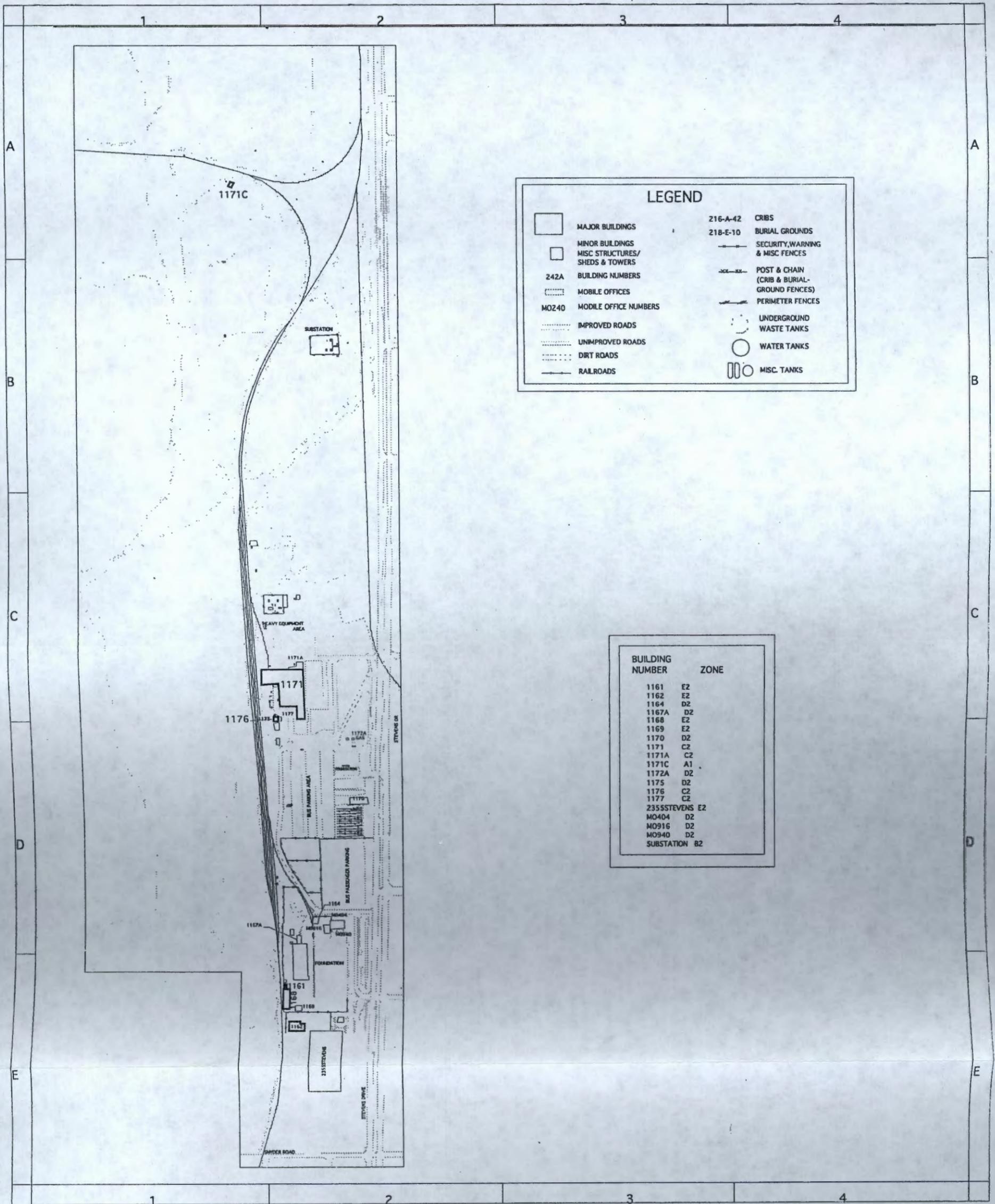
300 AREA
99020104.3R1

BUILDING NUMBER NUMBER ZONE

- 401 C4
- 403 B4
- 405 B3
- 408A B4
- 408B C3
- 408C B3
- 427 B2
- 432A A4
- 436 B4
- 437 A3
- 440 A3
- 4621E B4
- 4701A B4
- 4701B D2
- 4701C C2
- 4702 B4
- 4703 B4
- 4703 B4
- 4704N D4
- 4704S D4
- 4706 C2
- 4707 C3
- 4710 B4
- 4713A B4
- 4713B C3
- 4713C A3
- 4713D B3
- 4716 B3
- 4717 B3
- 4719 C3
- 4721 B3
- 4722B C3
- 4722C C3
- 4726 C3
- 4727 C3
- 4732A D3
- 4732B D3
- 4732C D3
- 4734B C3
- 4734C C3
- 4734D B4
- 4760 C3
- 4790 C3
- 4791TC C1
- 4802 B2
- 481 B3
- 4814 C1
- 481A B3
- 483 B3
- 4831 A2
- 484 B3
- 4842A B2
- 4843 A1
- 4862 C2
- 491E B4
- 491S C3
- 491W B3
- M0353 D1
- M0378 C1
- M0379 C1
- M0908 C1
- TOWER C3
- DEWAR PAD B3
- LAYDOWN AREA A1
- 451A SUB STATION B3
- 451B SUB STATION B2



400 AREA



LEGEND

| | | | |
|-------|------------------------------------|----------|---|
| | MAJOR BUILDINGS | 216-A-42 | CRIBS |
| | MINOR BUILDINGS | 218-E-10 | BURIAL GROUNDS |
| | MISC STRUCTURES/ SHEDS & TOWERS | | SECURITY, WARNING & MISC FENCES |
| 242A | BUILDING NUMBERS | | POST & CHAIN (CRIB & BURIAL- GROUND FENCES) |
| | MOBILE OFFICES | | PERIMETER FENCES |
| MO240 | MOBILE OFFICE NUMBERS | | UNDERGROUND WASTE TANKS |
| | IMPROVED ROADS | | WATER TANKS |
| | UNIMPROVED ROADS | | MISC. TANKS |
| | DIRT ROADS | | |
| | RAILROADS | | |

| BUILDING NUMBER | ZONE |
|-----------------|------|
| 1161 | E2 |
| 1162 | E2 |
| 1164 | D2 |
| 1167A | D2 |
| 1168 | E2 |
| 1169 | E2 |
| 1170 | D2 |
| 1171 | C2 |
| 1171A | C2 |
| 1171C | A1 |
| 1172A | D2 |
| 1175 | D2 |
| 1176 | C2 |
| 1177 | C2 |
| 2355STEVENS | E2 |
| MO404 | D2 |
| MO916 | D2 |
| MO940 | D2 |
| SUBSTATION | B2 |

1100 AREA

99020104.11

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

TIER TWO INSTRUCTIONS

General Information

Submission of this Tier Two form (when requested) is required by Title III of the Superfund Amendments and Reauthorization Act of 1986, Section 312, Public Law 99-499, codified at 42 U.S.C. Section 11022. The purpose of the Tier Two form is to provide State and local officials and the public with specific information on hazardous chemicals present at your facility during the past year.

