

START

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1996 Tier Two Emergency and Hazardous Chemical Inventory

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

Date Published
March 1997



**United States
Department of Energy**

P.O. Box 550
Richland, Washington 99352



Approved for Public Release

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Department of Energy

memorandum

Richland Field Office

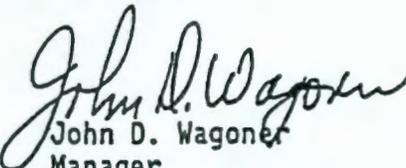
DATE: JAN 04 1993
REPLY TO:
ATTN OF: EAP:EBD 93-RPA-071
SUBJECT: DELEGATION OF SIGNATURE AUTHORITY FOR THE EMERGENCY AND
HAZARDOUS CHEMICAL INVENTORY REPORT (SARA 312)

TO: James D. Bauer, Acting Program Manager
Office of Environmental Assurance,
Permits, and Policy

I hereby delegate signature authority for the Emergency and Hazardous Chemical Inventory Report (SARA 312) to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Pursuant to 40 CFR Section 370.41, Tier II Emergency and Hazardous Chemical Inventory Form, part (b), signature authority may be delegated to the manager's officially designated representative. This memorandum constitutes formal delegation of such authority to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Sincerely,


John D. Wagoner
Manager

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

*Specific
Information
by Chemical*

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s	T e m p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7784 27 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM NITRATE NONAHYDRATE</u> 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 EHS Name _____	<input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	M N M N G M	1 1 1 1 1 1	4 4 4 4 4 4	<u>222S</u> 200W AREA <u>222S</u> 200W AREA <u>222SA</u> 200W AREA <u>222SA</u> 200W AREA <u>234-5Z</u> 200W AREA <u>234-5Z</u> 200W AREA	<input type="checkbox"/>
CAS <u>7784 27 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM NITRATE NONAHYDRATE</u> 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 EHS Name _____	<input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	C A	1 1	4 4	<u>236Z</u> 200W AREA <u>2735Z</u> 200W AREA	<input type="checkbox"/>
CAS <u>1344 28 1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	K I K F N D	1 1 1 1 1 1	4 4 4 4 4 4	<u>1723N</u> 100N AREA <u>M0425</u> 100N AREA <u>209E CONEX</u> 200E AREA <u>2101HV</u> 200E AREA <u>225BE</u> 200E AREA <u>2703E</u> 200E AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____
Signature James E. Rasmussen Date signed 02/28/97

Optional Attachments

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

**TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

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SIC Code 9999 Dun & Brad Number 03-445-6186

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Name _____ Title _____

Phone () 24 Hr. Phone ()

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CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>I14</u> <u>J14</u> <u>M14</u> <u>N14</u> <u>F14</u>	<u>2703E</u> <u>2703E</u> <u>2703E</u> <u>2703E</u> <u>2703E</u> <u>2714A</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>
CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>J14</u> <u>I14</u> <u>K14</u> <u>N14</u> <u>M14</u> <u>N14</u>	<u>271B</u> <u>275EA</u> <u>HTS PIPEYARD</u> <u>221T</u> <u>222S</u> <u>222S</u>	<u>200E AREA</u> <u>200E AREA</u> <u>NE OF 200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>
CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> <u>N14</u> <u>N14</u> <u>F14</u> <u>D14</u> <u>F14</u>	<u>222SA</u> <u>222SA</u> <u>234-5Z</u> <u>6266</u> <u>306E CONEX</u> <u>306E CONEX</u>	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>300 AREA</u> <u>300 AREA</u>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

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Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Specific Information by Chemical

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CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	M 1 4 306E 300 AREA N 1 4 306E CONEX 300 AREA F 1 4 3707E 300 AREA D 1 4 3711 300 AREA C 1 4 427 400 AREA D 1 4 4732C 400 AREA		
CAS <u>10043013</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	C 1 4 183KE 100K AREA A 1 4 183N 100K AREA J 1 4 283E 200E AREA M 1 4 234-5Z 200W AREA J 1 4 283W 200W AREA N 1 4 306E 300 AREA		
CAS <u>10043013</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	C 1 4 315 300 AREA N 1 4 3746D 300 AREA		

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Signature James E Rasmussen Date signed 02/28/97

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O p t
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>105KE</u> 100K AREA <u>105KW</u> 100K AREA <u>1706KE</u> 100K AREA <u>1717K</u> 100K AREA <u>183KE</u> 100K AREA <u>1512N</u> 100N AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>1515N</u> 100N AREA <u>MO425</u> 100N AREA <u>2025E</u> 200E AREA <u>202A</u> 200E AREA <u>209E</u> 200E AREA <u>2101HV</u> 200E AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>2101M</u> 200E AREA <u>212B</u> 200E AREA <u>221B</u> 200E AREA <u>2244B</u> 200E AREA <u>2247B</u> 200E AREA <u>2249B</u> 200E AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Signature James E. Rasmussen

Date signed 02/28/97

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

Date signed

Optional Attachments

- I have attached a site plan
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CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>241BX</u> 200E AREA <u>241C</u> 200E AREA <u>242A</u> 200E AREA <u>242AC</u> 200E AREA <u>2711E</u> 200E AREA <u>2716E</u> 200E AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 7 L 2 4	<u>271AB</u> 200E AREA <u>271B</u> 200E AREA <u>272AW</u> 200E AREA <u>272E</u> 200E AREA <u>272E</u> 200E AREA <u>277A</u> 200E AREA	<input type="checkbox"/>

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CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>241T</u> 200W AREA <u>241TX</u> 200W AREA <u>241U</u> 200W AREA <u>242S</u> 200W AREA <u>2620W</u> 200W AREA <u>2707SX</u> 200W AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 7	<u>272S</u> 200W AREA <u>272WA</u> 200W AREA <u>2734ZA</u> 200W AREA <u>2734ZC</u> 200W AREA <u>2734ZH</u> 200W AREA <u>2734ZH</u> 200W AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 7 L 2 4	<u>2734ZK</u> 200W AREA <u>273W</u> 200W AREA <u>275W</u> 200W AREA <u>277W</u> 200W AREA <u>277W</u> 200W AREA <u>6265</u> WSCF COMPLEX E OF 200W AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.
James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</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, 19 <u>96</u>	<input type="checkbox"/> Check if information below is identical to the information submitted last year.			
Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	PIPELINE PROJ W058 BETWEEN 2E & 200W AREA 305 300 AREA 305A 300 AREA 306E 300 AREA 324 300 AREA 325 300 AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	328 300 AREA 333 300 AREA 350 300 AREA 3712 300 AREA 3717B 300 AREA 3722 300 AREA	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	A 2 7 L 2 4 L 2 4 L 2 4 A 2 7 L 2 4	403 400 AREA 403 400 AREA 437 400 AREA 4621E 400 AREA 4621W 400 AREA 4704S 400 AREA	<input type="checkbox"/>

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Reporting Period: From January 1 to December 31, 19 96

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O P T																													
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">L</td><td style="width:10%;">2</td><td style="width:10%;">4</td><td style="width:10%;">4713B</td><td style="width:10%;">400 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>4713D</td><td>400 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>4717</td><td>400 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>4760</td><td>400 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>491E</td><td>400 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>491S</td><td>400 AREA</td></tr> </table>	L	2	4	4713B	400 AREA	L	2	4	4713D	400 AREA	L	2	4	4717	400 AREA	L	2	4	4760	400 AREA	L	2	4	491E	400 AREA	L	2	4	491S	400 AREA	<input type="checkbox"/>
L	2	4	4713B	400 AREA																														
L	2	4	4713D	400 AREA																														
L	2	4	4717	400 AREA																														
L	2	4	4760	400 AREA																														
L	2	4	491E	400 AREA																														
L	2	4	491S	400 AREA																														
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">L</td><td style="width:10%;">2</td><td style="width:10%;">4</td><td style="width:10%;">491W</td><td style="width:10%;">400 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>1168</td><td>1100 AREA</td></tr> <tr><td>L</td><td>2</td><td>7</td><td>1168</td><td>1100 AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>1171</td><td>1100 AREA</td></tr> </table>	L	2	4	491W	400 AREA	L	2	4	1168	1100 AREA	L	2	7	1168	1100 AREA	L	2	4	1171	1100 AREA	<input type="checkbox"/>										
L	2	4	491W	400 AREA																														
L	2	4	1168	1100 AREA																														
L	2	7	1168	1100 AREA																														
L	2	4	1171	1100 AREA																														
CAS <u>1302789</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BENTONITE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">J</td><td style="width:10%;">1</td><td style="width:10%;">4</td><td style="width:10%;">2703E</td><td style="width:10%;">200E AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>271B</td><td>200E AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>M0845</td><td>200E AREA</td></tr> <tr><td>J</td><td>1</td><td>4</td><td>M0845</td><td>200E AREA</td></tr> <tr><td>J</td><td>1</td><td>4</td><td>HTS PIPEYARD</td><td>NE OF 200E AREA</td></tr> <tr><td>M</td><td>1</td><td>4</td><td>222S</td><td>200W AREA</td></tr> </table>	J	1	4	2703E	200E AREA	F	1	4	271B	200E AREA	F	1	4	M0845	200E AREA	J	1	4	M0845	200E AREA	J	1	4	HTS PIPEYARD	NE OF 200E AREA	M	1	4	222S	200W AREA	<input type="checkbox"/>
J	1	4	2703E	200E AREA																														
F	1	4	271B	200E AREA																														
F	1	4	M0845	200E AREA																														
J	1	4	M0845	200E AREA																														
J	1	4	HTS PIPEYARD	NE OF 200E AREA																														
M	1	4	222S	200W AREA																														

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature

Date signed

02/28/97

Optional Attachments

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

For Official Use Only

ID # _____

Date Received _____

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>1302789</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BENTONITE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<u>M14</u> <u>N14</u>	<u>222SA</u> <u>200W AREA</u> <u>234-5Z</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>75638</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BROMOTRIFLUOROMETHANE</u> (HALON 1301) 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 type="checkbox"/> EHS EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>105N</u> <u>100N AREA</u> <u>202A</u> <u>200E AREA</u> <u>2101M</u> <u>200E AREA</u> <u>243G4</u> <u>200E AREA</u> <u>243G6</u> <u>200E AREA</u> <u>292AB</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>75638</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BROMOTRIFLUOROMETHANE</u> (HALON 1301) 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 type="checkbox"/> EHS EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>222S</u> <u>200W AREA</u> <u>234-5Z</u> <u>200W AREA</u> <u>242S</u> <u>200W AREA</u> <u>2701ZA</u> <u>200W AREA</u> <u>2704Z</u> <u>200W AREA</u> <u>251W</u> <u>SWITCHING STATION N OF 200W AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

James E. Rasmussen

02/28/97

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

Signature

Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>	
			Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O p t
CAS <u>75638</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BROMOTRIFLUOROMETHE (HALON 1301)</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 type="checkbox"/> EHS EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 331C 300 AREA L 2 4 403 400 AREA L 2 4 4703 400 AREA L 2 4 4721 400 AREA L 2 4 491E 400 AREA L 2 4 6652C RATTLESNAKE MTN		
CAS <u>7440440</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	K 1 4 M0425 100N AREA N 1 4 M0425 100N AREA C 1 4 2025E 200E AREA J 1 4 2025E 200E AREA D 1 4 2101M 200E AREA J 1 4 2101M 200E AREA		
CAS <u>7440440</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	D 1 4 2703E CONEX 200E AREA F 1 4 2703E CONEX 200E AREA I 1 4 2703E CONEX 200E AREA N 1 4 2703E 200E AREA J 1 4 271B 200E AREA D 1 4 275EA 200E AREA		

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Signature _____ Date signed <u>02/28/97</u>	

TIER TWO
EMERGENCY
AND
HAZARDOUS
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Facility Identification

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Street 825 Jadwin Avenue
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Reporting Period: From January 1 to December 31, 19 96

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> <u>J14</u> <u>A14</u> <u>E14</u> <u>N14</u> <u>I14</u>	<u>200UP1</u> <u>200W AREA</u> <u>200ZP1</u> <u>200W AREA</u> <u>200ZP2</u> <u>200W AREA</u> <u>200ZP2</u> <u>200W AREA</u> <u>222S</u> <u>200W AREA</u> <u>234-5Z</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E14</u> <u>D14</u> <u>M14</u> <u>K14</u> <u>K14</u> <u>A14</u>	<u>236Z</u> <u>200W AREA</u> <u>243Z</u> <u>200W AREA</u> <u>6266</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>6269</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>306E</u> <u>300 AREA</u> <u>PIT 6</u> <u>W OF 300 AREA</u>	<input type="checkbox"/>
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>J14</u>	<u>4704S</u> <u>400 AREA</u> <u>4704S</u> <u>400 AREA</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only

ID # _____

Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s	T e m p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7782</u> <u>50</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. 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 EHS Name <u>CHLORINE</u>	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>183KE</u> 100K AREA <u>183N</u> 100N AREA <u>283E</u> 200E AREA <u>283W</u> 200W AREA <u>315</u> 300 AREA	<input type="checkbox"/>
CAS <u>75</u> <u>45</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> (<u>FREON 22</u>) 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>105N</u> 100N AREA <u>2101M</u> 200E AREA <u>271AB</u> 200E AREA <u>MO844</u> 200E AREA <u>P012</u> 200E AREA <u>221T</u> 200W AREA	<input type="checkbox"/>
CAS <u>75</u> <u>45</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> (<u>FREON 22</u>) 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>2311W</u> 200W AREA <u>328</u> 300 AREA <u>331C</u> 300 AREA <u>331D</u> 300 AREA <u>4713D</u> 400 AREA <u>1168</u> 1100 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</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, 19 96

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

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	O P t																														
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE (FREON 22)</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; height: 100px;"> <tr><td>C</td><td>2</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	C	2	4																												<u>UBIQUITOUS IN BUILDING COOLING SYSTEMS THROUGHOUT SITE</u>	<input type="checkbox"/>
C	2	4																																	
CAS <u>12173103</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CLINOPTILOLITE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; height: 100px;"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	J	1	4																												<u>1723N 100N AREA</u>	<input type="checkbox"/>
J	1	4																																	
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>COAL</u> 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 EHS Name _____	<input checked="" 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)	<u>07</u> Max. Daily Amount (code) <u>07</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; height: 100px;"> <tr><td>R</td><td>1</td><td>4</td></tr> <tr><td>N</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	R	1	4	N	1	4																									<u>284E 200E AREA</u> <u>306E 300 AREA</u>	<input type="checkbox"/>
R	1	4																																	
N	1	4																																	

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E. Rasmussen Date signed 02/28/97

Optional Attachments:

