1998 Tier Two Emergency and Hazardous Chemical Inventory

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

**United States
Department of Energy**
Richland, Washington

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Date Published
February 1999

**United States
Department of Energy**

P.O. Box 550
Richland, Washington 99352

Approved for Public Release

-1998 Hanford Site Tier Two Emergency and Hazardous Chemical Inventory

PREFACE

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

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

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

United States Government

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	Facility Identification		Owner/Operator Name		
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>		
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>		
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact		
Specific Information by Chemical	SIC Code <u>9999</u>	Dun & Brad Number <u>03 - 4455 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
	ID # <u> </u>		Name <u> </u> Title <u> </u>		
		Date Received <u> </u>		Phone <u> </u> 24 Hr. Phone <u> </u>	

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		Opt
			Typical Products	Storage Locations	
CAS <u>1344281</u> Trade Secret ☐ Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>K14</u> <u>F14</u> <u>F14</u> <u>I14</u> <u>J14</u>	<u>1330N WASTE STORAGE</u> <u>100N AREA</u> <u>1723N WAREHOUSE</u> <u>100N AREA</u> <u>190DR WAREHOUSE</u> <u>100D/DR AREA</u> <u>2101HV WAREHOUSE</u> <u>200E AREA</u> <u>2101M WAREHOUSE</u> <u>200E AREA</u> <u>2101M WAREHOUSE</u> <u>200E AREA</u>	☐
CAS <u>1344281</u> Trade Secret ☐ Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>K14</u> <u>M14</u> <u>J14</u> <u>K14</u> <u>M14</u> <u>F14</u>	<u>2101M WAREHOUSE</u> <u>200E AREA</u> <u>2101M BUILDING, ROOM 210</u> <u>200E AREA</u> <u>221T CANYON</u> <u>200W AREA</u> <u>221T CANYON</u> <u>200W AREA</u> <u>222S LAB</u> <u>200W AREA</u> <u>222SA LAB</u> <u>200W AREA</u>	☐
CAS <u>1344281</u> Trade Secret ☐ Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>N14</u> <u>J14</u> <u>F14</u> <u>M14</u> <u>N14</u>	<u>222SA LAB</u> <u>200W AREA</u> <u>222SA LAB</u> <u>200W AREA</u> <u>233S BUILDING</u> <u>200W AREA</u> <u>234-5Z, ROOM 116</u> <u>200W AREA</u> <u>234-5Z, ROOM 202</u> <u>200W AREA</u> <u>234-5Z BUILDING</u> <u>200W AREA</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 70, 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 of Environmental Assurance, Permits and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representativeSignature James E. Rasmussen02/26/99
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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact:	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only	ID # _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	Date Received _____	Name _____ Title _____		
Specific Information by Chemical	Phone () 24 Hr. Phone ()			

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	TPTE y r e p e s e m p	Storage Codes and Locations (Non-Confidential) Storage Locations
CAS <u>1344281</u> Trade Secret ☐	Chem. Name <u>ALUMINUM OXIDE</u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>F14</u> <u>N14</u> <u>F14</u> <u>D14</u> <u>F14</u>	<u>2729Z STORAGE BUILDING 200W AREA</u> <u>CONEX BOX BY 272WA 200W AREA</u> <u>STORAGE UNIT N OF 272WA 200W AREA</u> <u>CONEX BOXES BY 305 TEST FACILITY 300 AREA</u> <u>CONEX BOX BY 306E LAB 300 AREA</u> <u>CONEX BOX BY 306E LAB 300 AREA</u>
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS	EHS Name _____				
CAS <u>1344281</u> Trade Secret ☐	Chem. Name <u>ALUMINUM OXIDE</u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>N14</u> <u>F14</u> <u>N14</u> <u>J14</u> <u>R14</u>	<u>CONEX BOX BY 306E LAB 300 AREA</u> <u>CONEX BOX BY 306E LAB 300 AREA</u> <u>324 BUILDING, ROOM 3F 300 AREA</u> <u>327 LAB, ROOM 20 300 AREA</u> <u>3718G STORAGE BUILDING 300 AREA</u> <u>427 BUILDING, ROOM 352 400 AREA</u>
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS	EHS Name _____				
CAS <u>1344281</u> Trade Secret ☐	Chem. Name <u>ALUMINUM OXIDE</u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>K14</u> <u>D14</u> <u>F14</u> <u>F14</u> <u>R14</u>	<u>4732A WAREHOUSE 400 AREA</u> <u>4732A WAREHOUSE 400 AREA</u> <u>4732C WAREHOUSE 400 AREA</u> <u>622R LAB NE OF 200W AREA</u> <u>6266 LAB E OF 200W AREA</u> <u>6266 LAB E OF 200W AREA</u>
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS	EHS Name _____				

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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature

02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
	Date Received _____	Name _____ Title _____		
		Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Opt
CAS <u>1344281</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>K14</u>	
Chem. Name <u>ALUMINUM OXIDE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)		
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>365</u> No. of Days On-Site (days)		
EHS Name _____		☒ Immediate (acute)			
		☐ Delayed (chronic)			
CAS <u>10043013</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>A14</u>	
Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>M14</u>	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS		☒ Immediate (acute)	<u>365</u> No. of Days On-Site (days)	<u>J14</u>	
EHS Name _____		☐ Delayed (chronic)		<u>J14</u>	
				<u>N14</u>	
				<u>C14</u>	
CAS <u>10043013</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>E14</u>	
Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>M14</u>	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS		☒ Immediate (acute)	<u>365</u> No. of Days On-Site (days)	<u>N14</u>	
EHS Name _____		☐ Delayed (chronic)			

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Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	T P P E S	T E M P	Storage Codes and Locations (Non-Confidential)	O P T
						Storage Locations	
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐		☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PATROL TRAINING ACADEMY AMMUNITION CONEX	☐
Chem. Name <u>AMMUNITION</u>							
Check all that apply: ☐ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS							
EHS Name _____							
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐		☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	105KE, CORRIDOR 4 100K AREA SHACK NE OF 105KE 100K AREA 105KW, CORRIDOR 4 100K AREA SHACK NE OF 105KW 100K AREA 1168 CYLINDER STORAGE 1100 AREA 1171 SHOP, DEACTIVATED 1100 AREA	☐
Chem. Name <u>ARGON</u>							
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS							
EHS Name _____							
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐		☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1512N GAS STORAGE 100N AREA 1515N SHOP 100N AREA 165KE POWER CONTROL BUILDING 100K AREA 1706KE LAB 100K AREA 1717K WAREHOUSE 100K AREA 1724KB GAS STORAGE BUILDING 100K AREA	☐
Chem. Name <u>ARGON</u>							
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS							
EHS Name _____							

(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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature _____

02/26/99

Date signed

Optional Attachments

X	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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
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	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u>	Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical	Date Received _____		Name _____ Title _____	
			Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Opt
CAS <u>7440</u> <u>371</u> Trade Secret ☐		☐ Fire	<u>05</u> Max. Daily Amount (code)	<u>L24</u>	
Chem. Name <u>ARGON</u>		☒ Sudden Release of Pressure	<u>05</u> Avg. Daily Amount (code)	<u>L24</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS		☒ Reactivity	<u>365</u> No. of Days On-Site (days)	<u>L24</u>	
EHS Name _____		☐ Immediate (acute)		<u>L24</u>	
		☐ Delayed (chronic)		<u>L24</u>	
CAS <u>7440</u> <u>371</u> Trade Secret ☐		☐ Fire	<u>05</u> Max. Daily Amount (code)	<u>L24</u>	
Chem. Name <u>ARGON</u>		☒ Sudden Release of Pressure	<u>05</u> Avg. Daily Amount (code)	<u>L24</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS		☒ Reactivity	<u>365</u> No. of Days On-Site (days)	<u>L24</u>	
EHS Name _____		☒ Immediate (acute)		<u>L24</u>	
		☐ Delayed (chronic)		<u>L24</u>	
CAS <u>7440</u> <u>371</u> Trade Secret ☐		☐ Fire	<u>05</u> Max. Daily Amount (code)	<u>L24</u>	
Chem. Name <u>ARGON</u>		☒ Sudden Release of Pressure	<u>05</u> Avg. Daily Amount (code)	<u>L24</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS		☒ Reactivity	<u>365</u> No. of Days On-Site (days)	<u>L24</u>	
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		☐ Delayed (chronic)		<u>L24</u>	

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Date signed

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TIER TWO

EMERGENCY

/AND

HAZARDOUS

(CHEMICAL

INVENTORY

Specific
Information
by Chemical

Facility Identification

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEName U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Street 825 JADWIN AVENUEMail Address P.O. BOX 550, RICHLAND WA 99352City RICHLAND County BENTON State WA Zip 99352