Certification

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the first page of the Tier Two report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheets as well as all attachments. Submissions to the SERC, LEPC, and local fire departments must each contain an *original* signature on the first page.

Who Must Submit This Form

Section 312 of Title III requires that the owner or operator of a facility submit this Tier Two form if so requested by a State emergency response commission, a local emergency planning committee, or the local fire departments with jurisdiction over the facility.

This request may apply to the owner or operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970, to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility. MSDS requirements are specified in the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, found in Title 29 of the Code of Federal Regulations at §1910.1200.

This form does not have to be submitted if all of the chemicals located at your facility are excluded under Section 311(e) of Title III.

What Chemicals Are Included

If you are submitting Tier Two forms in lieu of Tier One, you must report the required information on this Tier Two form for each hazardous chemical present at your facility in quantities equal to or greater than established threshold amounts (discussed below), unless the chemicals are excluded under Section 311(e) of Title III. Hazardous chemicals are any substance for which your facility must maintain an MSDS under OSHA's Hazard Communication Standard.

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

What Chemicals Are Excluded

Section 311(e) of Title III excludes the following substances:

- (i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
- (ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- (iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;
- (iv) Any substance to the extent it is used in a research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual;
- (v) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

OSHA Hazard Communication regulations, 29 CFR §1910.1200(b), stipulate exemptions from the requirement to prepare or have available an MSDS.