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</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, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</u> Check all that apply: <input 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>1706KE</u> 100K AREA <u>1717K</u> 100K AREA <u>1512N</u> 100N AREA <u>1723N</u> 100N AREA <u>M0425</u> 100N AREA <u>2101HV</u> 200E AREA	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</u> Check all that apply: <input 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>2101M</u> 200E AREA <u>2249B</u> 200E AREA <u>241AP</u> 200E AREA <u>242AC</u> 200E AREA <u>2716E</u> 200E AREA <u>271AB</u> 200E AREA	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</u> Check all that apply: <input 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 EHS Name _____	<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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>271B</u> 200E AREA <u>272AW</u> 200E AREA <u>275E</u> 200W AREA <u>277A</u> 200W AREA <u>200ZP2</u> 200W AREA <u>221T</u> 200W AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Specific Information by Chemical

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e s e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>222S</u> <u>2306W</u> <u>2310W</u> <u>234-5Z</u> <u>2620W</u> <u>272S</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>272WA</u> <u>2734ZA</u> <u>2734ZB</u> <u>2734ZC</u> <u>275W</u> <u>609A</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>BETWEEN 200E & 200W AREA</u>	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>616</u> <u>6265</u> <u>306E</u> <u>328</u> <u>3709A</u> <u>3717B</u> <u>BETWEEN 200E & 200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u>	<input type="checkbox"/>

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

James E Rasmussen Signature
02/28/97 Date signed

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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact
 Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
 Name _____ Title _____
 Phone () _____ 24 Hr. Phone () _____

For Official Use Only
 ID # _____
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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r t p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>405</u> 400 AREA <u>408A</u> 400 AREA <u>408B</u> 400 AREA <u>408C</u> 400 AREA <u>4704S</u> 400 AREA <u>4713B</u> 400 AREA	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u>	<u>484</u> 400 AREA <u>1171</u> 1100 AREA <u>609</u> CORNER OF ROUTE 1 & 4N	<input type="checkbox"/>
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE (FREON 12)</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>L24</u> <u>L24</u> <u>D14</u> <u>N14</u> <u>L24</u>	<u>105N</u> 100N AREA <u>105N</u> 100N AREA <u>2101M</u> 200E AREA <u>214A</u> 200E AREA <u>2714A</u> 200E AREA <u>271AB</u> 200E AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections)
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 James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative

Signature James E Rasmussen
 Date signed 02/28/97

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03-445-6186

For
Official
Use
Only

ID #

Date Received

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and
Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE</u> (<u>FREON 12</u>) 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 EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	C 2 4 D 1 4 N 1 4 L 2 4 C 2 4 L 2 4	<u>2721E</u> 200E AREA <u>M0843 SHED</u> 200E AREA <u>M0843 SHED</u> 200E AREA <u>P012</u> 200E AREA <u>221T</u> 200W AREA <u>222S</u> 200W AREA	<input type="checkbox"/>
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE</u> (<u>FREON 12</u>) 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	C 2 4 L 2 4 L 2 4 C 2 4 C 2 4 L 2 4	<u>271T</u> 200W AREA <u>272S</u> 200W AREA <u>M0721 CONEX</u> 200W AREA <u>6266</u> WSCF COMPLEX E OF 200W AREA <u>309</u> 300 AREA <u>309</u> 300 AREA	<input type="checkbox"/>
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE</u> (<u>FREON 12</u>) 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 EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 C 2 4 C 2 4 C 2 4 C 2 4	<u>328</u> 300 AREA <u>331D</u> 300 AREA <u>337</u> 300 AREA <u>3703 (demolished)</u> 300 AREA <u>3718</u> 300 AREA <u>4702</u> 400 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

James E Rasmussen
Signature

02/28/97

Date signed

Optional Attachments

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

*Specific
Information
by Chemical*

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s	T e m p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE (FREON 12)</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	C	2	4	<u>4706</u> <u>400 AREA</u> <u>4707</u> <u>400 AREA</u> <u>4734D</u> <u>400 AREA</u> <u>484</u> <u>400 AREA</u> <u>M0908</u> <u>400 AREA</u> <u>1168</u> <u>1100 AREA</u>	<input type="checkbox"/>
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE (FREON 12)</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>1171</u> <u>1100 AREA</u>	<input type="checkbox"/>
CAS <u>68476346</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL, NO.2</u> 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 EHS Name _____	<input checked="" 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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	A	1	4	<u>EQUIPMENT POOL</u> <u>100N AREA</u> <u>166N</u> <u>100N AREA</u> <u>200ZP1</u> <u>200W AREA</u> <u>284W</u> <u>200W AREA</u> <u>3020</u> <u>200W AREA</u> <u>384</u> <u>300 AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen

Date signed 02/28/97

Date signed

Optional Attachments

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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

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Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

For Official Use Only

ID # _____

Date Received _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r o p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t	
CAS <u>68476346</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL, NO.2</u> 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 EHS Name _____	<input checked="" 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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>A14</u> <u>1171</u>	<u>1100 AREA</u>	<input type="checkbox"/>	
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL (UNSPECIFIED GRADE)</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 type="checkbox"/> EHS EHS Name _____	<input checked="" 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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>A14</u> <u>F14</u> <u>A14</u> <u>B14</u> <u>B14</u> <u>B14</u>	<u>182B</u> <u>1714NB</u> <u>202A</u> <u>202A</u> <u>204AR</u> <u>242A</u>	<u>100B AREA</u> <u>100N AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL (UNSPECIFIED GRADE)</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 type="checkbox"/> EHS EHS Name _____	<input checked="" 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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>B14</u> <u>A14</u> <u>A14</u> <u>D14</u> <u>B14</u> <u>A14</u>	<u>244AR</u> <u>282B</u> <u>282BA</u> <u>HTS PIPEYARD</u> <u>6291</u> <u>2402W</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>NE OF 200E AREA</u> <u>FUELING STATION W OF 200E AREA</u> <u>200W AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Signature James E Rasmussen

Date signed 02/28/97

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

Signature

Date signed

Optional Attachments

- I have attached a site plan
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- I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	Important: Read all instructions before completing form			

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p Storage Codes and Locations (Non-Confidential) Storage Locations	O p t																		
CAS <u>111466</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIETHYLENE GLYCOL</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 type="checkbox"/> EHS EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">F 1 4</td><td style="width:40%;">221B</td><td style="width:50%;">200E AREA</td></tr> <tr><td>F 1 4</td><td>211T</td><td>200W AREA</td></tr> <tr><td>D 1 4</td><td>271T</td><td>200W AREA</td></tr> <tr><td>F 1 4</td><td>271T</td><td>200W AREA</td></tr> <tr><td>C 1 4</td><td>405</td><td>400 AREA</td></tr> <tr><td>D 1 4</td><td>1171</td><td>1100 AREA</td></tr> </table>	F 1 4	221B	200E AREA	F 1 4	211T	200W AREA	D 1 4	271T	200W AREA	F 1 4	271T	200W AREA	C 1 4	405	400 AREA	D 1 4	1171	1100 AREA	<input type="checkbox"/>
F 1 4	221B	200E AREA																				
F 1 4	211T	200W AREA																				
D 1 4	271T	200W AREA																				
F 1 4	271T	200W AREA																				
C 1 4	405	400 AREA																				
D 1 4	1171	1100 AREA																				
CAS <u>63148629</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIMETHYL SILOXANE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">N 1 4</td><td style="width:40%;">1143N</td><td style="width:50%;">100N AREA</td></tr> <tr><td>N 1 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>M 1 4</td><td>2703E</td><td>200E AREA</td></tr> <tr><td>M 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>R 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>R 1 4</td><td>2620W</td><td>200W AREA</td></tr> </table>	N 1 4	1143N	100N AREA	N 1 4	M0425	100N AREA	M 1 4	2703E	200E AREA	M 1 4	234-5Z	200W AREA	R 1 4	234-5Z	200W AREA	R 1 4	2620W	200W AREA	<input type="checkbox"/>
N 1 4	1143N	100N AREA																				
N 1 4	M0425	100N AREA																				
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R 1 4	234-5Z	200W AREA																				
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N 1 4	275UR	200W AREA																				
R 1 4	M0743	200W AREA																				
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TIER TWO
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Specific
Information
by Chemical

Facility Identification

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7758114</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	N 1 4 D 1 4 M 1 4 N 1 4 M 1 4 N 1 4	<u>2703E</u> 200E AREA <u>2714A</u> 200E AREA <u>222S</u> 200W AREA <u>222S</u> 200W AREA <u>222SA</u> 200W AREA <u>222SA</u> 200W AREA	<input type="checkbox"/>
CAS <u>7758114</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	C 1 4 N 1 4 C 2 4	<u>2336W</u> 200W AREA <u>306E CONEX</u> 300 AREA <u>405</u> 400 AREA	<input type="checkbox"/>
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	R 2 6 D 1 4 C 1 4 D 1 4 D 1 4 F 1 4	<u>1143N</u> 100N AREA <u>M0942</u> 100N AREA <u>2025E</u> 200E AREA <u>2711E</u> 200E AREA <u>2714A</u> 200E AREA <u>271B</u> 200E AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>	
			Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations <i>(Non-Confidential)</i>	O p t																	
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D14</td><td>272AW</td><td>200E AREA</td></tr> <tr><td>M14</td><td>222S</td><td>200W AREA</td></tr> <tr><td>M14</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>D14</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>E14</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>N14</td><td>236Z</td><td>200W AREA</td></tr> </table>	D14	272AW	200E AREA	M14	222S	200W AREA	M14	222SA	200W AREA	D14	234-5Z	200W AREA	E14	234-5Z	200W AREA	N14	236Z	200W AREA	<input type="checkbox"/>
D14	272AW	200E AREA																				
M14	222S	200W AREA																				
M14	222SA	200W AREA																				
D14	234-5Z	200W AREA																				
E14	234-5Z	200W AREA																				
N14	236Z	200W AREA																				
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E14</td><td>271T</td><td>200W AREA</td></tr> <tr><td>F14</td><td>2729Z</td><td>200W AREA</td></tr> <tr><td>M14</td><td>622R</td><td>METEROLOGY COMPLEX NE OF 200W AREA</td></tr> <tr><td>N14</td><td>622R</td><td>METEROLOGY COMPLEX NE OF 200W AREA</td></tr> <tr><td>F14</td><td>6266</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>M14</td><td>6266</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> </table>	E14	271T	200W AREA	F14	2729Z	200W AREA	M14	622R	METEROLOGY COMPLEX NE OF 200W AREA	N14	622R	METEROLOGY COMPLEX NE OF 200W AREA	F14	6266	WSCF COMPLEX E OF 200W AREA	M14	6266	WSCF COMPLEX E OF 200W AREA	<input type="checkbox"/>
E14	271T	200W AREA																				
F14	2729Z	200W AREA																				
M14	622R	METEROLOGY COMPLEX NE OF 200W AREA																				
N14	622R	METEROLOGY COMPLEX NE OF 200W AREA																				
F14	6266	WSCF COMPLEX E OF 200W AREA																				
M14	6266	WSCF COMPLEX E OF 200W AREA																				
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>G14</td><td>310</td><td>300 AREA</td></tr> <tr><td>C24</td><td>405</td><td>400 AREA</td></tr> <tr><td>C24</td><td>427</td><td>400 AREA</td></tr> <tr><td>O14</td><td>4732C</td><td>400 AREA</td></tr> <tr><td>D14</td><td>4831</td><td>400 AREA</td></tr> <tr><td>C24</td><td>4862</td><td>400 AREA</td></tr> </table>	G14	310	300 AREA	C24	405	400 AREA	C24	427	400 AREA	O14	4732C	400 AREA	D14	4831	400 AREA	C24	4862	400 AREA	<input type="checkbox"/>
G14	310	300 AREA																				
C24	405	400 AREA																				
C24	427	400 AREA																				
O14	4732C	400 AREA																				
D14	4831	400 AREA																				
C24	4862	400 AREA																				

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # <input type="text"/> Date Received <input type="text"/>	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e s e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <input type="text"/> <input type="text"/> <input type="text"/> <u>107</u> <input type="text"/> <input type="text"/> <u>21</u> <input type="text"/> <input type="text"/> <u>1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> 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 EHS Name _____	<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)	<input type="text"/> <input type="text"/> <u>05</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <u>05</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <u>366</u> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <u>D14</u> <u>1171</u> <input type="text"/> <input type="text"/> <u>D14</u> <u>1172A</u> <input type="text"/> <input type="text"/> <u>D14</u> <u>1176</u>	<u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u>	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <u>7705</u> <input type="text"/> <input type="text"/> <u>08</u> <input type="text"/> <input type="text"/> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC CHLORIDE</u> 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 EHS Name _____	<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)	<input type="text"/> <input type="text"/> <u>04</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <u>04</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <u>366</u> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <u>M14</u> <u>1706KE</u> <input type="text"/> <input type="text"/> <u>N14</u> <u>2703E</u> <input type="text"/> <input type="text"/> <u>M14</u> <u>222S</u> <input type="text"/> <input type="text"/> <u>N14</u> <u>222S</u> <input type="text"/> <input type="text"/> <u>M14</u> <u>222SA</u> <input type="text"/> <input type="text"/> <u>N14</u> <u>222SA</u>	<u>100K AREA</u> <u>200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <u>7705</u> <input type="text"/> <input type="text"/> <u>08</u> <input type="text"/> <input type="text"/> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC CHLORIDE</u> 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 EHS Name _____	<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)	<input type="text"/> <input type="text"/> <u>04</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <u>04</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <u>366</u> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <u>N14</u> <u>6266</u> <input type="text"/> <input type="text"/> <u>A14</u> <u>310</u>	<u>WSCF COMPLEX E OF 200W AREA</u> <u>300 AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Signature James E Rasmussen

Date signed 02/28/97

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

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only

ID # _____
Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____
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CAS <u>68553004</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FUEL OIL, NO.6</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 type="checkbox"/> EHS EHS Name _____	<input checked="" 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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>A14</u> <u>B14</u>	<u>166N</u> 100N AREA <u>384</u> 300 AREA	<input type="checkbox"/>
CAS <u>8006619</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>A14</u> <u>F14</u> <u>F14</u> <u>F14</u> <u>F14</u>	<u>100HR3 PUMP & TREAT</u> 100H AREA <u>183H</u> 100H AREA <u>1143N</u> 100N AREA <u>1714NB</u> 100N AREA <u>2101HV</u> 200E AREA <u>271B</u> 200E AREA	<input type="checkbox"/>
CAS <u>8006619</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>F14</u> <u>F14</u> <u>B14</u> <u>D14</u> <u>F14</u>	<u>M0997</u> 200E AREA <u>P008</u> 200E AREA <u>HTS PIPEYARD</u> NE OF 200E AREA <u>6291</u> FUELING STATION W OF 200E AREA <u>202S</u> 200W AREA <u>234-5Z</u> 200W AREA	<input type="checkbox"/>

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TIER TWO
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HAZARDOUS
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Facility Identification

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Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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Specific Information by Chemical

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CAS <u>8006619</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1"> <tr><td>D</td><td>1</td><td>4</td><td>271U</td><td>200W AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>M0743</td><td>200W AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>3707E</td><td>300 AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>3711</td><td>300 AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>4704S</td><td>400 AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>4713A</td><td>400 AREA</td></tr> </table>	D	1	4	271U	200W AREA	F	1	4	M0743	200W AREA	F	1	4	3707E	300 AREA	F	1	4	3711	300 AREA	F	1	4	4704S	400 AREA	F	1	4	4713A	400 AREA	<input type="checkbox"/>
D	1	4	271U	200W AREA																														
F	1	4	M0743	200W AREA																														
F	1	4	3707E	300 AREA																														
F	1	4	3711	300 AREA																														
F	1	4	4704S	400 AREA																														
F	1	4	4713A	400 AREA																														
CAS <u>8006619</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1"> <tr><td>B</td><td>1</td><td>4</td><td>1172A</td><td>1100 AREA</td></tr> <tr><td>A</td><td>1</td><td>4</td><td>1174</td><td>1100 AREA</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	B	1	4	1172A	1100 AREA	A	1	4	1174	1100 AREA																<input type="checkbox"/>					
B	1	4	1172A	1100 AREA																														
A	1	4	1174	1100 AREA																														
CAS <u>7722841</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN PEROXIDE, <52%</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1"> <tr><td>M</td><td>1</td><td>4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>E</td><td>1</td><td>4</td><td>1714N</td><td>100N AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>C</td><td>1</td><td>4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>E</td><td>1</td><td>4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>E</td><td>1</td><td>4</td><td>2703E CONEX</td><td>200E AREA</td></tr> </table>	M	1	4	1706KE	100K AREA	E	1	4	1714N	100N AREA	N	1	4	M0425	100N AREA	C	1	4	2025E	200E AREA	E	1	4	2025E	200E AREA	E	1	4	2703E CONEX	200E AREA	<input type="checkbox"/>
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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</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, 19 96 Check if information below is identical to the information submitted last year.