Emergency Contact

SIC Code 9 9 9 9 Dun & Brad Number 0 3 - 4 4 5 - 6 1 8 6Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998☐ 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 p e e s s	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7 4 4 0 3 7 1</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>0 5</u> ☐ Avg. Daily Amount (code) <u>0 5</u> ☐ No. of Days On-Site (days) <u>3 6 5</u>	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>2307W SHOP 200W AREA</u> <u>2309W SHOP 200W AREA</u> <u>2310W SHOP 200W AREA</u> <u>2336W PROCESS AREA 200W AREA</u> <u>234-52, ROOM 183 200W AREA</u> <u>241AN TANK FARM PORTAL MONITOR 200E AREA</u>	☐
CAS <u>7 4 4 0 3 7 1</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>0 5</u> ☐ Avg. Daily Amount (code) <u>0 5</u> ☐ No. of Days On-Site (days) <u>3 6 5</u>	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>241AP TANK FARM 200E AREA</u> <u>241AW TANK FARM PORTAL MONITOR 200E AREA</u> <u>241AY TANK FARM PORTAL MONITOR 200E AREA</u> <u>241BX TANK FARM PORTAL MONITOR 200E AREA</u> <u>241C TANK FARM PORTAL MONITOR 200E AREA</u> <u>241SX TANK FARM PORTAL MONITOR 200W AREA</u>	☐
CAS <u>7 4 4 0 3 7 1</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>0 5</u> ☐ Avg. Daily Amount (code) <u>0 5</u> ☐ No. of Days On-Site (days) <u>3 6 5</u>	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>241SY TANK FARM PORTAL MONITOR 200W AREA</u> <u>241T TANK FARM PORTAL MONITOR 200W AREA</u> <u>241TX TANK FARM PORTAL MONITOR 200W AREA</u> <u>241U TANK FARM PORTAL MONITOR 200W AREA</u> <u>242A EVAPORATOR 200E AREA</u> <u>242AC SHOP 200E AREA</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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature

02/26/99
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>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>	
	Emergency Contact Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	For Official Use Only ID # _____ Date Received _____			
	Specific Information by Chemical			

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Reporting Period: From January 1 to December 31, 1998

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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>07440371</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	242S EVAPORATOR 200W AREA 2620W SHOP 200W AREA 2703E BUILDING 200E AREA 2711E GARAGE/SHOP 200E AREA 2713WB SHOP 200W AREA 2716E BOTTLE STORAGE 200E AREA	☐
CAS <u>07440371</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	271B BUILDING 200E AREA 2721EA BUILDING 200E AREA 272AW BOTTLE DOCK 200E AREA 272W SHOP 200W AREA BOTTLE DOCK E OF 272WA 200W AREA 2734ZC GAS STORAGE 200W AREA	☐
CAS <u>07440371</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 7	2734ZF GAS STORAGE 200W AREA 2734ZK GAS STORAGE 200W AREA 2736ZB GAS STORAGE 200W AREA 275W SHOP 200W AREA 277A SHOP 200E AREA 277W CYLINDER DOCK 200W AREA	☐

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

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

Signature

James E. Rasmussen 02/26/99
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 <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> Emergency Contact _____	
	For Official Use Only ID # _____ Date Received _____		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () 24 Hr. Phone ()	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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 o s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>7440</u> <u>37</u> <u>1</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) ☐ Avg. Daily Amount (code) ☐ No. of Days On-Site (days)	<u>24</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u>	<u>277W SHOP</u> 200W AREA <u>291B HAND & FOOT COUNTER</u> 200E AREA <u>CHANGE TRAILER AT 300-FF-1</u> 300 AREA <u>305 TEST FACILITY CYLINDER DOCK</u> 300 AREA <u>305A SHOP</u> 300 AREA <u>306E LAB</u> 300 AREA	☐
CAS <u>7440</u> <u>37</u> <u>1</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) ☐ Avg. Daily Amount (code) ☐ No. of Days On-Site (days)	<u>24</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u>	<u>324 BUILDING GAS DOCK</u> 300 AREA <u>325 BUILDING</u> 300 AREA <u>327 LAB</u> 300 AREA <u>328 BUILDING CYLINDER DOCK</u> 300 AREA <u>GAS BACK N SIDE OF 333 BUILDING</u> 300 AREA <u>350 BUILDING</u> 300 AREA	☐
CAS <u>7440</u> <u>37</u> <u>1</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) ☐ Avg. Daily Amount (code) ☐ No. of Days On-Site (days)	<u>24</u> <u>24</u> <u>24</u> <u>24</u> <u>24</u>	<u>3712 STORAGE BUILDING</u> 300 AREA <u>3717B LAB</u> 300 AREA <u>3722 SHOP</u> 300 AREA <u>384 STEAM PLANT, DEACTIVATED</u> 300 AREA <u>403 FUELS STORAGE FACILITY</u> 400 AREA <u>403 FUELS STORAGE FACILITY</u> 400 AREA	☐

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

Signature

 Date signed 02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
<i>Specific Information by Chemical</i>			Name _____ Title _____	
			Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		Opt
			Type	Storage Locations	
CAS <u>7440</u> <u>371</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>A27</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>437 STORAGE BUILDING 400 AREA</u> <u>4621E BUILDING 400 AREA</u> <u>TANK BY 4621W 400 AREA</u> <u>4704S FIRE STATION 400 AREA</u> <u>4713B SHOP 400 AREA</u> <u>4713D STORAGE BUILDING 400 AREA</u>	☐
CAS <u>7440</u> <u>371</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>4717 SERVICE BUILDING 400 AREA</u> <u>4760 SHOP 400 AREA</u> <u>491E SERVICE BUILDING 400 AREA</u> <u>491S SERVICE BUILDING 400 AREA</u> <u>491W SERVICE BUILDING 400 AREA</u> <u>622R LAB, MOBILE UNIT 5452 NE OF 200W AREA</u>	☐
CAS <u>7440</u> <u>371</u> Trade Secret ☐ Chem. Name <u>ARGON</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>6265 LAB E OF 200W AREA</u> <u>6290 SHOP W OF 200E AREA</u> <u>HTS PIPEYARD BOTTLE DOCK NE OF 200E AREA</u> <u>MO387 SHOP 200E AREA</u>	☐

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

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

Signature

02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>99999</u>	Dun & Brad Number <u>03-4445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only	ID # <u></u>	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical	Date Received <u></u>	Name <u></u> Title <u></u>		
		Phone <u>()</u> 24 Hr. Phone <u>()</u>		

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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 e s p	Storage Codes and Locations (Non-Confidential)	O p t
CAS <u>1302</u> <u>78</u> <u>9</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>F14</u> <u>F14</u> <u>M14</u> <u>N14</u> <u>J14</u>	CONEX BOX NE OF 105KE 100K AREA CONEX BOX NE OF 105KW 100K AREA SHED S OF 2025E 200E AREA 222SA LAB 200W AREA 234-5Z BUILDING 200W AREA 277T BUILDING 200W AREA	☐
Chem. Name <u>BENTONITE</u>	☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>J14</u> <u></u> <u></u> <u></u> <u></u> <u></u>	HTS PIPEYARD WASTE PAD NE OF 200E AREA 	☐
CAS <u>1302</u> <u>78</u> <u>9</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	2101M BUILDING 200E AREA 222S LAB BASEMENT FIRE SYSTEM 200W AREA 234-5Z FIRE SYSTEM, ROOM 336 200W AREA 241SY TANK FARM FIRE SYSTEM 200W AREA 243G4 FIRE SYSTEM, DEACTIVATED 200E AREA 243G6 FIRE-SYSTEM, DEACTIVATED 200E AREA	☐
Chem. Name <u>BROMOTRIFLUOROMETHANE</u> (HALON 1301)	☒ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	2101M BUILDING 200E AREA 222S LAB BASEMENT FIRE SYSTEM 200W AREA 234-5Z FIRE SYSTEM, ROOM 336 200W AREA 241SY TANK FARM FIRE SYSTEM 200W AREA 243G4 FIRE SYSTEM, DEACTIVATED 200E AREA 243G6 FIRE-SYSTEM, DEACTIVATED 200E AREA	☐
CAS <u>75</u> <u>63</u> <u>8</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	2101M BUILDING 200E AREA 222S LAB BASEMENT FIRE SYSTEM 200W AREA 234-5Z FIRE SYSTEM, ROOM 336 200W AREA 241SY TANK FARM FIRE SYSTEM 200W AREA 243G4 FIRE SYSTEM, DEACTIVATED 200E AREA 243G6 FIRE-SYSTEM, DEACTIVATED 200E AREA	☐
Chem. Name <u>BROMOTRIFLUOROMETHANE</u> (HALON 1301)	☒ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	2101M BUILDING 200E AREA 222S LAB BASEMENT FIRE SYSTEM 200W AREA 234-5Z FIRE SYSTEM, ROOM 336 200W AREA 241SY TANK FARM FIRE SYSTEM 200W AREA 243G4 FIRE SYSTEM, DEACTIVATED 200E AREA 243G6 FIRE-SYSTEM, DEACTIVATED 200E AREA	☐