Reporting Thresholds

Minimum thresholds have been established for Tier One/Tier Two reporting under Title III, Section 312. These thresholds are as follows:

- For Extremely Hazardous Substances (EHSs) designated under section 302 of Title III, the reporting threshold is 500 pounds or the threshold planning quantity (TPQ), whichever is lower.
- For all other hazardous chemicals for which facilities are required to have or prepare an MSDS, the minimum reporting threshold is 10,000 pounds.

You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds. For instructions on threshold determinations for components of mixtures, see the Chemical Information section on page 4 of these instructions.

When to Submit This Form

Owners or operators of facilities that have hazardous chemicals on hand in quantities equal to or greater than set threshold levels must submit Tier Two forms by March 1.

Where to Submit This Form

Send completed Tier Two form to each of the following organizations:

1. Your State Emergency Response Commission.
2. Your Local Emergency Planning Committee.
3. The fire department with jurisdiction over your facility.

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

Penalties

Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Each day a violation continues shall constitute a separate violation.

Completing the Forms

Reporting Period:

Enter the appropriate calendar year, beginning January 1 and ending December 31.

Facility Identification:

Enter the full name of your facility (and company identifier where appropriate). Enter the full street address or state road. If a street address is not available, enter other appropriate identifiers that describe the physical location of your facility (e.g., longitude and latitude). Include city, county, state, and zip code.

Enter the primary Standard Industrial Classification (SIC) code and the Dun & Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, contact the State or regional office of Dun & Bradstreet to obtain your facility number or have one assigned.

Owner/Operator:

Enter the owner's or operator's full name, mailing address, and phone number.

Emergency Contact:

Enter the name, title, and work phone number of at least one local person or office who can act as a referral if emergency responders need assistance in responding to a chemical accident at the facility. Provide an emergency phone number where such emergency information will be available 24 hours a day, every day. The requirement is mandatory. The facility must make some arrangement to ensure a 24-hour contact is available.

Identical Information:

Check the box indicating identical information, located below the emergency contacts on the Tier Two form, if the current chemical information being reported is identical to that submitted last year. Chemical descriptions, hazards, amounts, and locations must be provided in this year's form, even if the information is identical to that submitted last year.

Chemical Information: Description, Hazards, Amounts, and Locations:

The main section of the Tier Two form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

Calculate all amounts as weight in pounds. To convert gas or liquid volume to weight in pounds, multiply by an appropriate density factor. If a chemical is part of a mixture, you have the option of reporting either the weight of the entire mixture or only the portion of the mixture that is a particular hazardous chemical. The option used for each mixture must be consistent with the option used in your Section 311 reporting.

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

Chemical Description:

Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers' of as many constituent chemicals as possible. Enter the chemical name or common name of each hazardous chemical. Check box for ALL applicable descriptors: pure or mixture; and solid, liquid, or gas; and whether the chemical is or contains an EHS. If the chemical is a mixture containing an EHS, enter the chemical name of each EHS in the mixture.

Physical and Health Hazards:

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical hazard categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

HAZARD CATEGORY COMPENSATION FOR REPORTING UNDER SECTIONS 311 AND 312

| EPA's hazard categories | OSHA's hazard categories |
|---------------------------------|---|
| Fire Hazard | Flammable Pyrophoric Combustible Liquid Oxidizer |
| Sudden Release of Pressure | Explosive Compressed Gas |
| Reactive | Unstable Reactive Organic Peroxide Water Reactive |
| Immediate (Acute) Health Hazard | Highly Toxic Toxic Irritant Sensitizer Corrosive Other hazardous chemicals with an adverse effect with short term exposure |
| Delayed (Chronic) Health Hazard | Carcinogen Other hazardous chemicals with an adverse effect with long term exposure |

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

Maximum Amount:

For each hazardous chemical, estimate the greatest amount present at your facility on any single day during the reporting period. Find the appropriate range value code on Table I. Enter this code as the Maximum Daily Amount.

Average Daily Amount:

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site. Find the appropriate range value code in Table I. Enter this code as the Average Daily Amount.