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E	1	4																																	
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E	1	4																																	
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306E CONEX	300 AREA																																		
310	300 AREA																																		
CAS <u>8012951</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MINERAL OIL</u> Check all that apply: Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure 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 (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F</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>D</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>	F	1	4	N	1	4	R	1	4	D	1	4	M	1	4	M	1	4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>190KE</td><td>100K AREA</td></tr> <tr><td>190KE</td><td>100K AREA</td></tr> <tr><td>2101M</td><td>200E AREA</td></tr> <tr><td>2711E</td><td>200E AREA</td></tr> <tr><td>201W</td><td>200W AREA</td></tr> <tr><td>222S</td><td>200W AREA</td></tr> </table>	190KE	100K AREA	190KE	100K AREA	2101M	200E AREA	2711E	200E AREA	201W	200W AREA	222S	200W AREA	<input type="checkbox"/>
F	1	4																																	
N	1	4																																	
R	1	4																																	
D	1	4																																	
M	1	4																																	
M	1	4																																	
190KE	100K AREA																																		
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification
Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

Owner/Operator Name
Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact
Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

For Official Use Only
ID # _____
Date Received _____

Specific Information by Chemical

Important: Read all instructions before completing form Reporting Period: From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r é p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>8012951</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MINERAL OIL</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>N14</u> <u>M14</u> <u>N14</u> <u>M14</u> <u>M14</u> <u>D14</u>	<u>222S</u> <u>222SA</u> <u>222SA</u> <u>234-5Z</u> <u>306E</u> <u>4713B</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>300 AREA</u> <u>400 AREA</u>	<input type="checkbox"/>
CAS <u>8012951</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MINERAL OIL</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>R14</u>	<u>1171</u> <u>TRANSFORMERS THROUGHOUT SITE</u> <u>1100 AREA</u>	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>MOTOR OIL</u> <u>(NOT SPECIFICALLY IDENTIFIED)</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>B14</u> <u>D14</u>	<u>2711E</u> <u>2711E</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative _____
Signature James E Rasmussen Date signed 02/28/97

Optional Attachments
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 I have attached a list of site coordinate abbreviations
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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For
Official
Use
Only

ID # _____

Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and
Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	M 1 4 N 1 4 M 1 4 M 1 4 N 1 4 D 1 4	<u>1706KE</u> 100K AREA <u>183KE</u> 100K AREA <u>M0425</u> 100N AREA <u>2025E</u> 200E AREA <u>221B</u> 200E AREA <u>2703E</u> 200E AREA	<input type="checkbox"/>
CAS <u>7696372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	E 1 4 M 1 4 N 1 4 D 1 4 N 1 4 D 1 4	<u>2703E</u> 200E AREA <u>2703E</u> 200E AREA <u>2703E</u> 200E AREA <u>271B</u> 200E AREA <u>271B</u> 200E AREA <u>275EA</u> 200E AREA	<input type="checkbox"/>
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	M 1 4 M 1 4 N 1 4 M 1 4 N 1 4 C 1 4	<u>221T</u> 200W AREA <u>222S</u> 200W AREA <u>222S</u> 200W AREA <u>222SA</u> 200W AREA <u>222SA</u> 200W AREA <u>234-5Z</u> 200W AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen

02/28/97

Date signed

Optional Attachments

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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

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SIC Code 9999 Dun & Brad Number 03-445-6186

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Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

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ID # _____

Date Received _____

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CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>N14</u> <u>M14</u>	<u>306E</u> 300 AREA <u>4701C</u> 300 AREA	<input type="checkbox"/>
CAS <u>7727379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L27</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>1706KE</u> 100K AREA <u>1706KE</u> 100K AREA <u>1717K</u> 100K AREA <u>183KE</u> 100K AREA <u>1512N</u> 100K AREA <u>M0425</u> 100K AREA	<input type="checkbox"/>
CAS <u>7727379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L27</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>M0425</u> 100K AREA <u>2025E</u> 200E AREA <u>2101HV</u> 200E AREA <u>2101M</u> 200E AREA <u>2249B</u> 200E AREA <u>225B</u> 200E AREA	<input type="checkbox"/>

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Signature James E Rasmussen Date signed 02/28/97

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	For Official Use Only ID # <input type="text"/> Date Received <input type="text"/>	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	Name <input type="text"/> Title <input type="text"/> Phone <input type="text"/> 24 Hr. Phone <input type="text"/>	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>7</u> <u>2</u> <u>7</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>7</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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"/> <input type="text"/> <input type="text"/> <u>0</u> <u>5</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>5</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>241AP</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>241AZ</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>7</u> <u>241AZ</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>242AC</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>2711E</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>2714A</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>7</u> <u>2</u> <u>7</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>7</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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"/> <input type="text"/> <input type="text"/> <u>0</u> <u>5</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>5</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>271AB</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>271B</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>2727E</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>272AW</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>272E</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>277A</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>7</u> <u>2</u> <u>7</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>7</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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"/> <input type="text"/> <input type="text"/> <u>0</u> <u>5</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>5</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>M0844</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>HTS PIPEYARD</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>200ZP2</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>222S</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>2304W</u> <input type="text"/> <input type="text"/> <input type="text"/> <u>L</u> <u>2</u> <u>4</u> <u>2306W</u>	<u>200E AREA</u> <u>NE OF 200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only

ID # _____
Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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Reporting Period: From January 1 to December 31, 19 96

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t	
CAS <u>7727379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L R A L L L	2 2 2 2 2 2	4 7 7 4 7 4	2307W 2336W 234-5Z 234-5Z 234-5Z 2727W 200W AREA 200W AREA 200W AREA 200W AREA 200W AREA 200W AREA	<input type="checkbox"/>
CAS <u>7727379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L L L L L L	2 2 2 2 2 2	4 4 4 4 4 4	272S 2734ZG 2734ZK 275W 277W 6265 200W AREA 200W AREA 200W AREA 200W AREA 200W AREA WSCF COMPLEX E OF 200W AREA	<input type="checkbox"/>
CAS <u>7727379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L L L L L L	2 2 2 2 2 2	4 7 4 4 4 4	609A 609A 305 305A 306E 324 BETWEEN 200E & 200W AREA BETWEEN 200E & 200W AREA 300 AREA 300 AREA 300 AREA 300 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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

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EMERGENCY
AND
HAZARDOUS
CHEMICAL
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SIC Code 9999 Dun & Brad Number 03-445-6186

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 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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 Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>325</u> <u>L 2 4</u> <u>328</u> <u>L 2 4</u> <u>331C</u> <u>A 2 7</u> <u>337</u> <u>L 2 4</u> <u>350</u> <u>L 2 4</u> <u>3717B</u>	<u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u>	<input type="checkbox"/>
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>405</u> <u>L 2 4</u> <u>427</u> <u>L 2 4</u> <u>437</u> <u>A 2 7</u> <u>4621W</u> <u>L 2 4</u> <u>4704S</u> <u>L 2 4</u> <u>4713B</u>	<u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u>	<input type="checkbox"/>
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>4713D</u> <u>A 2 7</u> <u>1161</u> <u>L 2 4</u> <u>1168</u> <u>L 2 4</u> <u>1171</u>	<u>400 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u>	<input type="checkbox"/>

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

Signature James E Rasmussen

Date signed 02/28/97

Date signed

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # <input type="text"/> Date Received <input type="text"/>		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p Storage Codes and Locations (Non-Confidential) Storage Locations	O P t																		
CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>1717K</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>1512N</td><td>100N AREA</td></tr> <tr><td>L 2 4</td><td>1515N</td><td>100N AREA</td></tr> <tr><td>L 2 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>L 2 4</td><td>2101M</td><td>200E AREA</td></tr> </table>	L 2 4	1706KE	100K AREA	L 2 4	1717K	100K AREA	L 2 4	1512N	100N AREA	L 2 4	1515N	100N AREA	L 2 4	M0425	100N AREA	L 2 4	2101M	200E AREA	<input type="checkbox"/>
L 2 4	1706KE	100K AREA																				
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L 2 4	2244B	200E AREA																				
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Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T y p e	P r e s s	T e m p e r a t u r e	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O p t
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>277A</u> 200E AREA <u>M0844</u> 200E AREA <u>6290</u> CRANE & RIGGING FAC W OF 200E AREA <u>HTS PIPEYARD</u> NE OF 200E AREA <u>222S</u> 200W AREA <u>2304W</u> 200W AREA	<input type="checkbox"/>
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>2306W</u> 200W AREA <u>2307W</u> 200W AREA <u>2309W</u> 200W AREA <u>2310W</u> 200W AREA <u>234-5Z</u> 200W AREA <u>2707SX</u> 200W AREA	<input type="checkbox"/>
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L	2	4	<u>272WA</u> 200W AREA <u>2734ZG</u> 200W AREA <u>275W</u> 200W AREA <u>277W</u> 200W AREA <u>6265</u> WSCF COMPLEX E OF 200W AREA <u>609A</u> BETWEEN 200E & 200W AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

**TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Facility Identification
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352
 SIC Code 9999 Dun & Brad Number 03-445-6186

Specific Information by Chemical

For Official Use Only
 ID # _____
 Date Received _____

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact
 Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
 Name _____ Title _____
 Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	PIPELINE PROJ W058 BETWEEN 2E & 200W AREA 305 300 AREA 305A 300 AREA 306E 300 AREA 324 300 AREA 325 300 AREA	<input type="checkbox"/>
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	328 300 AREA 331 300 AREA 331C 300 AREA 350 300 AREA 3709A 300 AREA 3717B 300 AREA	<input type="checkbox"/>
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	3722 300 AREA 4704S 400 AREA 4713B 400 AREA 4713D 400 AREA 4760 400 AREA 1168 1100 AREA	<input type="checkbox"/>

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Signature James E Rasmussen

Date signed 02/28/97

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

Signature

Date signed

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HAZARDOUS
CHEMICAL
INVENTORY

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SIC Code 9999 Dun & Brad Number 03-445-6186

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Mail Address P.O. Box 550, Richland WA 99352

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CAS <u>7782 44 7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>1171</u> <u>1100 AREA</u> <u>L 2 4</u> <u>609</u> <u>CORNER OF ROUTE 1 & 4N</u> <u>L 2 4</u> <u>613</u> <u>CORNER OF ROUTE 1 & 4N</u>	<input type="checkbox"/>
CAS <u>64742 54 7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F 1 4</u> <u>190KE</u> <u>100K AREA</u> <u>N 1 4</u> <u>190KE</u> <u>100K AREA</u> <u>E 1 4</u> <u>105N</u> <u>100N AREA</u> <u>F 1 4</u> <u>105N</u> <u>100N AREA</u> <u>D 1 4</u> <u>1143N</u> <u>100N AREA</u> <u>N 1 4</u> <u>1706N</u> <u>100N AREA</u>	<input type="checkbox"/>
CAS <u>64742 54 7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F 1 4</u> <u>1714NB</u> <u>100N AREA</u> <u>N 1 4</u> <u>1714NB</u> <u>100N AREA</u> <u>F 1 4</u> <u>2025E</u> <u>200E AREA</u> <u>F 1 4</u> <u>2101HV</u> <u>200E AREA</u> <u>E 1 4</u> <u>2101M</u> <u>200E AREA</u> <u>D 1 4</u> <u>2711E</u> <u>200E AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # <input style="width: 100%;" type="text"/> Date Received <input style="width: 100%;" type="text"/>		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	Important: Read all instructions before completing form			

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O P T																		
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">A 1 4</td><td>2715B</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">C 1 4</td><td>2715B</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">F 1 4</td><td>2715B</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">D 1 4</td><td>272AW</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">F 1 4</td><td>272AW</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">D 1 4</td><td>P008</td><td>200E AREA</td></tr> </table>	A 1 4	2715B	200E AREA	C 1 4	2715B	200E AREA	F 1 4	2715B	200E AREA	D 1 4	272AW	200E AREA	F 1 4	272AW	200E AREA	D 1 4	P008	200E AREA	<input type="checkbox"/>
A 1 4	2715B	200E AREA																				
C 1 4	2715B	200E AREA																				
F 1 4	2715B	200E AREA																				
D 1 4	272AW	200E AREA																				
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D 1 4	P008	200E AREA																				
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">N 1 4</td><td>200ZP1</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">D 1 4</td><td>202S CONEX</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">N 1 4</td><td>202S CONEX</td><td>200E AREA</td></tr> <tr><td style="text-align: center;">F 1 4</td><td>211T</td><td>200W AREA</td></tr> <tr><td style="text-align: center;">F 1 4</td><td>222S</td><td>200W AREA</td></tr> <tr><td style="text-align: center;">N 1 4</td><td>222S</td><td>200W AREA</td></tr> </table>	N 1 4	200ZP1	200E AREA	D 1 4	202S CONEX	200E AREA	N 1 4	202S CONEX	200E AREA	F 1 4	211T	200W AREA	F 1 4	222S	200W AREA	N 1 4	222S	200W AREA	<input type="checkbox"/>
N 1 4	200ZP1	200E AREA																				
D 1 4	202S CONEX	200E AREA																				
N 1 4	202S CONEX	200E AREA																				
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D 1 4	234-5Z	200W AREA																				
F 1 4	234-5Z	200W AREA																				
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CAS <u>64742</u> <u>54</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<input type="checkbox"/> <u>04</u> Max. Daily Amount (code) <input type="checkbox"/> <u>04</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>366</u> No. of Days On-Site (days)	F 1 4 F 1 4 N 1 4 F 1 4 F 1 4 N 1 4	<u>272S</u> 200W AREA <u>272WA</u> 200W AREA <u>272WA</u> 200W AREA <u>291Z</u> 200W AREA <u>MO743 CONEX</u> 200W AREA <u>6266</u> WSCF COMPLEX E OF 200W AREA	<input type="checkbox"/>
CAS <u>64742</u> <u>54</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<input type="checkbox"/> <u>04</u> Max. Daily Amount (code) <input type="checkbox"/> <u>04</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>366</u> No. of Days On-Site (days)	D 1 4 D 1 4 D 1 4 R 1 7 D 1 4 E 1 4	<u>3709A</u> 300 AREA <u>3711</u> 300 AREA <u>384</u> 300 AREA <u>427</u> 400 AREA <u>4831</u> 400 AREA <u>1162</u> 1100 AREA	<input type="checkbox"/>
CAS <u>64742</u> <u>54</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<input type="checkbox"/> <u>04</u> Max. Daily Amount (code) <input type="checkbox"/> <u>04</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>366</u> No. of Days On-Site (days)	E 1 4 N 1 4 C 1 4 D 1 4	<u>1169</u> 1100 AREA <u>1169</u> 1100 AREA <u>1171</u> 1100 AREA <u>1171</u> 1100 AREA	<input type="checkbox"/>