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Date signed

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
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	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u>	Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID# <u> </u>		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific information by Chemical	Date Received <u> </u>		Name <u> </u> Title <u> </u>	
			Phone <u>()</u> 24 Hr. Phone <u>()</u>	

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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	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u> 75 63 8 </u> Trade Secret ☐ Chem. Name <u>BROMOTRIFLUOROMETHANE</u> (HALON 1301) Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> 251W BUILDING FIRE SYSTEM N OF 200W AREA <u>L24</u> 2701ZA BUILDING FIRE SYSTEM 200W AREA <u>L24</u> 2704 BUILDING FIRE SYSTEM 200W AREA <u>L24</u> 2721EA BUILDING 200E AREA <u>L24</u> 331C BUILDING 300 AREA <u>L24</u> 403 FIRE SYSTEM, ROOM 900 400 AREA	☐
CAS <u> 75 63 8 </u> Trade Secret ☐ Chem. Name <u>BROMOTRIFLUOROMETHANE</u> (HALON 1301) Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> 427 FIRE SYSTEM, DEACTIVATED 400 AREA <u>L24</u> 4703 BUILDING FIRE SYSTEM 400 AREA <u>L24</u> 4721 BUILDING FIRE SYSTEM 400 AREA <u>L24</u> 491E FIRE SYSTEM, DEACTIVATED 400 AREA <u>L24</u> 609C BLDG SYSTEM RT 3 BETWEEN 200E/W AREAS	☐
CAS <u>10043 52 4 </u> Trade Secret ☐ Chem. Name <u>CALCIUM CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>A14</u> 100-DR-1 OPERABLE UNIT 100D/DR AREA <u>I14</u> 1171C STORAGE SHED, DEACTIVATED 1100 AREA <u>I14</u> 1724KA EQUIPMENT SHED 100K AREA <u>N14</u> 222SA LAB 200W AREA <u>M14</u> STORAGE UNIT BY 234-52 200W AREA <u>M14</u> 234-52 BUILDING 200W AREA	☐

Certification (Read and sign after completing all sections)

Optional Attachments

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 70 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 of Environmental Assurance, Permits and Policy Division

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

Signature

02/26/99
Date signed

- ☒ 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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact:	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	Date Received _____		Name _____ Title _____	
			Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ 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 P r e e s s e s s	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t	
CAS <u>10043524</u> Trade Secret ☐ Chem. Name <u>CALCIUM CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ N 1 4 ☐ F 1 4 ☐ N 1 4 ☐ J 1 4 ☐ _____ ☐ _____ ☐ _____	<u>234-5Z BUILDING</u> <u>200W AREA</u> <u>CONEX BOX BY 306E LAB</u> <u>300 AREA</u> <u>CONEX BOX BY 306E LAB</u> <u>300 AREA</u> <u>HTS PIPEYARD</u> <u>NE OF 200W AREA</u> _____ _____	☐	
CAS <u>7440440</u> Trade Secret ☐ Chem. Name <u>CARBON</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ K 1 4 ☐ K 1 4 ☐ N 1 4 ☐ C 1 4 ☐ E 1 4 ☐ A 1 4	<u>CONEX BOX BY 105C</u> <u>100B/C AREA</u> <u>CONEX BOX N OF 105DR</u> <u>100P/DR AREA</u> <u>1717K WAREHOUSE</u> <u>100K AREA</u> <u>200-UP-1 TREATABILITY TEST SITE</u> <u>200W AREA</u> <u>200-ZP-1 PUMP & TREAT</u> <u>200W AREA</u> <u>200-ZP-2 ERA</u> <u>200W AREA</u>	☐	
CAS <u>7440440</u> Trade Secret ☐ Chem. Name <u>CARBON</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ E 1 4 ☐ C 1 4 ☐ F 1 4 ☐ J 1 4 ☐ K 1 4 ☐ D 1 4	<u>200-ZP-2 ERA</u> <u>200W AREA</u> <u>2025E DECOMPOSERS</u> <u>200E AREA</u> <u>2025E, ROOM 134</u> <u>200E AREA</u> <u>2025E, ROOM 134</u> <u>200E AREA</u> <u>209E WASTE PADS</u> <u>200E AREA</u> <u>2101M WAREHOUSE</u> <u>200E AREA</u>	☐	

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

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

Signature

James E. Rasmussen

02/26/99
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	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	ID #	Name _____ Title _____		
	Date Received	Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998☐ 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 P r e p a r e s	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret ☐	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>I14</u> <u>N14</u> <u>I14</u> <u>K14</u> <u>K14</u> <u>E14</u>	<u>221T CANYON</u> <u>200W AREA</u> <u>222S LAB</u> <u>200W AREA</u> <u>234-5Z BUILDING, ROOM 338</u> <u>200W AREA</u> <u>STORAGE UNIT BY 234-5Z</u> <u>200W AREA</u> <u>STORAGE UNIT BY 234-5Z</u> <u>200W AREA</u> <u>236Z BUILDING, ROOM 40</u> <u>200W AREA</u>	☐
Chem. Name <u>CARBON</u>	☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS				
EHS Name _____					
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret ☐	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>K14</u> <u>K14</u> <u>D14</u> <u>K14</u> <u>K14</u> <u>N14</u>	<u>CONEX BOX E OF 242A EVAPORATOR</u> <u>200E AREA</u> <u>242A81 WATER SERVICE BUILDING</u> <u>200E AREA</u> <u>243Z WASTE TREATMENT FACILITY</u> <u>200W AREA</u> <u>2706T BUILDING</u> <u>200W AREA</u> <u>271U BUILDING LOADING DOCK</u> <u>200W AREA</u> <u>271U SHOP</u> <u>200W AREA</u>	☐
Chem. Name <u>CARBON</u>	☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS				
EHS Name _____					
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret ☐	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>I14</u> <u>K14</u> <u>F14</u> <u>K14</u> <u>K14</u> <u>D14</u>	<u>277T BUILDING</u> <u>200W AREA</u> <u>277T BUILDING</u> <u>200W AREA</u> <u>CONEX BOX BY 306E LAB</u> <u>300 AREA</u> <u>306E LAB</u> <u>300 AREA</u> <u>3717B LAB, ROOM 16A</u> <u>300 AREA</u> <u>4704S FIRE STATION</u> <u>400 AREA</u>	☐
Chem. Name <u>CARBON</u>	☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS				
EHS Name _____					

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

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

Signature

02/26/99
Date signed

Optional Attachments

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

TIER TWO

EMERGENCY
AND

HAZARDOUS

CHEMICAL

INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9999 Dun & Brad Number 03 - 445 - 6186For
Official
Use
Only

ID # _____

Date
Received _____

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTER Title SHIFT COMMANDERPhone (509) 373-3800 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, 1998☐ 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>7440</u> <u>44</u> <u>0</u> Trade Secret ☐ Chem. Name <u>CARBON</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>J14</u> <u>K14</u> <u>M14</u> <u>N14</u>	<u>4704S FIRE STATION</u> <u>400 AREA</u> <u>4704S FIRE STATION</u> <u>400 AREA</u> <u>616 BUILDING RT 3 BETWEEN 200E/W AREAS</u> <u>6266 LAB, ROOM N4</u> <u>E OF 200W AREA</u> <u>6269 MOBILE LAB STORAGE</u> <u>E OF 200W AREA</u> <u>MQ298 CHANGE FACILITY</u> <u>200W AREA</u>	☐
CAS <u>7440</u> <u>44</u> <u>0</u> Trade Secret ☐ Chem. Name <u>CARBON</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>K14</u>	<u>MQ433 CHANGE FACILITY</u> <u>200W AREA</u>	☐
CAS <u>64365</u> <u>11</u> <u>3</u> Trade Secret ☐ Chem. Name <u>CHARCOAL</u> Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>J14</u>	<u>190DR WAREHOUSE</u> <u>100D/DR AREA</u>	☐

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Assurance, Permits and Policy Division

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

Signature James E. RasmussenDate signed 02/26/99

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	ID #	Name _____ Title _____		
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Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Opt
CAS <u>7782505</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-Site (days) <u>365</u>	Storage Locations <u>L24 183KE WATER PLANT 100K AREA</u> <u>L24 183N FILTER PLANT 100N AREA</u> <u>L24 283E FILTRATION PLANT 200E AREA</u> <u>L24 283W FILTRATION PLANT 200W AREA</u> <u>L24 315 FILTER PLANT 300 AREA</u>	☐
Chem. Name <u>CHLORINE GAS</u>	Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☒ EHS			
EHS Name <u>CHLORINE</u>				
CAS <u>75456</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	Storage Locations <u>L24 105NB SHOP 100N AREA</u> <u>L24 1168 CYLINDER STORAGE 1100 AREA</u> <u>L24 1171 SHOP, DEACTIVATED 1100 AREA</u> <u>L24 2101M BUILDING, ROOM 5 200E AREA</u> <u>L24 2310W SHOP 200W AREA</u> <u>L24 2311W SHOP 200W AREA</u>	☐
Chem. Name <u>CHLORODIFLUOROMETHANE (FREON 22)</u>	Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS			
EHS Name _____				
CAS <u>75456</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	Storage Locations <u>L24 242AC SHOP 200E AREA</u> <u>L24 331C BUILDING 300 AREA</u> <u>L24 331D BUILDING 300 AREA</u> <u>L24 3718G STORAGE BUILDING 300 AREA</u> <u>L24 4713B SHOP 400 AREA</u> <u>R24 COMMONLY PRESENT IN SITE BUILDING SYSTEMS</u>	☐
Chem. Name <u>CHLORODIFLUOROMETHANE (FREON 22)</u>	Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS			
EHS Name _____				

Certification (Read and sign after completing all sections)

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

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

Signature

02/26/99

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 SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 99999 Dun & Brad Number 03 - 445 - 6186For
Official
Use
Only.