TABLE I -- REPORTING RANGES

| Range Value Code | Weight range in pounds | |
|------------------|------------------------|-----------------------------|
| | From | To |
| 01 | 0 | 99 |
| 02 | 100 | 999 |
| 03 | 1,000 | 9,999 |
| 04 | 10,000 | 99,999 |
| 05 | 100,000 | 999,999 |
| 06 | 1,000,000 | 9,999,999 |
| 07 | 10,000,000 | 49,000,000 |
| 08 | 50,000,000 | 99,999,999 |
| 08 | 100,000,000 | 499,999,999 |
| 10 | 500,000,000 | 999,999,999 |
| 11 | 1 billion | higher than 1 billion |

Number of Days On-Site:

Enter the number of days that the hazardous chemical was found on-site.

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

Storage Codes and Storage Locations:

List all non-confidential chemical locations in this column, along with storage types/conditions associated with each location. Please note that a particular chemical may be located in several places around the facility. Each row of boxes followed by a line represents a unique location for the same chemical.

For each location, find the appropriate codes for defining the storage types (from Table II) and pressure and temperature conditions (see Table III). Enter the applicable code for the storage type in the first box, the pressure code in the second box, and the temperature code in the third box.

TABLE II -- STORAGE TYPES

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

TABLE III--TEMPERATURE AND PRESSURE CONDITIONS

| Codes | Pressure conditions | Codes | Temperature conditions |
|-------|-------------------------------|-------|---|
| 1 | Ambient pressure | 4 | Ambient temperature |
| 2 | Greater than ambient pressure | 5 | Greater than ambient temperature |
| 3 | Less than ambient pressure | 6 | Less than ambient temperature, but not cryogenic |
| | | 7 | Cryogenic conditions |

Storage Locations:

Provide a brief description of the precise location of the chemical, so that emergency responders can locate the area easily. You may find it advantageous to provide the optional site plan or site coordinates as explained below. For each chemical, indicate at a minimum the building or lot. Additionally, where practical, the room or area may be indicated. You may respond in narrative form with appropriate site coordinates or abbreviations. If the chemical is present in more than one building, lot, or area location, continue your responses down the page as needed. If the chemical exists everywhere at the plant site simultaneously, you may report that the chemical is ubiquitous at the site.

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

Optional attachments:

If you choose to attach one of the following, check the appropriate Attachments box at the bottom of the Tier Two form.

- a. A site plan with site coordinates indicated for buildings, lots, areas, etc. throughout your facility.
- b. A list of site coordinate abbreviations that correspond to buildings, lots, areas, etc. throughout your facility.
- c. A description of dikes and other safeguard measures for storage locations throughout your facility.

Confidential Information:

Under Title III, Section 324, you may elect to withhold location information on a specific chemical from disclosure to the public. If you choose to do so, enter the word "confidential" in the Non-Confidential Location section of the Tier Two form on the first line of the storage locations. On a separate Tier Two Confidential Location Information Sheet, enter the name and CAS number of each chemical for which you are keeping the location confidential. Enter the appropriate location and storage information, as described above for non-confidential locations. Attach the Tier Two Confidential Location Information Sheet to the Tier Two form. This separates confidential locations from other information that will be disclosed to the public.

Certification:

Instructions for this section are included on page one of these instructions.

Building Index

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

BUILDING INDEX

100B/C Area

Map: 31
 100C Worksite: 9
 181B: 27
 182B: 9, 27

100D/DR Area

Map: 32
 100-DR-1 Operable Unit: 5, 9, 14, 18, 20, 23
 105DR: 2, 6, 20
 181D: 27
 182D: 27
 190DR: 23, 25

100F Area

Map: 30
 105F: 2, 9, 18, 20

100H Area

Map: 33
 100-HR-3 Pump & Treat: 27
 100H Worksite: 5, 9, 12, 18, 20

100K Area

Map: 34
 100-KR-4 Operable Unit: 27
 105KE: 2, 5, 24
 105KW: 2, 5, 24
 142K: 20
 165KE: 2
 183KE: 7, 14
 185K: 1, 26
 190KE: 11, 12, 14, 15, 23, 28
 1706KE: 2, 15, 26, 28
 1713KE: 12
 1717K: 2, 6, 11, 20
 1724K (HS080): 9, 14, 15, 28
 1724KA: 5
 1724KB: 2, 8, 15, 18, 21

100N Area

Map: 35
 105N: 7
 105NB: 7, 14
 183N: 1, 26
 1120N: 2, 15
 1512N: 8, 15, 18
 1515N: 2, 12, 18
 1714NB: 9, 21
 1723N: 2, 7, 15, 18, 21
 Equipment Pool: 9
 MO423: 6, 15, 26, 28
 MO425: 6, 8, 16, 18