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Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential)	O p t
CAS <u>64741884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATE, SOLVENT REFINED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E14</u> <u>D14</u> <u>E14</u> <u>R14</u> <u>A14</u> <u>C14</u>	<u>105N</u> <u>1143N</u> <u>2101M</u> <u>2101M</u> <u>2715B</u> <u>2715B</u>	<u>100N AREA</u> <u>100N AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>
CAS <u>64741884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATE, SOLVENT REFINED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>D14</u> <u>E14</u> <u>D14</u> <u>R14</u> <u>E14</u>	<u>272AW</u> <u>P008</u> <u>271T</u> <u>3709A</u> <u>427</u> <u>1162</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200W AREA</u> <u>300 AREA</u> <u>400 AREA</u> <u>1100 AREA</u>
CAS <u>64741884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATE, SOLVENT REFINED HEAVY PARAFFINIC</u> Check all that apply: <input 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> <u>D14</u> <u>R14</u>	<u>1171</u> <u>1171</u> <u>TRANSFORMERS THROUGHOUT SITE</u>	<u>1100 AREA</u> <u>1100 AREA</u> <u>TRANSFORMERS THROUGHOUT SITE</u>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature

James E Rasmussen

Date signed

02/28/97

Optional Attachments

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For
Official
Use
Only

ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s s u r e	T e m p e r a t u r e	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7664382</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PHOSPHORIC ACID</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E</u> <u>M</u> <u>N</u> <u>M</u> <u>M</u> <u>F</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>4</u> <u>4</u> <u>4</u> <u>4</u> <u>4</u> <u>4</u>	<u>221T</u> <u>221T</u> <u>221T</u> <u>222S</u> <u>222SA</u> <u>234-5Z</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>7664382</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PHOSPHORIC ACID</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M</u> <u>N</u> <u>D</u> <u>N</u> <u>N</u> <u>M</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>4</u> <u>4</u> <u>4</u> <u>4</u> <u>4</u> <u>4</u>	<u>234-5Z</u> <u>234-5Z</u> <u>2706T CONEX</u> <u>275UR</u> <u>M0743 CONEX</u> <u>6266</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u>	<input type="checkbox"/>
CAS <u>7664382</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PHOSPHORIC ACID</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>N</u> <u>M</u> <u>N</u>	<u>1</u> <u>1</u> <u>1</u>	<u>4</u> <u>4</u> <u>4</u>	<u>607</u> <u>306E</u> <u>306E</u> <u>BETWEEN 200E & 200W AREA</u> <u>300 AREA</u> <u>300 AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

James E Rasmussen

02/28/97

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

Signature

Date signed

Optional Attachments

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Specific Information by Chemical

Important: Read all instructions before completing form Reporting Period: From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s	T e m p	Storage Codes and Locations (Non-Confidential)	O p t
CAS <u>1336363</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POLYCHLORINATED BIPHENYLS</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	R	1	4	<u>105KE TRANSFORMER</u> <u>100K AREA</u>	<input type="checkbox"/>
			R	1	4	<u>4621E TRANSFORMER</u> <u>400 AREA</u>	
			R	1	4	<u>4621W TRANSFORMER</u> <u>400 AREA</u>	
			R	1	4	<u>491E</u> <u>400 AREA</u>	
			R	1	4	<u>491W</u> <u>400 AREA</u>	
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L	2	4	<u>1706KE</u> <u>100K AREA</u>	<input type="checkbox"/>
			L	2	4	<u>105N</u> <u>100N AREA</u>	
			A	2	4	<u>1301N</u> <u>100N AREA</u>	
			L	2	4	<u>1512N</u> <u>100N AREA</u>	
			L	2	4	<u>1723N</u> <u>100N AREA</u>	
			A	2	4	<u>N SPRINGS</u> <u>100N AREA</u>	
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	L	2	4	<u>2025E</u> <u>200E AREA</u>	<input type="checkbox"/>
			L	2	4	<u>209E</u> <u>200E AREA</u>	
			L	2	4	<u>2101HV</u> <u>200E AREA</u>	
			L	2	4	<u>2101M</u> <u>200E AREA</u>	
			L	2	4	<u>221B</u> <u>200E AREA</u>	
			L	2	4	<u>225B</u> <u>200E AREA</u>	

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen

Date signed 02/28/97

Optional Attachments:

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03-445-6186

For
Official
Use
Only

ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

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Name Charles K. Kasch Title Team Leader, Quality and
Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
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Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	A 2 4 A 2 4 A 2 4 A 2 4 L 2 4 A 2 4	<u>225E</u> <u>241AZ</u> <u>242AC</u> <u>2711E</u> <u>2711E</u> <u>271B</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>271B</u> <u>2721EA</u> <u>2727E</u> <u>272AW</u> <u>272E</u> <u>275E</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	A 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>277A</u> <u>277A CONEX</u> <u>M0269</u> <u>M0844</u> <u>M0996</u> <u>6290 CRANE & RIGGING FAC W OF 200E AREA</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>

Certification (Read and sign after completing all sections)
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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative _____
Signature James E Rasmussen Date signed 02/28/97

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	Important: Read all instructions before completing form			

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e s p e s p	Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	O p t
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>HTS PIPEYARD NE OF 200E AREA</u> <u>M0005 HTS PIPEYARD NE OF 200E AREA</u> <u>200ZP2 200W AREA</u> <u>202S CONEX 200W AREA</u> <u>214T 200W AREA</u> <u>221T 200W AREA</u>	<input type="checkbox"/>
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 A 2 4 L 2 4 A 2 4 L 2 4	<u>222S 200W AREA</u> <u>222SA 200W AREA</u> <u>2300W 200W AREA</u> <u>2306W 200W AREA</u> <u>2307W 200W AREA</u> <u>2309W 200W AREA</u>	<input type="checkbox"/>
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<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) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 A 2 4 L 2 4 L 2 4	<u>2310W 200W AREA</u> <u>234-5Z 200W AREA</u> <u>2402W 200W AREA</u> <u>2707SX 200W AREA</u> <u>271U 200W AREA</u> <u>272S 200W AREA</u>	<input type="checkbox"/>

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Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
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	Important: Read all instructions before completing form			

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O P T																		
CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure 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 (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>272WA</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>2734ZK</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>275W</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>277W</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>6265</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>A 2 4</td><td>609A</td><td>BETWEEN 200E & 200W AREA</td></tr> </table>	L 2 4	272WA	200W AREA	L 2 4	2734ZK	200W AREA	L 2 4	275W	200W AREA	L 2 4	277W	200W AREA	L 2 4	6265	WSCF COMPLEX E OF 200W AREA	A 2 4	609A	BETWEEN 200E & 200W AREA	<input type="checkbox"/>
L 2 4	272WA	200W AREA																				
L 2 4	2734ZK	200W AREA																				
L 2 4	275W	200W AREA																				
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L 2 4	609A	BETWEEN 200E & 200W AREA																				
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CAS <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure 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 (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>384</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>4704S</td><td>400 AREA</td></tr> <tr><td>L 2 4</td><td>4713B</td><td>400 AREA</td></tr> <tr><td>L 2 4</td><td>4713D</td><td>400 AREA</td></tr> <tr><td>L 2 4</td><td>4722C</td><td>400 AREA</td></tr> <tr><td>L 2 4</td><td>1161</td><td>1100 AREA</td></tr> </table>	L 2 4	384	300 AREA	L 2 4	4704S	400 AREA	L 2 4	4713B	400 AREA	L 2 4	4713D	400 AREA	L 2 4	4722C	400 AREA	L 2 4	1161	1100 AREA	<input type="checkbox"/>
L 2 4	384	300 AREA																				
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L 2 4	1161	1100 AREA																				

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only ID # _____
Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t	
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>J14</u> <u>J14</u> <u>F14</u> <u>D14</u> <u>J14</u>	<u>225B</u> <u>225B CONEX</u> <u>225BC</u> <u>225BE</u> <u>2703E</u> <u>2703E</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>K14</u> <u>M14</u> <u>N14</u> <u>F14</u> <u>J14</u> <u>F14</u>	<u>2703E CONEX</u> <u>2703E</u> <u>2703E CONEX</u> <u>2714A</u> <u>2714A</u> <u>2715B</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>F14</u> <u>J14</u> <u>D14</u> <u>F14</u> <u>J14</u>	<u>271B</u> <u>271B</u> <u>271B</u> <u>272BB</u> <u>M0845</u> <u>M0845</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	ID # <input type="text"/> Date Received <input type="text"/>	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	For Official Use Only	Name <input type="text"/> Title <input type="text"/> Phone <input type="text"/> 24 Hr. Phone <input type="text"/>

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Reporting Period: From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	J 1 4 J 1 4 J 1 4 J 1 4 J 1 4 I 1 4	<u>P012</u> 200E AREA <u>HTS PIPEYARD</u> NE OF 200E AREA <u>M0005</u> HTS PIPEYARD NE OF 200E AREA <u>221T</u> 200W AREA <u>224T</u> 200W AREA <u>234-5Z</u> 200W AREA	<input type="checkbox"/>
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	F 1 4 J 1 4 J 1 4 J 1 4 J 1 4 J 1 4	<u>236Z</u> 200W AREA <u>2402W</u> 200W AREA <u>2402WE</u> 200W AREA <u>2620W</u> 200W AREA <u>M0223 CONEX</u> 200W AREA <u>M0743 CONEX</u> 200W AREA	<input type="checkbox"/>
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	D 1 4 J 1 4 J 1 4 J 1 4 D 1 4 J 1 4	<u>607</u> BETWEEN 200E & 200W AREA <u>616</u> BETWEEN 200E & 200W AREA <u>M0712</u> METEROLOGY COMPLEX NE OF 200W AREA <u>305</u> 300 AREA <u>306E CONEX</u> 300 AREA <u>306E CONEX</u> 300 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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CAS <u>7440235</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<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)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> <u>C14</u> <u>M14</u> <u>C12</u> <u>D14</u> <u>D14</u>	<u>1720DR</u> 100DR AREA <u>221T</u> 200W AREA <u>234-5Z</u> 200W AREA <u>2727W</u> 200W AREA <u>HS057</u> 200W AREA <u>HS058</u> 200W AREA	<input type="checkbox"/>
CAS <u>7440235</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<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)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>D14</u> <u>D14</u> <u>D14</u> <u>D14</u> <u>D14</u>	<u>HS059</u> 200W AREA <u>HS060</u> 200W AREA <u>HS061</u> 200W AREA <u>HS062</u> 200W AREA <u>HS063</u> 200W AREA <u>HS064</u> 200W AREA	<input type="checkbox"/>

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

Signature James E Rasmussen

Date signed 02/28/97

Date signed

Optional Attachments

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	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
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D	1	4	335	300 AREA																														
A	1	4	335	300 AREA																														
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CAS <u>7440235</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<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) <u>06</u> Avg. Daily Amount (code) <u>06</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>2</td><td>5</td><td>405</td><td>400 AREA</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	C	2	5	405	400 AREA																					<input type="checkbox"/>					
C	2	5	405	400 AREA																														
CAS <u>497198</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE</u> 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 EHS Name _____	<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 (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N</td><td>1</td><td>4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>J</td><td>1</td><td>4</td><td>183K</td><td>100K AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>2101M</td><td>200E AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>2703E CONEX</td><td>200E AREA</td></tr> </table>	N	1	4	1706KE	100K AREA	J	1	4	183K	100K AREA	N	1	4	M0425	100N AREA	N	1	4	2025E	200E AREA	F	1	4	2101M	200E AREA	N	1	4	2703E CONEX	200E AREA	<input type="checkbox"/>
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Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
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Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

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Signature James E Rasmussen Date signed 02/28/97

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Specific Information by Chemical

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CAS <u>497198</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>I14</u> <u>N14</u> <u>I14</u> <u>F14</u> <u>F14</u> <u>F14</u>	<u>306E</u> 300 AREA <u>306E</u> 300 AREA <u>310</u> 300 AREA <u>3705</u> 300 AREA <u>3709A</u> 300 AREA <u>3718F (demolished)</u> 300 AREA	<input type="checkbox"/>
CAS <u>497198</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE</u> 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 EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>J14</u> <u>N14</u> <u>F14</u> <u>K14</u> <u>P14</u> <u>N14</u>	<u>3746D</u> 300 AREA <u>3746D</u> 300 AREA <u>4704S</u> 400 AREA <u>4704S</u> 400 AREA <u>4704S</u> 400 AREA <u>491W</u> 400 AREA	<input type="checkbox"/>

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Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
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M 1 4	221T	200W AREA																				
N 1 4	222S	200W AREA																				
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>M 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>B 1 4</td><td>284W</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>622R METEROLOGY COMPLEX NE OF</td><td>200W AREA</td></tr> </table>	M 1 4	222SA	200W AREA	N 1 4	222SA	200W AREA	M 1 4	234-5Z	200W AREA	N 1 4	234-5Z	200W AREA	B 1 4	284W	200W AREA	N 1 4	622R METEROLOGY COMPLEX NE OF	200W AREA	<input type="checkbox"/>
M 1 4	222SA	200W AREA																				
N 1 4	222SA	200W AREA																				
M 1 4	234-5Z	200W AREA																				
N 1 4	234-5Z	200W AREA																				
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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification
Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03-445-6186

Owner/Operator Name
Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact
Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone (-) _____ 24 Hr. Phone () _____