ID #

Date
Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 Hr. Phone (509) 373-3800

Name

Title

Phone ()

24 Hr. Phone ()

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Reporting Period: From January 1 to December 31, 1998

☐ 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 p e
r e s
e s pStorage Codes and Locations
(Non-Confidential)

Storage Locations

O
p
tCAS 12173 103 Trade Secret ☐Chem. Name CLINOPTILOLITECheck all that apply: ☒ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

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

Max. Daily Amount (code)

05

Avg. Daily Amount (code)

04

No. of Days On-Site (days)

365

No. of Days On-Site (days)

J 1 4

J 1 4

1723N WAREHOUSE

100N AREA

2101M WAREHOUSE

200E AREA

CAS 12173 103 Trade Secret ☐Chem. Name COALCheck all that apply: ☐ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

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

Max. Daily Amount (code)

07

Avg. Daily Amount (code)

07

No. of Days On-Site (days)

090

No. of Days On-Site (days)

R 1 4

284E STEAM PLANT, DEACTIVATED

200E AREA

CAS 125635 885 Trade Secret ☐Chem. Name COMPRESSED AIRCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name

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

Max. Daily Amount (code)

04

Avg. Daily Amount (code)

04

No. of Days On-Site (days)

365

No. of Days On-Site (days)

L 2 4

L 2 4

L 2 4

L 2 4

L 2 4

L 2 4

1168 CYLINDER STORAGE

1100 AREA

1171, SHOP DEACTIVATED

1100 AREA

1512N GAS STORAGE

100N AREA

1724KB GAS STORAGE

100K AREA

200-ZP-1 PUMP & TREAT

200W AREA

200-ZP-2 ERA

200W AREA

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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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific information by Chemical	For Official Use Only	ID # _____	Name _____	Title _____
		Date Received _____	Phone () _____	24 Hr. Phone () _____

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ 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 s	P r e s e n t	Storage Codes and Locations (Non-Confidential) Storage Locations
CAS <u>25635885</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L</u> <u>2</u> <u>4</u>	<u>2</u> <u>2</u> <u>4</u>	<u>2101HV WAREHOUSE</u> <u>200E AREA</u> <u>2101M BUILDING</u> <u>200E AREA</u> <u>CYLINDER SHED S OF 2101M</u> <u>200E AREA</u> <u>221T BUILDING, DOCK 2</u> <u>200W AREA</u> <u>222S LAB, 2B2</u> <u>200W AREA</u> <u>2249B GAS BOTTLE STORAGE</u> <u>200E AREA</u>
Chem. Name <u>COMPRESSED AIR</u>	☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS				
EHS Name _____					
CAS <u>25635885</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L</u> <u>2</u> <u>4</u>	<u>2</u> <u>2</u> <u>4</u>	<u>2306W SHOP</u> <u>200W AREA</u> <u>2310W SHOP</u> <u>200W AREA</u> <u>234-5Z BUILDING, ROOM 183</u> <u>200W AREA</u> <u>241A TANK FARM BOTTLE STORAGE</u> <u>200E AREA</u> <u>241AN TANK FARM BOTTLE STORAGE</u> <u>200E AREA</u> <u>241AP TANK FARM BOTTLE STORAGE</u> <u>200E AREA</u>
Chem. Name <u>COMPRESSED AIR</u>	☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS				
EHS Name _____					
CAS <u>25635885</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L</u> <u>2</u> <u>4</u>	<u>2</u> <u>2</u> <u>4</u>	<u>241AW TANK FARM BOTTLE STORAGE</u> <u>200E AREA</u> <u>241BY TANK FARM BOTTLE STORAGE</u> <u>200E AREA</u> <u>241S TANK FARM BOTTLE STORAGE</u> <u>200W AREA</u> <u>241SX TANK FARM BOTTLE STORAGE</u> <u>200W AREA</u> <u>2703E BUILDING</u> <u>200E AREA</u> <u>2716E BOTTLE STORAGE</u> <u>200E AREA</u>
Chem. Name <u>COMPRESSED AIR</u>	☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS				
EHS Name _____					

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 70 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 of Environmental Assurance, Permits and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative

Signature

James E. Rasmussen

02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
	ID # _____	Name _____ Title _____		
	Date Received _____	Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ Check if information below is identical to the information submitted last year.	
Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		O p t
			Storage Locations		
CAS <u>25635</u> <u>88</u> <u>5</u> Trade Secret ☐	☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>L24</u>	<u>271B BUILDING</u>	<u>200E AREA</u>
Chem. Name <u>COMPRESSED AIR</u>	☒ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>L24</u>	<u>2721EA BUILDING</u>	<u>200E AREA</u>
Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS	☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>L24</u>	<u>27342B GAS STORAGE</u>	<u>200W AREA</u>
EHS Name _____	☐ Immediate (acute)	<u>365</u>	<u>L24</u>	<u>275E SHOP CYLINDER DOCK</u>	<u>200E AREA</u>
	☐ Delayed (chronic)		<u>L24</u>	<u>277A SHOP BOTTLE DOCK</u>	<u>200E AREA</u>
			<u>L24</u>	<u>CONEX BOX NW OF 277A SHOP</u>	<u>200E AREA</u>
CAS <u>25635</u> <u>88</u> <u>5</u> Trade Secret ☐	☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>L24</u>	<u>305 TEST FACILITY</u>	<u>300 AREA</u>
Chem. Name <u>COMPRESSED AIR</u>	☒ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>L24</u>	<u>BONEYARD BY 306E</u>	<u>300 AREA</u>
Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS	☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>L24</u>	<u>306E LAB</u>	<u>300 AREA</u>
EHS Name _____	☐ Immediate (acute)	<u>365</u>	<u>L24</u>	<u>328 SHOP</u>	<u>300 AREA</u>
	☐ Delayed (chronic)		<u>L24</u>	<u>3709A FIRE STATION</u>	<u>300 AREA</u>
			<u>L24</u>	<u>3717B LAB</u>	<u>300 AREA</u>
CAS <u>25635</u> <u>88</u> <u>5</u> Trade Secret ☐	☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>L24</u>	<u>405 REACTOR BUILDING</u>	<u>400 AREA</u>
Chem. Name <u>COMPRESSED AIR</u>	☒ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>L24</u>	<u>408A EAST HEAT DUMP</u>	<u>400 AREA</u>
Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS	☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>L24</u>	<u>408B SOUTH HEAT DUMP</u>	<u>400 AREA</u>
EHS Name _____	☐ Immediate (acute)	<u>365</u>	<u>L24</u>	<u>408C WEST HEAT DUMP</u>	<u>400 AREA</u>
	☐ Delayed (chronic)		<u>L24</u>	<u>4704S FIRE STATION</u>	<u>400 AREA</u>
			<u>L24</u>	<u>4713B SHOP</u>	<u>400 AREA</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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature

02/26/99
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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9 9 9 9</u> Dun & Brad Number <u>0 3 - 4 4 5 - 6 1 8 6</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # <u> </u> Date Received <u> </u>		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
			Name <u> </u> Title <u> </u> Phone <u>()</u> 24 Hr. Phone <u>()</u>	

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

☐ 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 s	P r e m i s e s	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>2 5 6 3 5 8 8 5</u> Trade Secret ☐ Chem. Name <u>COMPRESSED AIR</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>0 4</u> Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>484 BUILDING</u> 400 AREA <u>609 FIRE STATION</u> CORNER OF ROUTE 1 & 4N <u>609A FIRE STAT</u> RT 3 BETWEEN 200E/W AREAS <u>609C BUILDING</u> RT 3 BETWEEN 200E/W AREAS <u>609D TOWER</u> RT 3 BETWEEN 200E/W AREAS <u>609D CYL DOCK</u> RT 3 BETWEEN 200E/W AREAS	☐	
CAS <u>2 5 6 3 5 8 8 5</u> Trade Secret ☐ Chem. Name <u>COMPRESSED AIR</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>0 4</u> Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>609G BUILDING</u> RT 3 BETWEEN 200E/W AREAS <u>622R LAB</u> NE OF 200W AREA <u>6265 LAB</u> E OF 200W AREA <u>6290 SHOP</u> W OF 200E AREA <u>M0037 MOBILE OFFICE</u> 200W AREA <u>M0425 LAB</u> 100N AREA	☐	
CAS <u>7 5 7 1 8</u> Trade Secret ☐ Chem. Name <u>DICHLORODIFLUOROMETHANE</u> (FREON 12) Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name <u> </u>	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>0 4</u> Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>105N, ROOM 109</u> 100N AREA <u>105NB SHOP</u> 100N AREA <u>1162 STORAGE BUILDING</u> 1100 AREA <u>1168 CYLINDER STORAGE</u> 1100 AREA <u>1171, SHOP DEACTIVATED</u> 1100 AREA <u>1330N WASTE STORAGE</u> 100N 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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature

02/26/99

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

Name, U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411
 Mail Address P. O. BOX 550, RICHLAND WA 99352
 Emergency Contact
 Name PATROL OPERATIONS CENTER Title SHIFT COMMANDER
 Phone (509) 373-3800 24 Hr. Phone (509) 373-3800
 Name Title
 Phone () 24 Hr. Phone ()

December 31, 1988						☐ Yes ☐ No	Check if information below is identical to the information submitted last year.	
Y	T P e s t	T P e s t	Storage Codes and Locations (Non-Confidential)	O P t				
Y			Storage Locations					
V code)	L 1 2 4	2101M BUILDING, ROOM 5	200E AREA					
Y code)	R 2 4	221T BUILDING SYSTEM	200W AREA					
Days le (days)	L 1 2 4	222S LAB. GAS DOCK'S	200W AREA					
	L 1 2 4	2711E GARAGE/SHOP	200E AREA					
	R 2 4	271T BUILDING SYSTEM	200W AREA					
	R 2 4	2721E BUILDING SYSTEM	200E AREA					
Y code)	L 1 2 4	STORAGE_BUILDING W OF 272S	200W AREA					
Y code)	L 1 2 4	331D BUILDING	300 AREA					
Days le (days)	R 2 4	4702 BUILDING SYSTEM	400 AREA					
	R 2 4	4706 BUILDING SYSTEM	400 AREA					
	R 2 4	4707 BUILDING SYSTEM	400 AREA					
	R 2 4	4734D WAREHOUSE BUILDING SYSTEM	400 AREA					
Y code)	L 1 2 4	484 BUILDING	400 AREA					
Y code)	R 2 4	S266 LAB BUILDING SYSTEM	F OF 200W AREA					
Days le (days)	R 2 4	M0908 COOLING SYSTEM	400 AREA					

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	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 <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td> </tr> </table> Dun & Bradstreet Number <table border="1"> <tr> <td>0</td><td>3</td> </tr> </table> - <table border="1"> <tr> <td>4</td><td>4</td><td>5</td> </tr> </table> - <table border="1"> <tr> <td>6</td><td>1</td><td>8</td><td>6</td> </tr> </table>	9	9	9	9	0	3	4	4	5	6	1	8	6
	9	9	9	9											
0	3														
4	4	5													
6	1	8	6												
For Official Use Only	ID # <table border="1"> <tr> <td colspan="10"></td> </tr> </table>														
Specific Information by Chemical	Date Received <table border="1"> <tr> <td colspan="10"></td> </tr> </table>														

[illegible]

Declaration (read and sign after completing all sections)

I hereby certify under penalty of law that I have personally examined and am familiar with the information submitted by the above-named individual(s) and I believe that the information submitted is true and correct. I am a duly sworn member of the State of Michigan Department of Transportation.

Name of individual(s) providing information: James E. Rasmussen, Director of Environmental Assurance, Permits and Policy Division

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

Signature: [Signature]

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u>	Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only	ID # <u> </u>	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical	Date Received <u> </u>	Name <u> </u> Title <u> </u>		
		Phone <u>()</u> 24 Hr. Phone <u>()</u>		

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Opt
CAS <u> </u> Trade Secret ☐ Chem. Name <u>DIESEL FUELS, GRADE 1 & 2</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>0 6</u> Max. Daily Amount (code) <u>0 6</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	<u>P 1 4</u> 100-DR-1 OPERABLE UNIT 100D/DR AREA <u>A 1 4</u> 100N EQUIPMENT POOL 100N AREA <u>A 1 4</u> 1171 SHOP, DEACTIVATED 1100 AREA <u>C 1 4</u> 1171 SHOP, DEACTIVATED 1100 AREA <u>A 1 4</u> TANK BY 182B PUMPHOUSE 100B/C AREA <u>A 1 4</u> 200-ZP-1 PUMP & TREAT 200W AREA	☐
CAS <u> </u> Trade Secret ☐ Chem. Name <u>DIESEL FUELS, GRADE 1 & 2</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>0 6</u> Max. Daily Amount (code) <u>0 6</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	<u>B 1 4</u> UNDERGROUND TANK BY 204AR 200E AREA <u>A 1 4</u> 212H CANISTER STORAGE BLDG PROJ 200E AREA <u>A 1 4</u> TANK NE OF 234-52 200W AREA <u>B 1 4</u> UNDERGROUND TANK BY 242A EVAP 200E AREA <u>A 1 4</u> 251W SWITCHING STATION N OF 200W AREA <u>C 1 4</u> 2721E BUILDING 200E AREA	☐
CAS <u> </u> Trade Secret ☐ Chem. Name <u>DIESEL FUELS, GRADE 1 & 2</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name <u> </u>	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>0 6</u> Max. Daily Amount (code) <u>0 6</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	<u>B 1 4</u> UNDERGROUND TANK SE OF 2721Z 200W AREA <u>B 1 4</u> UNDERGROUND TANK SE OF 2736ZA 200W AREA <u>A 1 4</u> TANK BY 282B PUMP HOUSE S 200E AREA <u>A 1 4</u> TANK BY 282BA PUMP HOUSE N 200E AREA <u>A 1 4</u> TANK E OF 284W DEACTIVATED PLANT 200W AREA <u>A 1 4</u> TANK W OF 300-FF-1 OPERABLE UNIT 300 AREA	☐

Certification (Read and sign after completing all sections)

Optional Attachments

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

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

Signature

02/26/99

Date signed

- ☒ 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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u>	Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only	ID # _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical	Date Received _____	Name _____ Title _____		
		Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Chem. Name <u>DIESEL FUELS, GRADE 1 & 2</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>NW CORNER OF 3020 LAB</u> 300 AREA <u>UNDERGROUND TANK N OF 3621</u> 300 AREA <u>UNDERGROUND TANK BY 3621D</u> 300 AREA <u>3621D GENERATOR BUILDING/SHOP</u> 300 AREA <u>TANKS BY 382B PUMP STATION</u> 300 AREA <u>384 STEAM PLANT, DEACTIVATED</u> 300 AREA	☐
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Chem. Name <u>DIESEL FUELS, GRADE 1 & 2</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>UNDERGROUND TANK BY 408A</u> 400 AREA <u>UNDERGROUND TANK BY 408B</u> 400 AREA <u>UNDERGROUND TANK BY 408C</u> 400 AREA <u>427 BUILDING</u> 400 AREA <u>4721 GENERATOR BUILDING</u> 400 AREA <u>481 PUMP HOUSE BUILDING</u> 400 AREA	☐
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Chem. Name <u>DIESEL FUELS, GRADE 1 & 2</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-Site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>481A PUMP HOUSE BUILDING</u> 400 AREA <u>6618 DISPOSAL FACILITY SE OF 200W AREA</u> <u>HTS PIPEYARD DRUM STORAGE NE OF 200E AREA</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 70, 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 of Environmental Assurance, Permits and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative

James E. Rasmussen
Signature

02/26/99
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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 RICHLIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>91999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	Date Received _____		Name _____ Title _____	
			Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Opt																		
CAS <u>111466</u> Trade Secret ☐ Chem. Name <u>DIETHYLENE GLYCOL</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D14</td><td>1171 SHOP, DEACTIVATED</td><td>1100 AREA</td></tr> <tr><td>D14</td><td>1171C STORAGE SHED, DEACTIVATED</td><td>1100 AREA</td></tr> <tr><td>D14</td><td>1176 STORAGE BLDG, DEACTIVATED</td><td>1100 AREA</td></tr> <tr><td>F14</td><td>1717K WAREHOUSE</td><td>100K AREA</td></tr> <tr><td>D14</td><td>190KE WAREHOUSE</td><td>100K AREA</td></tr> <tr><td>F14</td><td>221B CANYON</td><td>200E AREA</td></tr> </table>	D14	1171 SHOP, DEACTIVATED	1100 AREA	D14	1171C STORAGE SHED, DEACTIVATED	1100 AREA	D14	1176 STORAGE BLDG, DEACTIVATED	1100 AREA	F14	1717K WAREHOUSE	100K AREA	D14	190KE WAREHOUSE	100K AREA	F14	221B CANYON	200E AREA	☐
D14	1171 SHOP, DEACTIVATED	1100 AREA																				
D14	1171C STORAGE SHED, DEACTIVATED	1100 AREA																				
D14	1176 STORAGE BLDG, DEACTIVATED	1100 AREA																				
F14	1717K WAREHOUSE	100K AREA																				
D14	190KE WAREHOUSE	100K AREA																				
F14	221B CANYON	200E AREA																				
CAS <u>111466</u> Trade Secret ☐ Chem. Name <u>DIETHYLENE GLYCOL</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D14</td><td>2711E GARAGE/SHOP</td><td>200E AREA</td></tr> <tr><td>N14</td><td>2713WC WASHWATER RECOVERY FAC</td><td>200W AREA</td></tr> <tr><td>F14</td><td>2717 BUILDING COMPRESSOR ROOM</td><td>200W AREA</td></tr> <tr><td>D14</td><td>3621D GENERATOR BUILDING/SHOP</td><td>300 AREA</td></tr> <tr><td>R24</td><td>405 REACTOR BUILDING</td><td>400 AREA</td></tr> <tr><td>D14</td><td>4732C WAREHOUSE</td><td>400 AREA</td></tr> </table>	D14	2711E GARAGE/SHOP	200E AREA	N14	2713WC WASHWATER RECOVERY FAC	200W AREA	F14	2717 BUILDING COMPRESSOR ROOM	200W AREA	D14	3621D GENERATOR BUILDING/SHOP	300 AREA	R24	405 REACTOR BUILDING	400 AREA	D14	4732C WAREHOUSE	400 AREA	☐
D14	2711E GARAGE/SHOP	200E AREA																				
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CAS <u>111466</u> Trade Secret ☐ Chem. Name <u>DIETHYLENE GLYCOL</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D14</td><td>4831 STORAGE BUILDING</td><td>400 AREA</td></tr> <tr><td>D14</td><td>MAINTENANCE TRAILER</td><td>100B/C AREA</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	D14	4831 STORAGE BUILDING	400 AREA	D14	MAINTENANCE TRAILER	100B/C AREA													☐
D14	4831 STORAGE BUILDING	400 AREA																				
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Certification (Read and sign after completing all sections)

Optional Attachments

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

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

Signature

02/26/99

Date signed

- ☒ 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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	Name _____ Title _____		Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ 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 e e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P t
CAS <u>63148629</u> Trade Secret ☐ Chem. Name <u>DIMETHYL SILOXANE</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>M14</u> <u>F14</u> <u>F14</u> <u>F14</u> <u>M14</u>	<u>2101M BUILDING</u> 200E AREA <u>234-5Z, ROOM 141</u> 200W AREA <u>2703E BUILDING</u> 200E AREA <u>2715AW STOREROOM</u> 200E AREA <u>CONEX BOX BY 272WA</u> 200W AREA <u>306E LAB, ROOM 174A</u> 300 AREA	☐
CAS <u>63148629</u> Trade Secret ☐ Chem. Name <u>DIMETHYL SILOXANE</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>N14</u> <u>R14</u>	<u>3717B LAB, ROOM 16A</u> 300 AREA <u>TRANSFORMERS THROUGHOUT SITE</u>	☐
CAS <u>7758114</u> Trade Secret ☐ Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>M14</u> <u>N14</u> <u>D14</u> <u>R14</u> <u>D14</u>	<u>190KE WAREHOUSE</u> 100K AREA <u>222SA LAB</u> 200W AREA <u>222SA LAB</u> 200W AREA <u>2336W SHOP</u> 200W AREA <u>2336W BUILDING SYSTEM</u> 200W AREA <u>STORAGE UNIT BY 241A401</u> 200E AREA	☐

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

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

Signature

02/26/99

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 <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>	
	Emergency Contact Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>			
	For Official Use Only ID # _____ Date Received _____		Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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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>7758114</u> Trade Secret ☐ Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	D 1 4 D 1 4 D 1 4 N 1 4 R 2 4 D 1 4	STORAGE UNIT N OF 272WA 200W AREA LAYDOWN AREA BY 277A SHOP 200E AREA 3020 LAB, ROOM 1743 300 AREA CONEX BOX BY 306E LAB 300 AREA 405 REACTOR BUILDING 400 AREA 4732C WAREHOUSE 400 AREA	☐
CAS <u>7758114</u> Trade Secret ☐ Chem. Name <u>DIPOTASSIUM PHOSPHATE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	D 1 4 _____ _____ _____ _____ _____	4831 STORAGE BUILDING 400 AREA _____ _____ _____ _____ _____	☐
CAS <u>330541</u> Trade Secret ☐ Chem. Name <u>DIURON</u> Check all that apply: ☐ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	I 1 4 J 1 4 N 1 4	2713W BUILDING 200W AREA 2713WC WASHWATER RECOVERY FAC 200W AREA 2713WC WASHWATER RECOVERY FAC 200W AREA _____ _____ _____	☐

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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 PATROL OPERATIONS CENTER Title SHIFT COMMANDER
 Phone (509) 373-3800 24 Hr. Phone (509) 373-3800

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

Specific
Information
by Chemical

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e s	P r e p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>107</u> <u>21</u> <u>1</u> Trade Secret ☐ Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ N 1 4 ☐ D 1 4 ☐ D 1 4 ☐ D 1 4 ☐ R 1 4 ☐ F 1 4	<u>1143N SHOP</u> 100N AREA <u>1171 SHOP, DEACTIVATED</u> 1100 AREA <u>1171C STORAGE SHED, DEACTIVATED</u> 1100 AREA <u>1176 STORAGE BLDG, DEACTIVATED</u> 1100 AREA <u>2025E CHILLER SYSTEM</u> 200E AREA <u>2101HV WAREHOUSE</u> 200E AREA	☐	
CAS <u>107</u> <u>21</u> <u>1</u> Trade Secret ☐ Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ D 1 4 ☐ M 1 4 ☐ D 1 4 ☐ M 1 4 ☐ N 1 4 ☐ D 1 4	<u>2101M WAREHOUSE</u> 200E AREA <u>222SA LAB</u> 200W AREA <u>CONEX BOX S OF 234-5Z</u> 200W AREA <u>234-5Z, ROOM 183</u> 200W AREA <u>236Z, CORRIDOR 1W</u> 200W AREA <u>2711E GARAGE/SHOP</u> 200E AREA	☐	
CAS <u>107</u> <u>21</u> <u>1</u> Trade Secret ☐ Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ N 1 4 ☐ N 1 4 ☐ F 1 4 ☐ N 1 4 ☐ D 1 4 ☐ E 1 4	<u>2713WC WASHWATER RECOVERY FAC</u> 200W AREA <u>2715AW STOREROOM</u> 200E AREA <u>2729Z STORAGE BUILDING</u> 200W AREA <u>STORAGE UNIT BY 272AW</u> 200E AREA <u>305 TEST FACILITY</u> 300 AREA <u>CONEX BOXES BY 305 TEST FACILITY</u> 300 AREA	☐	

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Date signed

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
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Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	
CAS <u>107</u> <u>21</u> <u>1</u> Trade Secret ☐		☐ Fire	<u>05</u> Max. Daily Amount (code)	Storage Locations	
Chem. Name <u>ETHYLENE GLYCOL</u>		☐ Sudden Release of Pressure	<u>05</u> Avg. Daily Amount (code)	<u>N 1 4</u> CONEX BOXES BY 305 TEST FACILITY 300 AREA	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>365</u> No. of Days On-Site (days)	<u>G 1 4</u> 310 FACILITY 300 AREA	
EHS Name _____		☒ Immediate (acute)		<u>N 1 4</u> 324 BUILDING, ROOM 139 300 AREA	
		☒ Delayed (chronic)		<u>D 1 4</u> 3621D GENERATOR BUILDING/SHOP 300 AREA	
				<u>N 1 4</u> 3707E SHOP 300 AREA	
				<u>F 1 4</u> 3718G STORAGE BUILDING 300 AREA	
CAS <u>107</u> <u>21</u> <u>1</u> Trade Secret ☐		☐ Fire	<u>05</u> Max. Daily Amount (code)	<u>N 1 4</u> 3718G STORAGE BUILDING 300 AREA	
Chem. Name <u>ETHYLENE GLYCOL</u>		☐ Sudden Release of Pressure	<u>05</u> Avg. Daily Amount (code)	<u>R 2 4</u> 405 REACTOR BUILDING 400 AREA	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>365</u> No. of Days On-Site (days)	<u>R 2 4</u> 427 BUILDING GLYCOL SYSTEM 400 AREA	
EHS Name _____		☒ Immediate (acute)		<u>D 1 4</u> 4732C WAREHOUSE 400 AREA	
		☒ Delayed (chronic)		<u>O 1 4</u> 4732C WAREHOUSE 400 AREA	
				<u>D 1 4</u> 4831 STORAGE BUILDING 400 AREA	
CAS <u>107</u> <u>21</u> <u>1</u> Trade Secret ☐		☐ Fire	<u>05</u> Max. Daily Amount (code)	<u>R 2 4</u> 4862 BUILDING SYSTEM 400 AREA	
Chem. Name <u>ETHYLENE GLYCOL</u>		☐ Sudden Release of Pressure	<u>05</u> Avg. Daily Amount (code)	<u>M 1 4</u> 622R LAB NE OF 200W AREA	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>365</u> No. of Days On-Site (days)	<u>N 1 4</u> 622R LAB NE OF 200W AREA	
EHS Name _____		☒ Immediate (acute)		<u>M 1 4</u> 6266 LAB E OF 200W AREA	
		☒ Delayed (chronic)		<u>R 1 4</u> 6266 LAB E OF 200W AREA	
				<u>D 1 4</u> HTS PIPEYARD CONEX BOXES NE OF 200E 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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature

James E. Rasmussen

02/26/99

Date signed

Optional Attachments

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <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> Emergency Contact _____	
	For Official Use Only ID # _____ Date Received _____		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () 24 Hr. Phone ()	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ Check if information below is identical to the information submitted last year.	
Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Typical Exposure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
CAS <u>107211</u> Trade Secret ☐ Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>05</u> ☐ Avg. Daily Amount (code) <u>05</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ D ☐ I ☐ L ☐ A	<u>MAINTENANCE TRAILER</u> <u>100B/C AREA</u> _____ _____ _____	☐
CAS <u>7705080</u> Trade Secret ☐ Chem. Name <u>FERRIC CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	☐ M ☐ I ☐ L ☐ A ☐ N ☐ I ☐ L ☐ A ☐ M ☐ I ☐ L ☐ A ☐ A ☐ I ☐ L ☐ A ☐ E ☐ I ☐ L ☐ A ☐ N ☐ I ☐ L ☐ A	<u>222SA LAB</u> <u>200W AREA</u> <u>222SA LAB</u> <u>200W AREA</u> <u>234-52, ROOM 186</u> <u>200W AREA</u> <u>TANK E OF 310 FACILITY</u> <u>300 AREA</u> <u>CONEX BOX AT PIT 6</u> <u>W OF 300 AREA</u> <u>6266 LAB</u> <u>E OF 200W AREA</u>	☐
CAS <u>68553004</u> Trade Secret ☐ Chem. Name <u>FUEL OIL, NO. 6</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☒ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>06</u> ☐ Avg. Daily Amount (code) <u>06</u> ☐ No. of Days On-Site (days) <u>180</u>	☐ B ☐ I ☐ L ☐ A	<u>384 STEAM PLANT, DEACTIVATED</u> <u>300 AREA</u> _____ _____ _____	☐

Certification (Read and sign after completing all sections)

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James E. Rasmussen, Director of 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 02/26/99

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		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 Street 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 PATROL OPERATIONS CENTER Title SHIFT COMMANDER Phone (509) 373-3800 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			
Chemical Description	Physical and Health Hazards (Check all that apply)	Inventories	Reporting Period: From January 1 to December 31, 1998	Storage Codes and Locations (Non-Confidential) year.	
CAS [][] [7][7] [2][2] [8][4] [1] Chem. Name HYDROGEN PEROXIDE (CONCENTRATIONS <5%) Check all that apply: [] Gaseous [] Liquid [] Solid [] Gas EHS EHS Name	[X] Fire [X] Sudden Release or Pressure Reactivity [X] Immediate (acute) [X] Delayed (chronic)	Max Daily Amount (code) [0][4] Avg. Daily Amount (code) [0][4] No. of Days On-Site (days) [3][6][5]		T T T T T T P r e m s p y e a r Storage Locations 2025E, ROOM 134 200W AREA 2025E BUILDING 200W AREA CONFEX BOXES E OF 2025E 200W AREA 2025E, ROOM 112 200W AREA 222S LAB, ROOM 4A 200W AREA 222S LAB 200W AREA	
CAS [][] [7][7] [2][2] [8][4] [1] Chem. Name HYDROGEN PEROXIDE (CONCENTRATIONS <5%) Check all that apply: [] Gaseous [] Liquid [] Solid [] Gas EHS EHS Name	[X] Fire [X] Sudden Release or Pressure Reactivity [X] Immediate (acute) [X] Delayed (chronic)	Max Daily Amount (code) [0][4] Avg. Daily Amount (code) [0][4] No. of Days On-Site (days) [3][6][5]		T T T T T T P r e m s p y e a r Storage Locations 222SA LAB 200W AREA 234-5Z BUILDING 200W AREA 305 TEST FACILITY HIGH BAY 300 AREA 306E LAB, ROOM 174A 300 AREA TANK E OF 310 FACILITY 300 AREA 622R LAB NE OF 200W AREA	
CAS [][] [7][7] [2][2] [8][4] [1] Chem. Name HYDROGEN PEROXIDE (CONCENTRATIONS <5%) Check all that apply: [] Gaseous [] Liquid [] Solid [] Gas EHS EHS Name	[X] Fire [X] Sudden Release or Pressure Reactivity [X] Immediate (acute) [X] Delayed (chronic)	Max Daily Amount (code) [0][4] Avg. Daily Amount (code) [0][4] No. of Days On-Site (days) [3][6][5]		T T T T T T P r e m s p y e a r Storage Locations 6266 LAB, ROOM N17 E OF 200W AREA 6266 LAB E OF 200W AREA	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact:	
	SIC Code <u>9 9 9 9</u> Dun & Brad Number <u>0 3 - 4 4 5 - 6 1 8 6</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical		Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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 r e e p e r e s p	Storage Codes and Locations (Non-Confidential)	O p t
CAS <u>8 0 1 2 9 5 1</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>0 6</u> ☐ Avg. Daily Amount (code) <u>0 6</u> ☐ No. of Days On-Site (days) <u>3 6 5</u>	<u>D 1 4</u> <u>N 1 4</u> <u>D 1 4</u> <u>D 1 4</u> <u>F 1 4</u> <u>M 1 4</u>	<u>100-DR-1 OPERABLE UNIT</u> <u>100D/DR AREA</u> <u>105NB SHOP</u> <u>100N AREA</u> <u>1171 SHOP, DEACTIVATED</u> <u>1100 AREA</u> <u>1171C STORAGE SHED, DEACTIVATED</u> <u>1100 AREA</u> <u>STORAGE UNIT SW OF 1724K</u> <u>100K AREA</u> <u>STORAGE UNIT SW OF 1724K</u> <u>100K AREA</u>	☐
Chem. Name <u>MINERAL OIL</u>	☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS				
Check all that apply:					
EHS Name _____					
CAS <u>8 0 1 2 9 5 1</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>0 6</u> ☐ Avg. Daily Amount (code) <u>0 6</u> ☐ No. of Days On-Site (days) <u>3 6 5</u>	<u>F 1 4</u> <u>F 1 4</u> <u>M 1 4</u> <u>M 1 4</u> <u>R 1 4</u> <u>D 1 4</u>	<u>183KE WATER PLANT</u> <u>100K AREA</u> <u>190KE WAREHOUSE</u> <u>100K AREA</u> <u>190KE WAREHOUSE</u> <u>100K AREA</u> <u>STORAGE UNIT BY 201W</u> <u>200W AREA</u> <u>YARD W OF 2101M</u> <u>200E AREA</u> <u>STORAGE UNIT SW OF 211T</u> <u>200W AREA</u>	☐
Chem. Name <u>MINERAL OIL</u>	☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS				
Check all that apply:					
EHS Name _____					
CAS <u>8 0 1 2 9 5 1</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) <u>0 6</u> ☐ Avg. Daily Amount (code) <u>0 6</u> ☐ No. of Days On-Site (days) <u>3 6 5</u>	<u>M 1 4</u> <u>G 1 4</u> <u>M 1 4</u> <u>M 1 4</u> <u>F 1 4</u> <u>D 1 4</u>	<u>214T STORAGE BUILDING</u> <u>200W AREA</u> <u>221T CANYON</u> <u>200W AREA</u> <u>222S LAB</u> <u>200W AREA</u> <u>234-5Z, CORRIDOR 4</u> <u>200W AREA</u> <u>2706T BUILDING</u> <u>200W AREA</u> <u>2711E GARAGE/SHOP</u> <u>200E AREA</u>	☐
Chem. Name <u>MINERAL OIL</u>	☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS				
Check all that apply:					
EHS Name _____					