200E Area and surrounding areas

Map: 36
 204AR: 9, 26
 209E: 2, 6, 21
 212H: 10, 18, 21
 225E: 21
 241A: 16
 241AN: 2, 16
 241AP: 2, 8, 16
 241AW: 2
 241AY: 2
 241AZ: 23
 241BX: 2
 241BY: 16
 241C: 2
 242A: 2, 6, 10, 16, 21
 242A81: 6
 242AC: 2, 7, 16, 18
 252E: 28
 272AW: 3, 8, 12, 16, 18, 21, 23
 275E: 8, 21
 277A: 3, 8, 16, 18
 282ED: 10
 283E: 1, 7
 2025E: 2, 5, 6, 12, 13, 14, 15, 16,
 21, 23, 26, 28
 2101HV: 2, 8, 16, 21, 23
 2101M: 2, 6, 7, 8, 9, 11, 12, 14, 16,
 18, 21, 24, 25, 26, 29
 2703E: 2, 8, 11, 14, 16, 23
 2711E: 3, 11, 12, 14, 16, 18, 21
 2715AW: 11, 12, 24
 2721E: 10, 28
 2721EA: 3, 8, 14, 16, 18, 21, 23
 2727E: 16
 6290: 3, 8, 19, 21
 LERF Catch Basins: 6
 HTS Pipeyard: 3, 5, 16, 19
 MO444: 7
 MO966: 21

WESF Complex

218B: 24
 225B: 2, 8, 16, 24, 26
 225BC: 16
 225BG: 10, 16
 226B: 24
 272BA: 21, 26
 282B: 10
 282BA: 10
 2242B: 10, 21
 2247B: 2, 18, 21
 2249B: 2, 8, 16, 18, 21

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

BUILDING INDEX

**Central Fire Station and surrounding area
(on Route 3 between 200E and 200W Area)**

| | |
|-------|-----------|
| Mao: | 30 |
| 607: | 24 |
| 609A: | 19, 21 |
| 609D: | 8, 19, 21 |
| 609G: | 8 |
| 616: | 6, 24, 25 |

200W Area and surrounding areas

| | |
|------------------------|--|
| Map: | 37 |
| 200-ZP-1 Pump & Treat: | 6, 8, 16, 21 |
| 200-ZP-2 ERA: | 6 |
| 201W (HS012): | 23 |
| 202S: | 10, 14, 21 |
| 222S: | 3, 6, 8, 13, 14, 15, 16, 19, 21, 24, 26, 28 |
| 222SA: | 5, 12, 13, 15, 19, 24, 26, 28 |
| 233S: | 3, 8, 25 |
| 241S: | 17 |
| 241SX: | 3, 17 |
| 241SY: | 3 |
| 241T: | 3 |
| 241TX: | 3 |
| 241U: | 3 |
| 242S: | 3 |
| 244TX: | 26 |
| 251W: | 10, 28 |
| 252W: | 28 |
| 271U: | 6 |
| 272W: | 3, 14, 19, 22, 23 |
| 272WA: | 3, 8, 11, 12, 17, 19, 23, 26, 29 |
| 275W: | 14, 17, 19, 22 |
| 277W: | 4, 17, 19, 22 |
| 282WD: | 10 |
| 283W: | 1, 7, 14 |
| 284W: | 10 |
| 2263W: | 3, 8, 16, 19 |
| 2304W: | 3, 16, 19 |
| 2306W: | 3, 8, 16, 19, 21 |
| 2307W: | 3, 19, 22 |
| 2309W: | 3, 19, 22 |
| 2310W: | 3, 16, 19, 22 |
| 2318W: | 7 |
| 2336W: | 3, 12, 16, 23, 24, 28 |
| 2402W: | 17, 22 |
| 2402WL: | 22 |
| 2620W: | 3, 22 |
| 2707SX: | 28 |
| 2713WB: | 3 |
| 2713WB: | 19 |

| | |
|----------------------------------|--------|
| 2713WC: | 23 |
| 2722W: | 22 |
| 2727W: | 17, 25 |
| Alkali Metal Storage Modules: | 25 |
| MO037: | 8 |
| MO399: | 25 |
| MO720: | 8 |
| MO743: | 14 |