For Official Use Only
ID # _____
Date Received _____

Important: Read all instructions before completing form Reporting Period: From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	M 1 4 N 1 4 N 1 4 F 1 4 K 1 4 N 1 4	6266 WSCF COMPLEX E OF 200W AREA 6266 WSCF COMPLEX E OF 200W AREA 6269 WSCF COMPLEX E OF 200W AREA 306E 300 AREA 306E CONEX 300 AREA 306E 300 AREA	<input type="checkbox"/>
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	E 1 4 N 1 4 N 1 4 D 1 4 M 1 4 B 1 4	324 300 AREA 328 300 AREA 331 300 AREA 331D 300 AREA 3705 300 AREA 384 300 AREA	<input type="checkbox"/>
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	F 1 4	4704S 400 AREA	<input type="checkbox"/>

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	Storage Codes and Locations <i>(Non-Confidential)</i> <i>Storage Locations</i>	O P T																		
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N 1 4</td><td>182B</td><td>100B AREA</td></tr> <tr><td>N 1 4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>N 1 4</td><td>183KE</td><td>100K AREA</td></tr> <tr><td>F 1 4</td><td>105N</td><td>100N AREA</td></tr> <tr><td>A 1 4</td><td>108N</td><td>100N AREA</td></tr> <tr><td>C 1 4</td><td>163N</td><td>100N AREA</td></tr> </table>	N 1 4	182B	100B AREA	N 1 4	1706KE	100K AREA	N 1 4	183KE	100K AREA	F 1 4	105N	100N AREA	A 1 4	108N	100N AREA	C 1 4	163N	100N AREA	<input type="checkbox"/>
N 1 4	182B	100B AREA																				
N 1 4	1706KE	100K AREA																				
N 1 4	183KE	100K AREA																				
F 1 4	105N	100N AREA																				
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CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E 1 4</td><td>1714N</td><td>100N AREA</td></tr> <tr><td>F 1 4</td><td>183N</td><td>100N AREA</td></tr> <tr><td>J 1 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>M 1 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>N 1 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>A 1 4</td><td>2025E</td><td>200E AREA</td></tr> </table>	E 1 4	1714N	100N AREA	F 1 4	183N	100N AREA	J 1 4	M0425	100N AREA	M 1 4	M0425	100N AREA	N 1 4	M0425	100N AREA	A 1 4	2025E	200E AREA	<input type="checkbox"/>
E 1 4	1714N	100N AREA																				
F 1 4	183N	100N AREA																				
J 1 4	M0425	100N AREA																				
M 1 4	M0425	100N AREA																				
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CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C 1 4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>N 1 4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>C 1 4</td><td>202A</td><td>200E AREA</td></tr> <tr><td>E 1 4</td><td>202A</td><td>200E AREA</td></tr> <tr><td>C 1 4</td><td>204AR</td><td>200E AREA</td></tr> <tr><td>J 1 4</td><td>204AR</td><td>200E AREA</td></tr> </table>	C 1 4	2025E	200E AREA	N 1 4	2025E	200E AREA	C 1 4	202A	200E AREA	E 1 4	202A	200E AREA	C 1 4	204AR	200E AREA	J 1 4	204AR	200E AREA	<input type="checkbox"/>
C 1 4	2025E	200E AREA																				
N 1 4	2025E	200E AREA																				
C 1 4	202A	200E AREA																				
E 1 4	202A	200E AREA																				
C 1 4	204AR	200E AREA																				
J 1 4	204AR	200E AREA																				

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	N 1 4 J 1 4 N 1 4 A 1 4 E 1 4 N 1 4	<u>204AR</u> 200E AREA <u>2101M</u> 200E AREA <u>2101M</u> 200E AREA <u>211A</u> 200E AREA <u>211A</u> 200E AREA <u>211A</u> 200E AREA	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	A 1 4 D 1 4 N 1 4 J 1 4 C 1 4 E 1 4	<u>211BA</u> 200E AREA <u>2703E CONEX</u> 200E AREA <u>2703E</u> 200E AREA <u>2714A</u> 200E AREA <u>271B</u> 200E AREA <u>271B</u> 200E AREA	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	N 1 4 O 1 4 N 1 4 D 1 4 I 1 4 J 1 4	<u>271B</u> 200E AREA <u>271B</u> 200E AREA <u>2750E</u> 200E AREA <u>275EA</u> 200E AREA <u>275EA</u> 200E AREA <u>275EA</u> 200E AREA	<input type="checkbox"/>

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Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	I 1 4 N 1 4 N 1 4 M 1 4 N 1 4 D 1 4	6266 WSCF COMPLEX E OF 200W AREA 6266 WSCF COMPLEX E OF 200W AREA 6268 WSCF COMPLEX E OF 200W AREA 6269 WSCF COMPLEX E OF 200W AREA 6269 WSCF COMPLEX E OF 200W AREA 306E CONEX 300 AREA	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	M 1 4 I 1 4 N 1 4 A 1 4 N 1 4 D 1 4	306E CONEX 300 AREA 306E 300 AREA 306E 300 AREA 310 300 AREA 331 300 AREA 331D 300 AREA	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	F 1 4 E 1 4 F 1 4 M 1 4 N 1 4 E 1 4	331D 300 AREA 333 300 AREA 337 300 AREA 3705 300 AREA 3705 300 AREA PIT 6 W OF 300 AREA	<input type="checkbox"/>

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Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
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ID # _____

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Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
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Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
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CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> 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 EHS Name _____	<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)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>4831</u> <u>400 AREA</u> <u>C14</u> <u>1171</u> <u>1100 AREA</u> <u>D14</u> <u>1171</u> <u>1100 AREA</u> <u>N14</u> <u>2440 STEVENS CENTER</u>	<input type="checkbox"/>
CAS <u>7631994</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRATE</u> 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 EHS Name _____	<input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>225B</u> <u>200E AREA</u> <u>N14</u> <u>2703E</u> <u>200E AREA</u> <u>F14</u> <u>271B</u> <u>200E AREA</u> <u>J14</u> <u>271B</u> <u>200E AREA</u> <u>D14</u> <u>275EA</u> <u>200E AREA</u> <u>J14</u> <u>221T</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>7631994</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRATE</u> 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 EHS Name _____	<input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>J14</u> <u>222S</u> <u>200W AREA</u> <u>M14</u> <u>222S</u> <u>200W AREA</u> <u>N14</u> <u>222S</u> <u>200W AREA</u> <u>I14</u> <u>222SA</u> <u>200W AREA</u> <u>J14</u> <u>222SA</u> <u>200W AREA</u> <u>N14</u> <u>222SA</u> <u>200W AREA</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

James E Rasmussen
Signature

02/28/97

Date signed

Optional Attachments

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Specific Information by Chemical

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1996

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7631994</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRATE</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	J 1 4 N 1 4 F 1 4 R 1 4 N 1 4 N 1 4	234-5Z 200W AREA 234-5Z 200W AREA 236Z 200W AREA 291Z 200W AREA 622R METEROLOGY COMPLEX NE OF 200W AREA 6266 WSCF COMPLEX E OF 200W AREA	<input type="checkbox"/>
CAS <u>7631994</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRATE</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	C 1 4 N 1 4 N 1 4 F 1 4 F 1 4 I 1 4	305 300 AREA 306E 300 AREA 331 300 AREA 331D 300 AREA 337 300 AREA 1164 1100 AREA	<input type="checkbox"/>
CAS <u>7631994</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRATE</u> 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 EHS Name _____	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	J 1 4	1169 1100 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen

Date signed 02/28/97

Date signed

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03</u> - <u>445</u> - <u>6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</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, 19 <u>96</u>	<input type="checkbox"/> Check if information below is identical to the information submitted last year.				
Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> 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 EHS Name _____	<input checked="" 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 (days) <u>366</u>	C 1 4 C 1 4 J 1 4 J 1 4 J 1 4 N 1 4	202A 200E AREA 204AR 200E AREA 204AR 200E AREA 2101M 200E AREA 211A 200E AREA 2703E 200E AREA	<input type="checkbox"/>
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> 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 EHS Name _____	<input checked="" 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 (days) <u>366</u>	C 1 4 O 1 4 D 1 4 J 1 4 J 1 4 M 1 4	271B 200E AREA 271B 200E AREA 275EA 200E AREA 275EA 200E AREA 221T 200W AREA 222S 200W AREA	<input type="checkbox"/>
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> 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 EHS Name _____	<input checked="" 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 (days) <u>366</u>	M 1 4 N 1 4 I 1 4 N 1 4 N 1 4 F 1 4	222S 200W AREA 222S 200W AREA 222SA 200W AREA 222SA 200W AREA 234-5Z 200W AREA 236Z 200W AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r o p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> 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 EHS Name _____	<input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	J 1 4 R 1 4 N 1 4 M 1 4 N 1 4 N 1 4	241Z 200W AREA 291Z 200W AREA 622R METEROLOGY COMPLEX E OF 200W AREA 6266 WSCF COMPLEX NE OF 200W AREA 306E 300 AREA 331 300 AREA	<input type="checkbox"/>
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> 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 EHS Name _____	<input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	D 1 4 F 1 4 F 1 4	331D 300 AREA 331D 300 AREA 337 300 AREA	<input type="checkbox"/>
CAS <u>64742581</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SPENT LUBRICATING OIL, HYDROTREATED</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	A 1 4 D 1 4 C 1 4 D 1 4 C 1 4 D 1 4	2711E 200E AREA 2711E 200E AREA 1171 1100 AREA 1171 1100 AREA 1172A 1100 AREA 1176 1100 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Specific Information by Chemical

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s p Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>8052413</u> Trade Secret <input type="checkbox"/> Chem. Name <u>STODDARD SOLVENT</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>190KE</u> <u>100K AREA</u> <u>D14</u> <u>105NA</u> <u>100N AREA</u> <u>D14</u> <u>M0942</u> <u>100N AREA</u> <u>C14</u> <u>2711E</u> <u>200E AREA</u> <u>D14</u> <u>2711E</u> <u>200E AREA</u> <u>D14</u> <u>607</u> <u>BETWEEN 200E & 200W AREA</u>	<input type="checkbox"/>
CAS <u>8052413</u> Trade Secret <input type="checkbox"/> Chem. Name <u>STODDARD SOLVENT</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 type="checkbox"/> EHS EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E14</u> <u>4831</u> <u>400 AREA</u> <u>E14</u> <u>1164</u> <u>1100 AREA</u> <u>C14</u> <u>1171</u> <u>1100 AREA</u> <u>D14</u> <u>1176</u> <u>1100 AREA</u>	<input type="checkbox"/>
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>R14</u> <u>151B</u> <u>100B AREA</u> <u>R14</u> <u>181B</u> <u>100B AREA</u> <u>R14</u> <u>182B</u> <u>100B AREA</u> <u>R14</u> <u>151D</u> <u>100D AREA</u> <u>R14</u> <u>181D</u> <u>100D AREA</u> <u>R14</u> <u>182D</u> <u>100D AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative

James E Rasmussen Signature
Date signed 02/28/97

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</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, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p Storage Codes and Locations (Non-Confidential) Storage Locations	O P t																		
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>M 1 4</td><td>183KE</td><td>100K AREA</td></tr> <tr><td>A 1 4</td><td>107N</td><td>100N AREA</td></tr> <tr><td>A 1 4</td><td>108N</td><td>100N AREA</td></tr> <tr><td>C 1 4</td><td>163N</td><td>100N AREA</td></tr> <tr><td>E 1 4</td><td>1714N</td><td>100N AREA</td></tr> </table>	M 1 4	1706KE	100K AREA	M 1 4	183KE	100K AREA	A 1 4	107N	100N AREA	A 1 4	108N	100N AREA	C 1 4	163N	100N AREA	E 1 4	1714N	100N AREA	<input type="checkbox"/>
M 1 4	1706KE	100K AREA																				
M 1 4	183KE	100K AREA																				
A 1 4	107N	100N AREA																				
A 1 4	108N	100N AREA																				
C 1 4	163N	100N AREA																				
E 1 4	1714N	100N AREA																				
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>A 1 4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>C 1 4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>N 1 4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>E 1 4</td><td>211A</td><td>200E AREA</td></tr> <tr><td>A 1 4</td><td>211BA</td><td>200E AREA</td></tr> </table>	M 1 4	M0425	100N AREA	A 1 4	2025E	200E AREA	C 1 4	2025E	200E AREA	N 1 4	2025E	200E AREA	E 1 4	211A	200E AREA	A 1 4	211BA	200E AREA	<input type="checkbox"/>
M 1 4	M0425	100N AREA																				
A 1 4	2025E	200E AREA																				
C 1 4	2025E	200E AREA																				
N 1 4	2025E	200E AREA																				
E 1 4	211A	200E AREA																				
A 1 4	211BA	200E AREA																				
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>R 1 4</td><td>252E</td><td>200E AREA</td></tr> <tr><td>M 1 4</td><td>2703E</td><td>200E AREA</td></tr> <tr><td>E 1 4</td><td>2714A</td><td>200E AREA</td></tr> <tr><td>J 1 4</td><td>2714A</td><td>200E AREA</td></tr> <tr><td>R 1 4</td><td>284E</td><td>200E AREA</td></tr> <tr><td>M 1 4</td><td>222S</td><td>200W AREA</td></tr> </table>	R 1 4	252E	200E AREA	M 1 4	2703E	200E AREA	E 1 4	2714A	200E AREA	J 1 4	2714A	200E AREA	R 1 4	284E	200E AREA	M 1 4	222S	200W AREA	<input type="checkbox"/>
R 1 4	252E	200E AREA																				
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Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
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Reporting Period: From January 1 to December 31, 19 <u>96</u>		<input type="checkbox"/> Check if information below is identical to the information submitted last year.																				
Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e s e s p Storage Codes and Locations (Non-Confidential) Storage Locations	O P T																		
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>M 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>R 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>R 1 4</td><td>252W</td><td>200W AREA</td></tr> </table>	M 1 4	222SA	200W AREA	N 1 4	222SA	200W AREA	M 1 4	234-5Z	200W AREA	N 1 4	234-5Z	200W AREA	R 1 4	234-5Z	200W AREA	R 1 4	252W	200W AREA	<input type="checkbox"/>
M 1 4	222SA	200W AREA																				
N 1 4	222SA	200W AREA																				
M 1 4	234-5Z	200W AREA																				
N 1 4	234-5Z	200W AREA																				
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R 1 4	284W	200W AREA																				
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M 1 4	6266	WSCF COMPLEX E OF 200W AREA																				
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CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>6268</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>N 1 4</td><td>6268</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>N 1 4</td><td>6269</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>M 1 4</td><td>306E</td><td>300 AREA</td></tr> <tr><td>N 1 4</td><td>306E</td><td>300 AREA</td></tr> <tr><td>A 1 4</td><td>310</td><td>300 AREA</td></tr> </table>	M 1 4	6268	WSCF COMPLEX E OF 200W AREA	N 1 4	6268	WSCF COMPLEX E OF 200W AREA	N 1 4	6269	WSCF COMPLEX E OF 200W AREA	M 1 4	306E	300 AREA	N 1 4	306E	300 AREA	A 1 4	310	300 AREA	<input type="checkbox"/>
M 1 4	6268	WSCF COMPLEX E OF 200W AREA																				
N 1 4	6268	WSCF COMPLEX E OF 200W AREA																				
N 1 4	6269	WSCF COMPLEX E OF 200W AREA																				
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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	O p t																		
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E 1 4</td><td>333</td><td>300 AREA</td></tr> <tr><td>R 1 4</td><td>351B</td><td>300 AREA</td></tr> <tr><td>R 1 4</td><td>352C</td><td>300 AREA</td></tr> <tr><td>R 1 4</td><td>352E</td><td>300 AREA</td></tr> <tr><td>R 1 4</td><td>352F</td><td>300 AREA</td></tr> <tr><td>M 1 4</td><td>3705</td><td>300 AREA</td></tr> </table>	E 1 4	333	300 AREA	R 1 4	351B	300 AREA	R 1 4	352C	300 AREA	R 1 4	352E	300 AREA	R 1 4	352F	300 AREA	M 1 4	3705	300 AREA	<input type="checkbox"/>
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CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> 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 checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N 1 4</td><td>3746D</td><td>300 AREA</td></tr> <tr><td>R 1 4</td><td>384</td><td>300 AREA</td></tr> <tr><td>E 1 4</td><td>PIT 6</td><td>W OF 300 AREA</td></tr> <tr><td>R 1 4</td><td>427</td><td>400 AREA</td></tr> <tr><td>R 1 4</td><td>4621E</td><td>400 AREA</td></tr> <tr><td>R 1 4</td><td>4621W</td><td>400 AREA</td></tr> </table>	N 1 4	3746D	300 AREA	R 1 4	384	300 AREA	E 1 4	PIT 6	W OF 300 AREA	R 1 4	427	400 AREA	R 1 4	4621E	400 AREA	R 1 4	4621W	400 AREA	<input type="checkbox"/>
N 1 4	3746D	300 AREA																				
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CAS <u>68037014</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SYNTHETIC PARAFFINIC HYDROCARBON</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">R</td><td style="width:5%;">1</td><td style="width:5%;">4</td><td style="width:5%;">2101M</td><td style="width:5%;">200E AREA</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>272WA CONEX</td><td>200W AREA</td></tr> <tr><td>R</td><td>1</td><td>4</td><td>TRANSFORMERS THROUGHOUT</td><td>300 AREA</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	R	1	4	2101M	200E AREA	F	1	4	272WA CONEX	200W AREA	R	1	4	TRANSFORMERS THROUGHOUT	300 AREA											<input type="checkbox"/>					
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R	1	4	TRANSFORMERS THROUGHOUT	300 AREA																														
CAS <u> 75694</u> Trade Secret <input type="checkbox"/> Chem. Name <u>TRICHLOROFLUOROMETHANE (FREON 11)</u> Check all that apply: Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">F</td><td style="width:5%;">1</td><td style="width:5%;">4</td><td style="width:5%;">105N</td><td style="width:5%;">100N AREA</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>105NA</td><td>100N AREA</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>2101M</td><td>200E AREA</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>214A</td><td>200E AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>2714A</td><td>200E AREA</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>M0843 SHED</td><td>200E AREA</td></tr> </table>	F	1	4	105N	100N AREA	D	1	4	105NA	100N AREA	L	2	4	2101M	200E AREA	D	1	4	214A	200E AREA	N	1	4	2714A	200E AREA	D	1	4	M0843 SHED	200E AREA	<input type="checkbox"/>
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F	1	4	607	BETWEEN 200E & 200W AREA																														
L	2	4	331D	300 AREA																														