PFP Complex

| | |
|---------|--|
| 236Z: | 12, 23 |
| 241Z: | 15, 26 |
| 243Z: | 6 |
| 291Z: | 26 |
| 234-5Z: | 1, 3, 5, 8, 11, 12, 13, 14, 15, 16, 17, 19, 23, 25, 26, 27, 28 |
| 2721Z: | 10 |
| 2734ZB: | 8 |
| 2734ZC: | 3, 17, 19 |
| 2734ZF: | 3 |
| 2734ZG: | 17 |
| 2734ZK: | 3, 22 |
| 2736ZB: | 4 |

T Plant Complex

| | |
|---------------|-----------------------------|
| 211T (HS031): | 14, 25, 27 |
| 221T: | 3, 6, 8, 10, 19, 21, 24, 26 |
| 271T: | 6, 11, 14, 26 |
| 277T: | 5, 6 |
| MO433: | 6 |

**Waste Sampling and Characterization Facility -
WSCF (East of 200W Area)**

| | |
|-------|----------------------------------|
| Map: | 37 |
| 6265: | 4, 8, 17, 19, 22 |
| 6266: | 6, 13, 14, 15, 23, 25, 27, 28 |
| 6269: | 6, 15, 27, 28 |

**Weather Station Complex
(Northeast of 200W Area)**

| | |
|-------|------------------------------------|
| Map: | 37 |
| 622R: | 4, 8, 9, 13, 14, 15, 17, 27, 28 |

**Environmental Restoration Disposal Facility
(Southeast of 200W Area)**

| | |
|-------|--------|
| Map: | 30 |
| 6618: | 10, 14 |

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

BUILDING INDEX

300 Area

| | |
|-------------------|--|
| Map: | 38 |
| 305: | 4, 5, 6, 7, 9, 12, 13, 15, 17, 19, 22, 23, 25, 27 |
| 305A: | 4, 12, 17, 19, 22, 23 |
| 306E: | 1, 4, 7, 9, 11, 15, 17, 19, 22, 23, 25, 27, 28 |
| 315: | 1, 28 |
| 324: | 4, 9, 13, 14, 17, 19, 22, 23 |
| 325: | 4, 17, 19 |
| 327: | 4, 15, 27 |
| 328: | 4, 9, 29 |
| 331: | 19 |
| 331C: | 7, 17, 19, 23 |
| 331D: | 7, 27 |
| 331H: | 22 |
| 333: | 4, 22 |
| 335: | 6 |
| 337B: | 4, 12, 17, 23, 25, 27 |
| 350: | 4, 17, 20 |
| 351B: | 28 |
| 352C: | 28 |
| 352E: | 28 |
| 352F: | 29 |
| 382B: | 10 |
| 3229: | 10 |
| 3232: | 19 |
| 3621B/C: | 10, 29 |
| 3621D: | 10 |
| 3705: | 11, 24, 27, 29 |
| 3709A: | 9, 20 |
| 3712: | 4 |
| 3717B: | 4, 9, 17, 20 |
| 3718G: | 12, 15, 24 |
| 3718M: | 25 |
| 3718N: | 20, 22 |
| 3722: | 4, 20 |
| 3728: | 7, 9, 25 |
| 3746D: | 1, 24, 29 |
| Boneyard by 306E: | 9, 10, 12, 22, 24 |

Environmental and Molecular Sciences

Laboratory (EMSL) - 3020

| | |
|------|----------------|
| Map: | 30 |
| 3020 | 10, 12, 23, 27 |

300-FF-1 Operable Unit

(North of 300 Area)

| | |
|-----------|-----------------------|
| Map: | 30 |
| 300-FF-1: | 4, 10, 17, 19, 22, 23 |

310 Treated Effluent Disposal Facility

(North of 300 Area)

| | |
|------|----------------|
| Map: | 30 |
| 310: | 13, 14, 27, 28 |

Pit 6 (Northwest of 300 Area)

| | |
|--------|--------|
| Map: | 30 |
| PIT 6: | 13, 29 |

400 Area

| | |
|--------|--------------------------|
| Map: | 39 |
| 403: | 4, 25 |
| 405: | 9, 11, 12, 13, 17, 25 |
| 408A: | 9, 10 |
| 408B: | 9, 10 |
| 408C: | 9, 10 |
| 427: | 13, 17, 25, 29 |
| 437: | 4, 18 |
| 4621E: | 4, 20, 29 |
| 4621W: | 4, 18, 20, 29 |
| 4703: | 29 |
| 4704S: | 4, 7, 10, 15, 18, 20, 22 |
| 4713B: | 4, 7, 9, 18, 20 |
| 4713D: | 4, 18, 20, 22 |
| 4717: | 4 |
| 4721: | 10 |
| 4722B: | 13, 20 |
| 4722C: | 22 |
| 4732A: | 24, 25 |
| 4732B: | 27 |
| 4732C: | 11, 12, 13 |
| 4760: | 4, 18, 20, 22 |
| 481: | 11 |
| 481A: | 11 |
| 4831: | 11, 12, 13 |
| 484: | 9 |
| 4862: | 13 |
| 491E: | 4, 20 |
| 491S: | 4 |
| 491W: | 5, 20 |

1100 Area

| | |
|-------|--------------|
| Map: | 40 |
| 1161: | 18, 22 |
| 1162: | 7 |
| 1168: | 5, 9, 18, 20 |

100 Area Fire Station

(Corner of Route 1 and Route 4 North)

| | |
|------|--------|
| Map: | 30 |
| 609: | 13, 22 |

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

BUILDING INDEX

**Hazardous Materials Management and
Emergency Response (HAMMER) Facility**
(Horn Rapids Road, Southeast corner of site)

| | |
|--------|--------|
| Map: | 30 |
| 6092: | 9, 22 |
| 6092I: | 27, 29 |
| 6092N: | 22 |

Patrol Training Academy
(Horn Rapids Road, Southeast corner of site)

| | |
|-------------------|----|
| Map: | 30 |
| Ammunition Conex: | 1 |
| MO001: | 20 |
| MO302: | 20 |

General Locations throughout site

| | |
|--------------------------------|----------------|
| Site Electrical Transformers: | 11, 15, 20, 29 |
| Site Building HVAC/AC Systems: | 7 |

**1999 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

CHEMICAL INDEX

| <u>Chemical Name [CAS number]</u> | <u>Page(s)</u> |
|--|----------------|
| Aluminum sulfate dihydrate [10043-01-3] | 1 |
| Ammunition [NA] | 1 |
| Argon [7440-37-1]..... | 2-5 |
| Bentonite [1302-78-9]..... | 5 |
| Calcium chloride [10043-52-4] | 5 |
| Carbon [7440-44-0]..... | 6-7 |
| Chlorine gas [7782-50-5] | 7 |
| Chlorodifluoromethane (Freon 22) [75-45-6]..... | 7 |
| Clinoptilolite [12173-10-3] | 7 |
| Compressed air [25635-88-5]..... | 8-9 |
| Diesel fuels, grades 1 and 2 [NA]..... | 9-11 |
| Diethylene glycol [111-46-6]..... | 11 |
| Dimethyl siloxane [63148-62-9] | 11 |
| Dipotassium phosphate [7758-11-4]..... | 12 |
| Ethylene glycol [107-21-1]..... | 12-13 |
| Ferric chloride [7705-08-0] | 13 |
| Hydrogen peroxide (concentrations <52%) [7722-84-1]..... | 13-14 |
| Mineral oil [8012-95-1]..... | 14-15 |
| Nitric acid [7697-37-2]..... | 15 |
| Nitrogen [7727-37-9]..... | 15-18 |
| Oxygen [7782-44-7]..... | 18-20 |
| Polychlorinated biphenyls [1336-36-3] | 20 |
| Propane [74-98-6] | 20-22 |
| Propylene glycol [57-55-6] | 23-24 |
| Silica, crystalline-cristobalite [14464-46-1] | 24 |
| Silica, crystalline-quartz [14808-60-7]..... | 24-25 |
| Silica, crystalline-tridymite [15468-32-3] | 25 |
| Sodium [7440-23-5]..... | 25 |
| Sodium hydroxide [1310-73-2] | 26-27 |
| Sulfuric acid [7664-93-9]..... | 27-29 |
| Synthetic paraffinic hydrocarbon [68037-01-4] | 29 |