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>83</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____	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
Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form

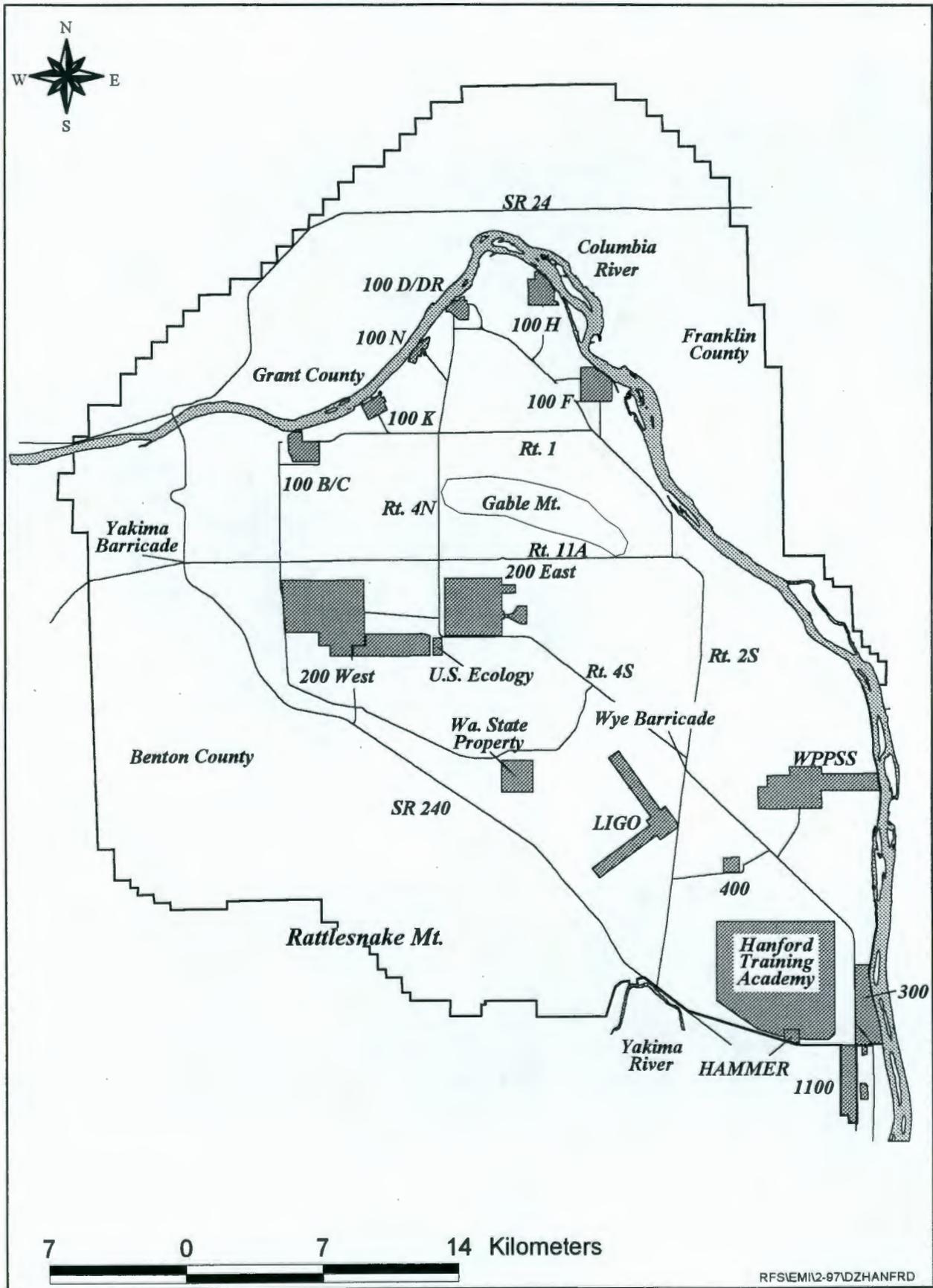
Reporting Period: From January 1 to December 31, 19 96

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

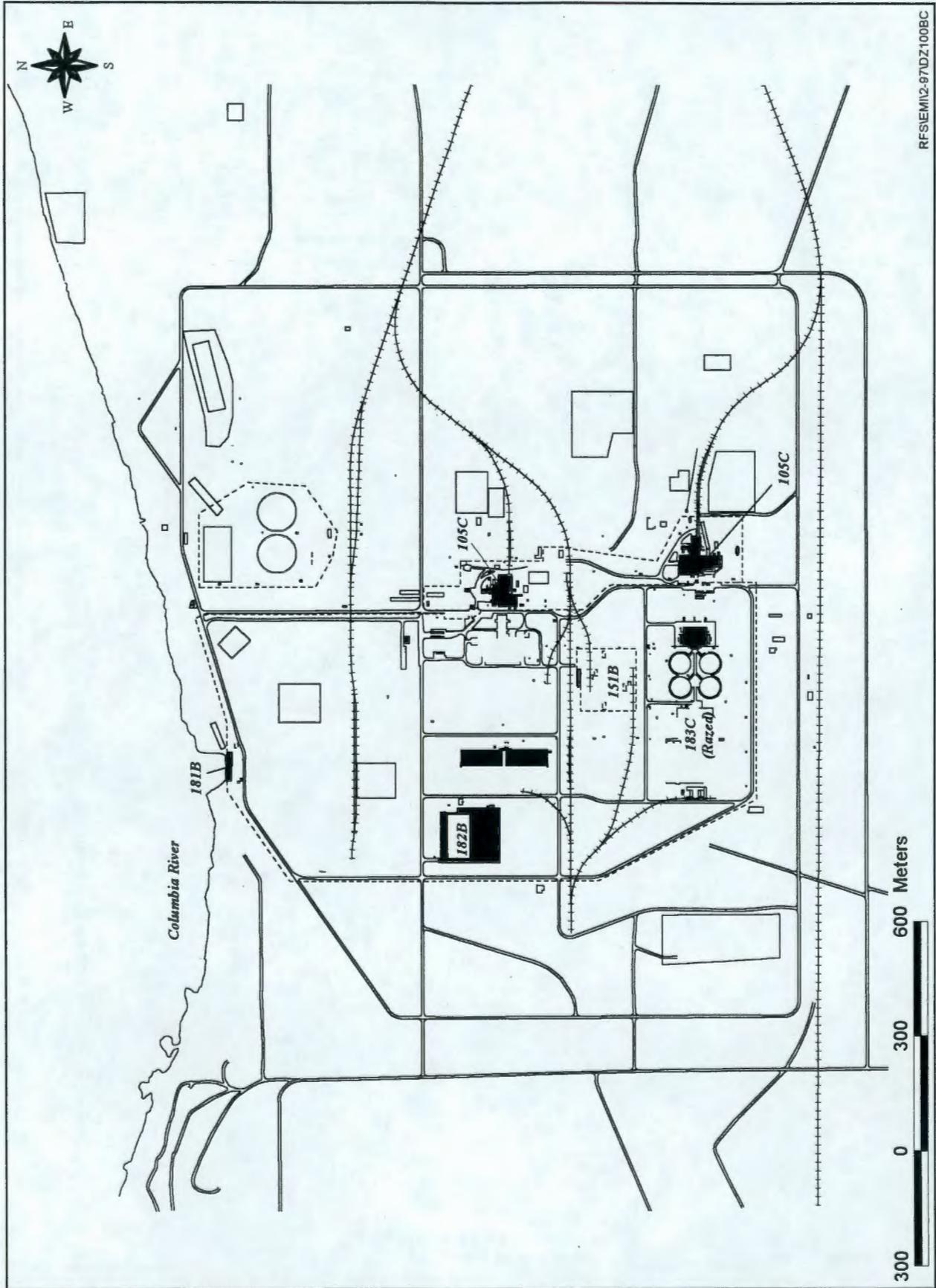
Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e m p e s e	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t																									
CAS <u>75694</u> Trade Secret <input type="checkbox"/> Chem. Name <u>TRICHLOROFUOROMETHANE (FREON 11)</u> 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 EHS Name _____	<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 (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F</td><td>1</td><td>4</td><td>337</td></tr> <tr><td>C</td><td>2</td><td>4</td><td>337</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>427</td></tr> <tr><td>C</td><td>2</td><td>4</td><td>427</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>4831</td></tr> </table>	F	1	4	337	C	2	4	337	D	1	4	427	C	2	4	427	D	1	4	4831	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>300 AREA</td></tr> <tr><td>300 AREA</td></tr> <tr><td>400 AREA</td></tr> <tr><td>400 AREA</td></tr> <tr><td>400 AREA</td></tr> </table>	300 AREA	300 AREA	400 AREA	400 AREA	400 AREA	<input type="checkbox"/>
F	1	4	337																											
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D	1	4	427																											
C	2	4	427																											
D	1	4	4831																											
300 AREA																														
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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input 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) _____ Avg. Daily Amount (code) _____ No. of Days On-Site (days) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						<input type="checkbox"/>

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	Optional Attachments <input 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
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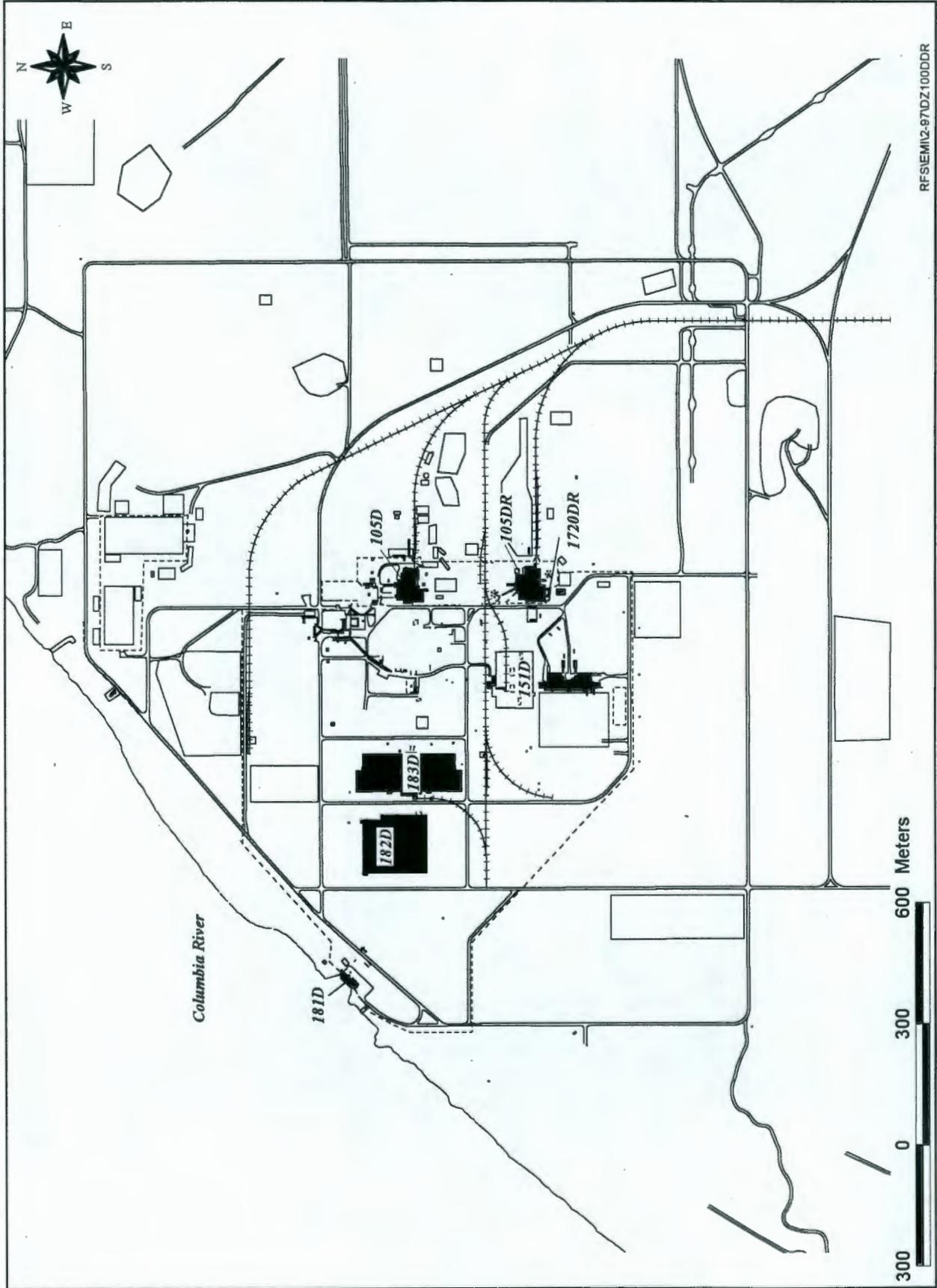
HANFORD SITE