**1999 HANFORD SITE TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
DOE/RL-2000-08**

DISTRIBUTION

| <u>Number Of Copies</u> | REQUIRED RECIPIENTS |
|-----------------------------|--|
| 1 | <u>Benton County Emergency Management</u> Mr. Rick J. Garza 651 Truman Avenue Richland, Washington 99352-9104 |
| 1 | <u>Franklin County Emergency Management</u> Mr. John Sheer, Director 502 Boeing Street Pasco, Washington 99301 |
| 1 | <u>Grant County Department of Emergency Management</u> Mr. Sam Lorenz, Director 6500 32 nd Avenue NE, Suite 911 Moses Lake, Washington 98837 |
| 1 | <u>Hanford Fire Department</u> Chief Donald E. Good MSIN S3-97 DynCcrp Tri-Cities Services, Inc. Post Office Box 1400 Richland, Washington 99352-1400 |
| 1 | <u>Richland Fire and Emergency Services</u> Mr. Glen W. Johnson, Director 1000 George Washington Way Richland, Washington 99352 |
| 1 | <u>State of Washington Department of Ecology</u> Ms. Idell Hansen Community Right-To-Know Unit Post Office Box 47659 Olympia, Washington 98504-7659 |

DOE/RL-2000-08
DISTRIBUTION, continued

Number
Of Copies

OTHER OFFSITE RECIPIENTS

| | |
|---|--|
| 1 | <u>Confederated Tribes of the Umatilla Indian Reservation</u> Mr. Jim R. Wilkinson Post Office Box 638 Pendleton, Oregon 97801-0638 |
| 1 | <u>Nez Perce Tribe</u> Ms. Donna Powauke Post Office Box 365 Lapwai, Idaho 83540-0365 |
| 1 | <u>U.S. Environmental Protection Agency, Region 10</u> Mr. Douglas R. Sherwood, Hanford Project Manager MSIN B5-01 712 Swift Boulevard, Suite 5 Richland, Washington 99352 |
| 1 | <u>Wanapum Indian Band</u> Ms. Leanora Seelatsee Post Office Box 878 Ephrata, Washington 98823-0878 |
| 1 | <u>Yakama Nation</u> Mr. Russell Jim Post Office Box 151 Toppenish, Washington 98948 |

DOE/RL-2000-08
DISTRIBUTION, continued

| <u>Number Of Copies</u> | ONSITE RECIPIENTS | |
|-----------------------------|--|--|
| 3 | Central Files Document Processing Center EDMC | A3-88 A3-89 H6-08 |
| 4 | <u>Bechtel, Hanford, Inc.</u> V. G. Edens, BHI EP Coordinator R. J. Landon T. L. Logan J. L. Ollero | H0-15 H0-02 H0-09 H9-01 |
| 2 | <u>CH2M HILL Hanford Group, Inc.</u> E. E. Mayer | R2-50 |
| 2 | <u>Hanford Environmental Health Foundation</u> Dr. L. B. Smick, Medical Director S. M. McInturff, HEHF EP Coordinator | H1-02 H1-77 |
| 7 | <u>Fluor Hanford, Inc.</u> M. E. Brown, FPH EP Coordinator R. H. Gurske D. E. Zaloudek 400 Area Incident Command Post Patrol Operations Center G. A. Aldridge (2), POC for Hanford Emergency Operations Center Alternate Emergency Operations Center | A3-05 G1-37 G1-27 N2-34 S2-98 A3-05 |
| 5 | <u>Pacific Northwest National Laboratory</u> A. K. Ikenberry D. L. Lutter J. B. Schuette, PNNL EP Coordinator DOE Public Reading Room Hanford Technical Library | P7-79 P8-34 K6-44 H2-53 P8-55 |

DOE/RL-2000-08
DISTRIBUTION, continued

17

U.S. Department of Energy, Richland Operations Office

| | |
|---------------------------------------|-------|
| K. A. Benguiat | A5-17 |
| S. T. Burnum | A2-15 |
| R. F. Christensen | K8-50 |
| C. P. Christenson | A5-17 |
| O. A. Farabee | R3-79 |
| R. E. Gerton | H0-12 |
| R. F. Guercia | H0-12 |
| R. N. Krekel (2) | A2-15 |
| P. G. Loscoe | S7-41 |
| R. R. McNulty | H6-60 |
| J. E. Ollero | K8-50 |
| J. E. Rasmussen | A5-15 |
| L. D. Romine | R3-79 |
| J. L. Spracklen | A6-35 |
| J. L. Tokarz-Hames, RL EP Coordinator | A6-35 |
| J. H. Zeisloft | A2-15 |