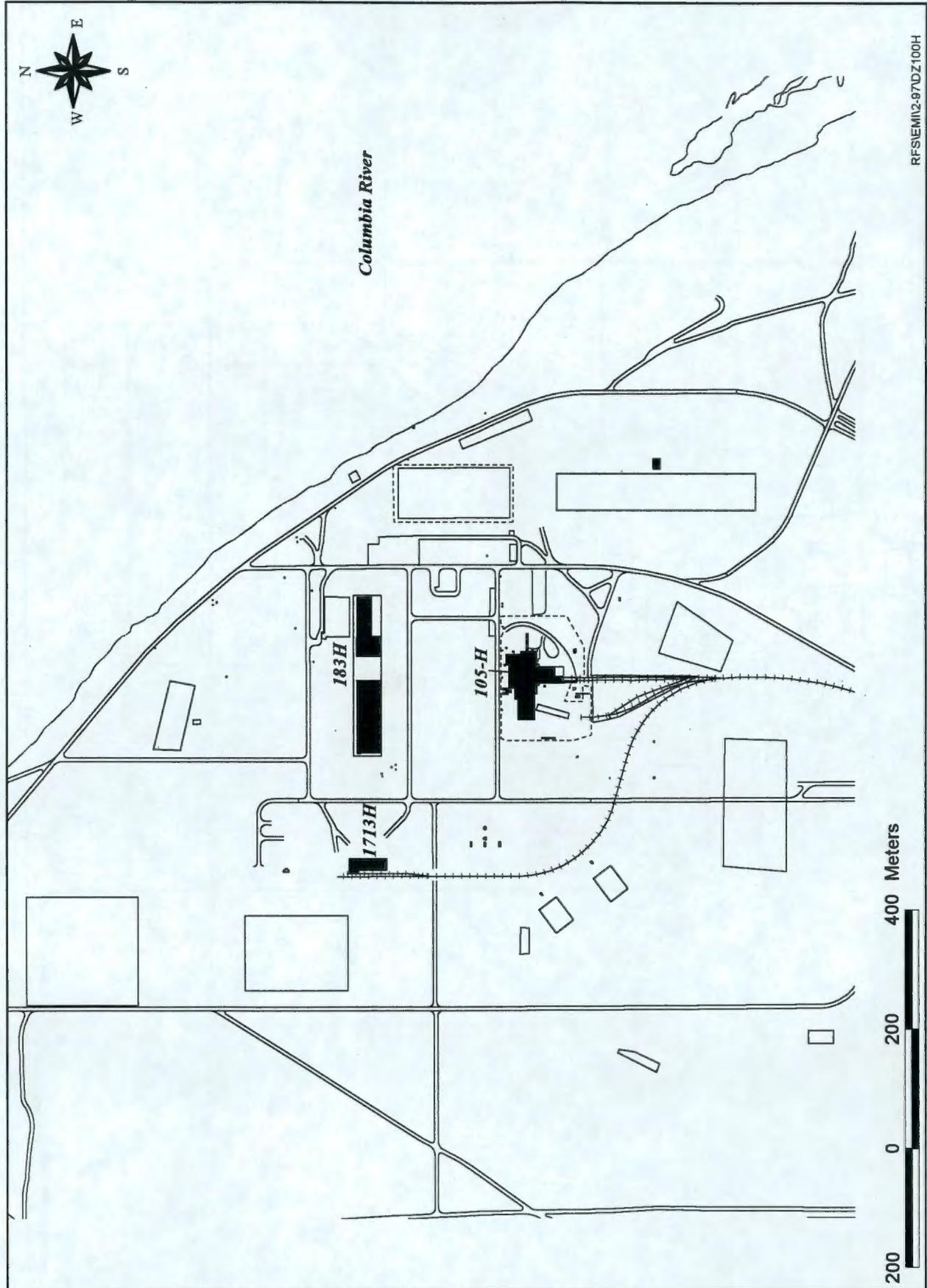
100B/C AREA



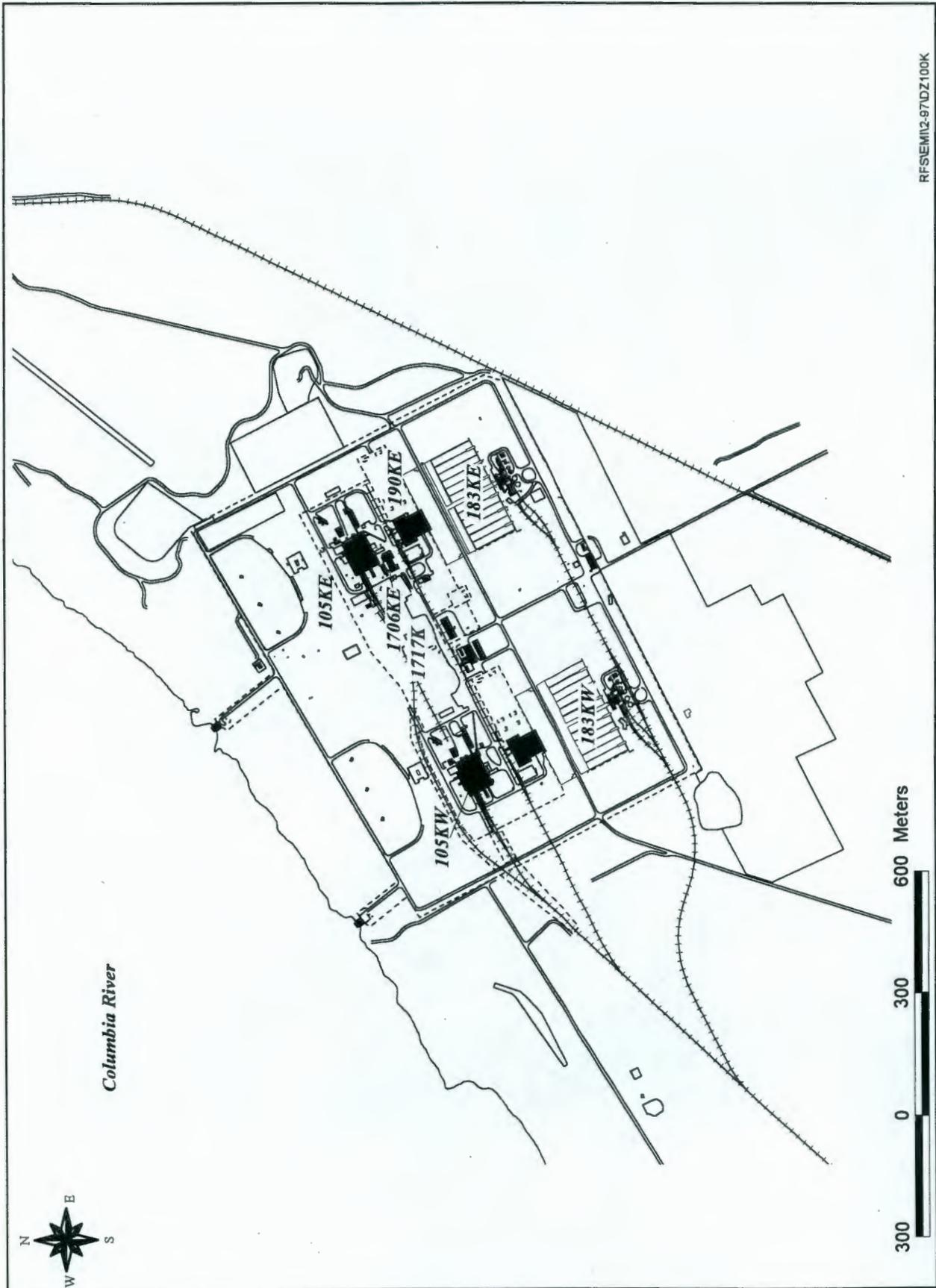
100D/DR AREA



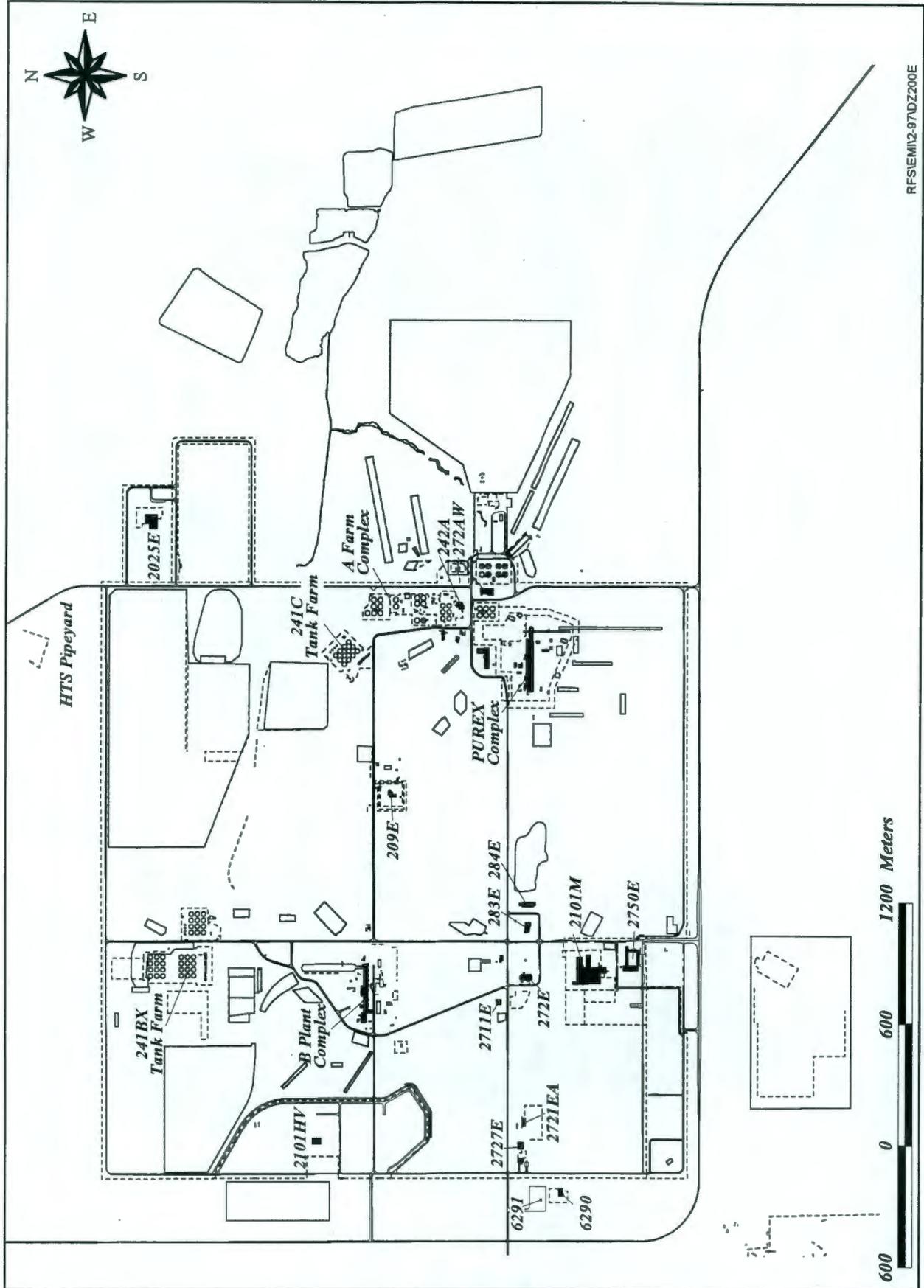
100H AREA



100K AREA

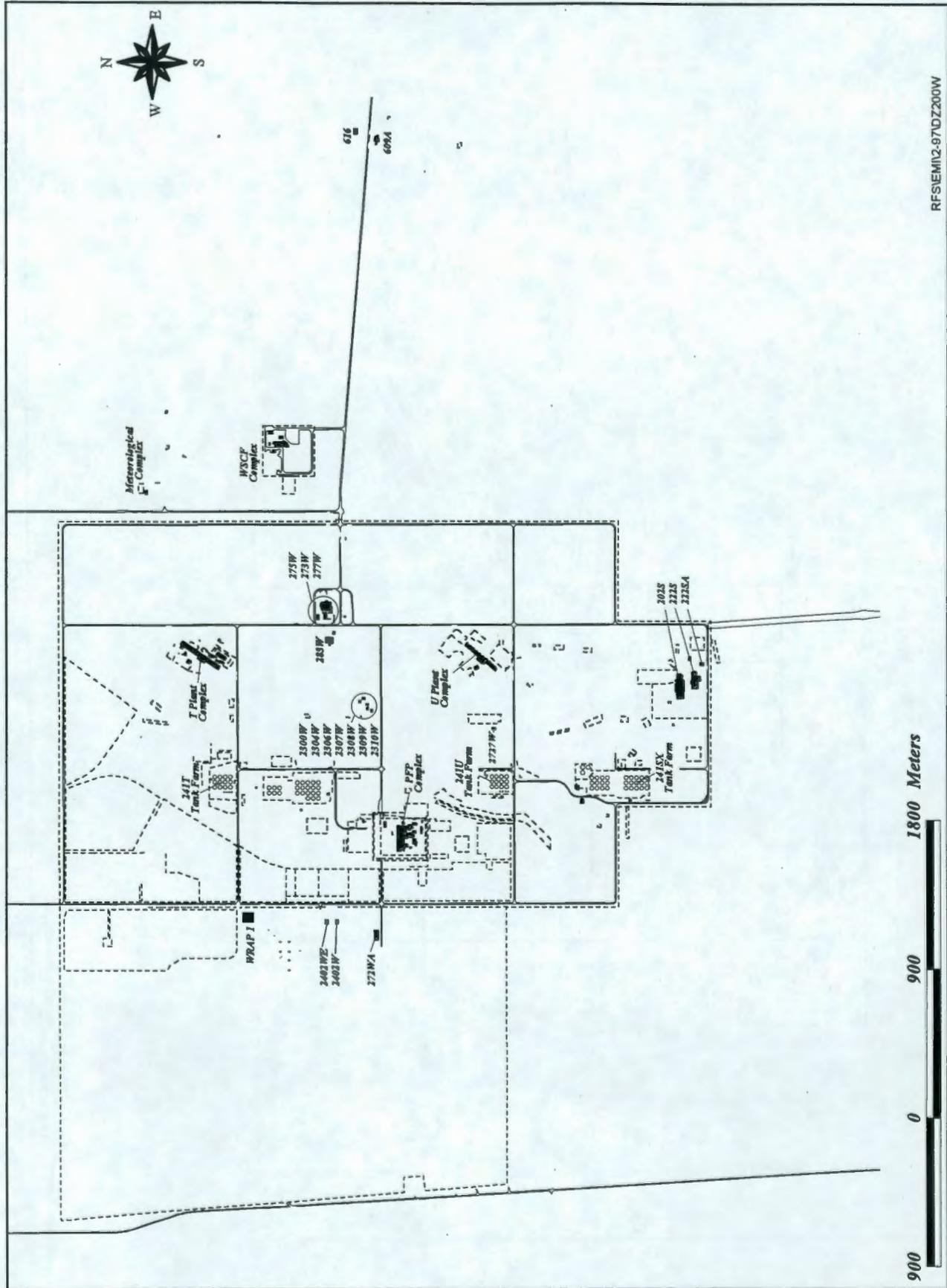


200E AREA AND ADJACENT LOCATIONS

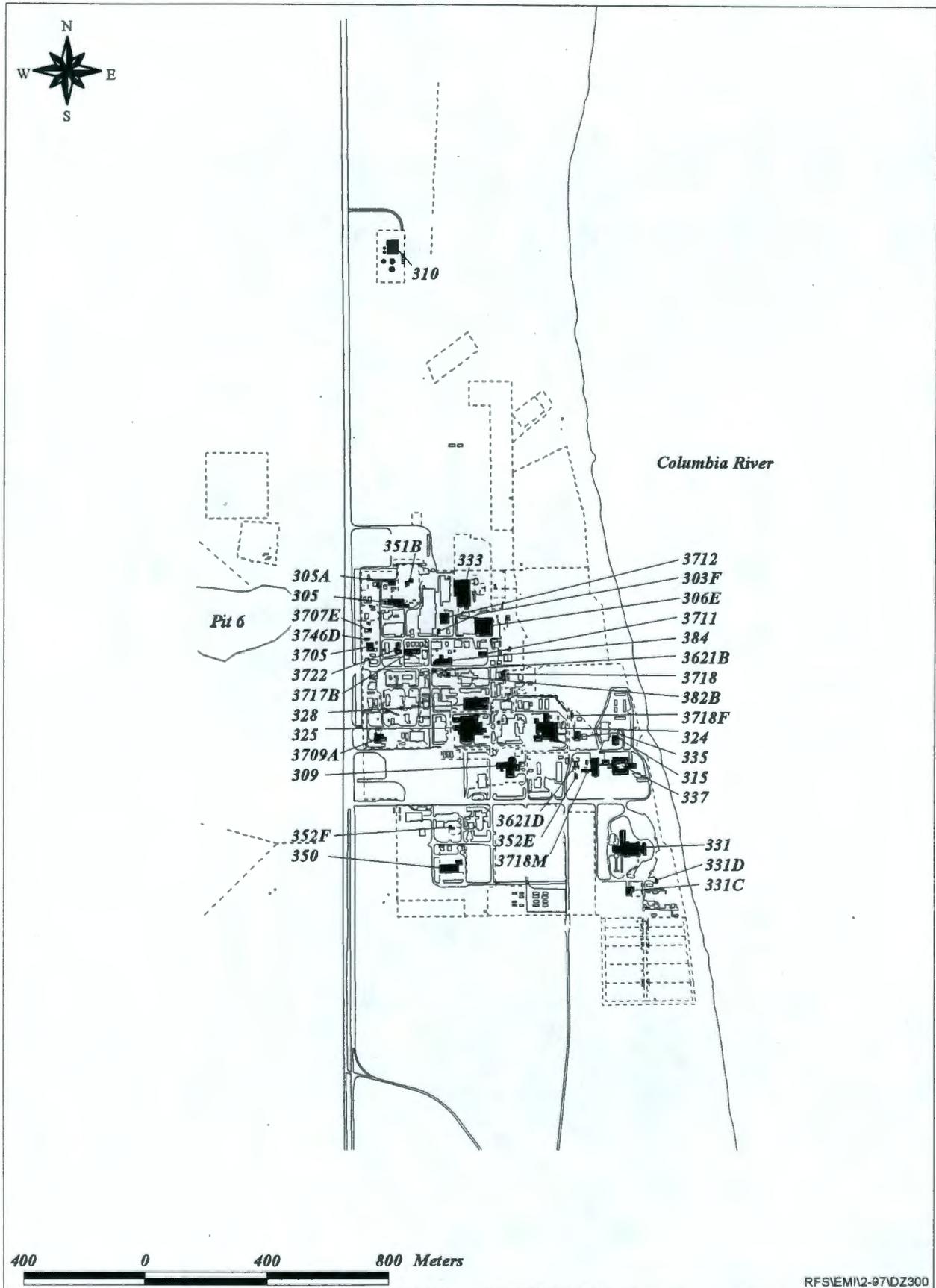


RFSIEMI2-97NDZ200E

200W AREA AND ADJACENT LOCATIONS

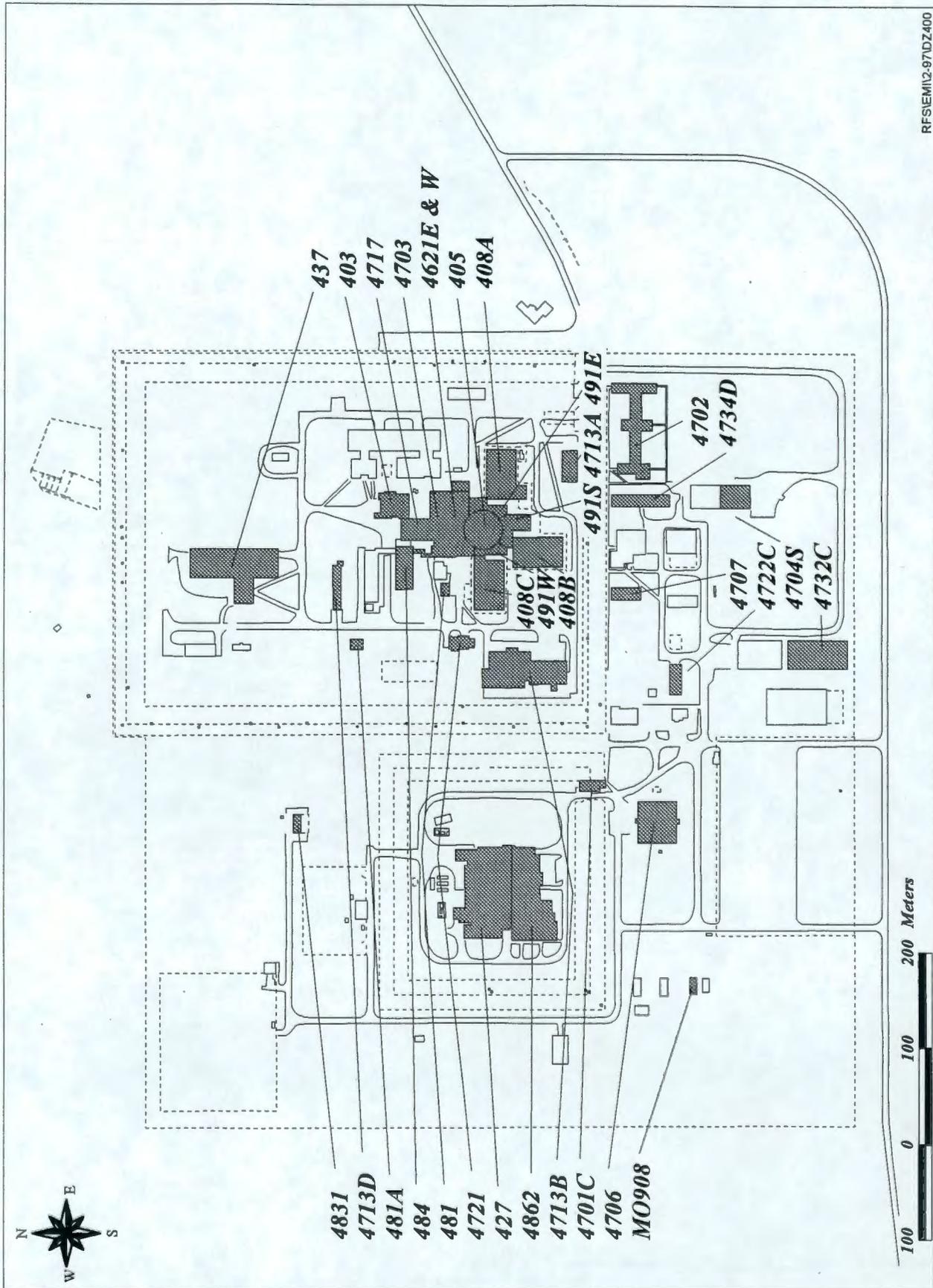


300 AREA AND ADJACENT LOCATIONS

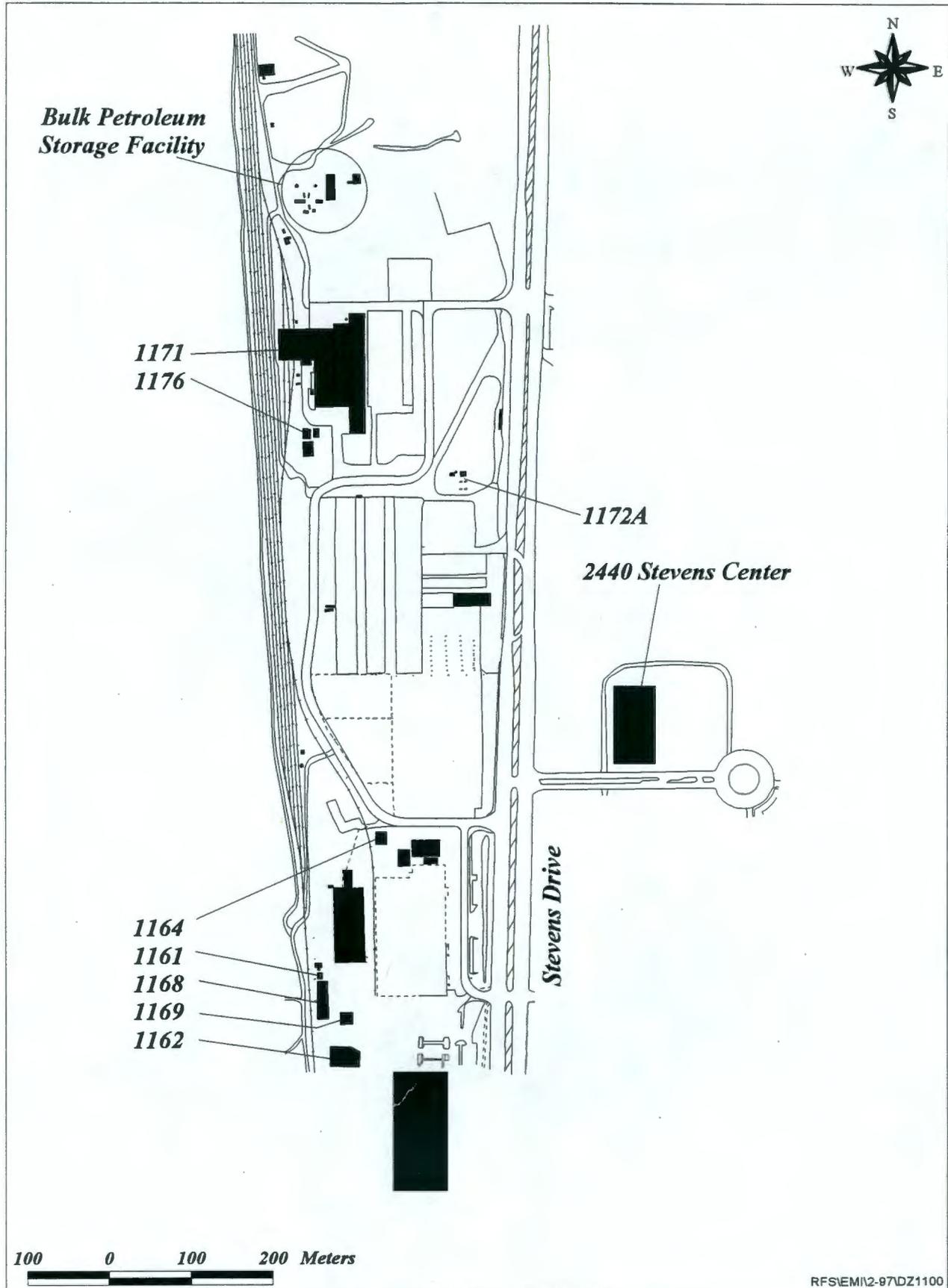


400 AREA

RFSEMIN2-97IDZ400



1100 AREA AND ADJACENT LOCATIONS



**1996 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 this 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. An *original* signature is required on at least the first page of the submission. Submissions to the SERC, LEPC, and local fire departments must each contain an *original* signature on at least the first page. Subsequent pages must contain either an original signature, a photocopy of the original signature, or a signature stamp. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.

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.

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 A-3 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.

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.

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.

If you choose to indicate that all of the information on a specific hazardous chemical is identical to that submitted last year, check the appropriate optional box provided at the right side of the storage codes and locations on the Tier Two form. Chemical descriptions, hazards, amounts, and locations must be provided even if the information is identical to that submitted last year.

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.

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.

If you are withholding the name of a chemical in accordance with criteria specified in Title III, Section 322, enter the generic class or category that is structurally descriptive of the chemical (e.g., list toluene diisocyanate as organic isocyanate) and check the box marked Trade Secret. Trade secret information should be submitted to EPA and must include a substantiation. Please refer to EPA's final regulation on trade secrecy (53 FR 28772, July 29, 1988) for detailed information on how to submit trade secrecy claims.

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 COMPARISON FOR REPORTING UNDER SECTIONS 311 AND 312

EPA's hazard categories	OSHA's hazard categories
Fire Hazard	Flammable Combustible Liquid Pyrophoric 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

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.

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	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.

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.

1996 HANFORD SITE TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

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