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

Signature

Date signed 02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	Date Received _____		Name _____ Title _____	
Specific Information by Chemical			Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Opt																		
CAS <u>8012951</u> Trade Secret ☐ Chem. Name <u>MINERAL OIL</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>D14</td><td>271T BUILDING</td><td>200W AREA</td></tr><tr><td>F14</td><td>271T, 3RD FLOOR AMU</td><td>200W AREA</td></tr><tr><td>N14</td><td>2721EA BUILDING</td><td>200E AREA</td></tr><tr><td>F14</td><td>272W SHOP</td><td>200W AREA</td></tr><tr><td>F14</td><td>275W SHOP</td><td>200W AREA</td></tr><tr><td>N14</td><td>283W FILTRATION PLANT</td><td>200W AREA</td></tr></table>	D14	271T BUILDING	200W AREA	F14	271T, 3RD FLOOR AMU	200W AREA	N14	2721EA BUILDING	200E AREA	F14	272W SHOP	200W AREA	F14	275W SHOP	200W AREA	N14	283W FILTRATION PLANT	200W AREA	☐
D14	271T BUILDING	200W AREA																				
F14	271T, 3RD FLOOR AMU	200W AREA																				
N14	2721EA BUILDING	200E AREA																				
F14	272W SHOP	200W AREA																				
F14	275W SHOP	200W AREA																				
N14	283W FILTRATION PLANT	200W AREA																				
CAS <u>8012951</u> Trade Secret ☐ Chem. Name <u>MINERAL OIL</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>N14</td><td>327 LAB. ROOM 13</td><td>300 AREA</td></tr><tr><td>E14</td><td>3718G STORAGE BUILDING</td><td>300 AREA</td></tr><tr><td>F14</td><td>4704S FIRE STATION</td><td>400 AREA</td></tr><tr><td>D14</td><td>4713B SHOP</td><td>400 AREA</td></tr><tr><td>D14</td><td>6618 DISPOSAL FACILITY</td><td>SE OF 200W AREA</td></tr><tr><td>R14</td><td>TRANSFORMERS THROUGHOUT SITE</td><td></td></tr></table>	N14	327 LAB. ROOM 13	300 AREA	E14	3718G STORAGE BUILDING	300 AREA	F14	4704S FIRE STATION	400 AREA	D14	4713B SHOP	400 AREA	D14	6618 DISPOSAL FACILITY	SE OF 200W AREA	R14	TRANSFORMERS THROUGHOUT SITE		☐
N14	327 LAB. ROOM 13	300 AREA																				
E14	3718G STORAGE BUILDING	300 AREA																				
F14	4704S FIRE STATION	400 AREA																				
D14	4713B SHOP	400 AREA																				
D14	6618 DISPOSAL FACILITY	SE OF 200W AREA																				
R14	TRANSFORMERS THROUGHOUT SITE																					
CAS <u>7697372</u> Trade Secret ☐ Chem. Name <u>NITRIC ACID</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>NITRIC ACID</u>	☒ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>03</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>M14</td><td>1706KE LAB</td><td>100K AREA</td></tr><tr><td>M14</td><td>2025E BUILDING</td><td>200E AREA</td></tr><tr><td>N14</td><td>221B CANYON</td><td>200E AREA</td></tr><tr><td>M14</td><td>222S LAB</td><td>200W AREA</td></tr><tr><td>M14</td><td>222SA LAB</td><td>200W AREA</td></tr><tr><td>N14</td><td>222SA LAB</td><td>200W AREA</td></tr></table>	M14	1706KE LAB	100K AREA	M14	2025E BUILDING	200E AREA	N14	221B CANYON	200E AREA	M14	222S LAB	200W AREA	M14	222SA LAB	200W AREA	N14	222SA LAB	200W AREA	☐
M14	1706KE LAB	100K AREA																				
M14	2025E BUILDING	200E AREA																				
N14	221B CANYON	200E AREA																				
M14	222S LAB	200W AREA																				
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N14	222SA LAB	200W AREA																				

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Signature

02/26/99

Date signed

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**TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 99999 Dun & Brad Number 03-445-6186For
Official
Use
Only

ID #

Date

Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998

☐ 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 P T
r f o
p e m
e s pStorage Codes and Locations
(Non-Confidential)

Storage Locations

O
P
tCAS 7697 37 2 Trade Secret ☐Chem. Name NITRIC ACIDCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID

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

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

C14 234-5Z, ROOM 336 200W AREA
D14 234-5Z, ROOM 336 200W AREA
M14 STORAGE UNIT BY 234-5Z 200W AREA
M14 234-5Z BUILDING 200W AREA
M14 236Z, ROOM 40 200W AREA
N14 236Z BUILDING 200W AREA

CAS 7697 37 2 Trade Secret ☐Chem. Name NITRIC ACIDCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID

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

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

E14 241Z BUILDING 200W AREA
M14 271T BUILDING 200W AREA
D14 CONEX BOX BY 306E 300 AREA
E14 CONEX BOX BY 306E 300 AREA
M14 306E LAB, ROOM 174A 300 AREA
N14 306E LAB, BAY 2 300 AREA

CAS 7697 37 2 Trade Secret ☐Chem. Name NITRIC ACIDCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID

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

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

M14 327 LAB, ROOM 14 300 AREA
M14 622R LAB NE OF 200W AREA
M14 6266 LAB E OF 200W AREA
M14 6268 CLEANING STATION E OF 200W AREA
M14 6269 MOBILE LAB STORAGE E OF 200W 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 70 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 of Environmental Assurance, Permits and Policy Division

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

Signature

Date signed 02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____			

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ 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 s	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐ Chem. Name <u>NITROGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>A27</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>R27</u>	<u>1161 GAS STORAGE</u> <u>1100 AREA</u> <u>1168 CYLINDER STORAGE</u> <u>1100 AREA</u> <u>1171 SHOP, DEACTIVATED</u> <u>1100 AREA</u> <u>1512N GAS STORAGE</u> <u>100N AREA</u> <u>1706KE LAB</u> <u>100K AREA</u> <u>1706KE LAB</u> <u>100K AREA</u>	☐
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐ Chem. Name <u>NITROGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>1724KB GAS STORAGE</u> <u>100K AREA</u> <u>190KE WAREHOUSE</u> <u>100K AREA</u> <u>200-ZP-1 PUMP & TREAT</u> <u>200W AREA</u> <u>200-ZP-2 ERA</u> <u>200W AREA</u> <u>2025E BUILDING</u> <u>200E AREA</u> <u>202S FACILITY</u> <u>200W AREA</u>	☐
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐ Chem. Name <u>NITROGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>2101HV WAREHOUSE</u> <u>200E AREA</u> <u>2101M BUILDING, ROOM 216</u> <u>200E AREA</u> <u>CYLINDER SHED S OF 2101M</u> <u>200E AREA</u> <u>221T BUILDING, DOCK 2</u> <u>200W AREA</u> <u>222S LAB</u> <u>200W AREA</u> <u>2249R GAS BOTTLE STORAGE</u> <u>200E AREA</u>	☐

Certification (Read and sign after completing all sections)

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

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

Signature

Date signed 02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>99999</u>	Dun & Brad Number <u>03 - 4451 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	Date Received _____		Name _____ Title _____	
Specific Information by Chemical			Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ 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 P E S E M P	Storage Codes and Locations (Non-Confidential)	O P T
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	225B BUILDING 200E AREA 225BC BUILDING 200E AREA 225BG BUILDING 200E AREA 2304W SHOP 200W AREA 2306W SHOP 200W AREA 2310W SHOP 200W AREA	☐
Chem. Name <u>NITROGEN</u>	☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS				
EHS Name _____					
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	R 2 7 A 2 7 L 2 7 L 2 4 L 2 4	2336W ASSAY AREA 200W AREA 234-5Z WEST DOCK 200W AREA 234-5Z BUILDING 200W AREA 234-5Z BUILDING 200W AREA BOTTLE DOCK E OF 2402W 200W AREA 241AP TANK FARM BOTTLE STORAGE 200E AREA	☐
Chem. Name <u>NITROGEN</u>	☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS				
EHS Name _____					
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	242A EVAPORATOR 200E AREA 242AC SHOP 200E AREA 2703E BUILDING 200E AREA 2711E GARAGE/SHOP 200E AREA 2727E BUILDING 200E AREA 2727W STORAGE FACILITY 200W AREA	☐
Chem. Name <u>NITROGEN</u>	☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS				
EHS Name _____					

Certification (Read and sign after completing all sections)		Optional Attachments
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>70</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.		☒ 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
James E. Rasmussen, Director of 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>02/26/99</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
		Name _____ Title _____		
		Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

☐ 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 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 ☐ Chem. Name <u>NITROGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>272AW BOTTLE DOCK</u> 200E AREA <u>BOTTLE DOCK E OF 272WA</u> 200W AREA <u>27342C GAS STORAGE</u> 200W AREA <u>27342G GAS STORAGE</u> 200W AREA <u>27342H GAS STORAGE</u> 200W AREA <u>275W SHOP</u> 200W AREA	☐
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐ Chem. Name <u>NITROGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>R14</u> <u>L24</u> <u>L24</u>	<u>277A SHOP, BOTTLE DOCK</u> 200E AREA <u>CONEX BOX NW OF 277A</u> 200E AREA <u>277W SHOP</u> 200W AREA <u>TANK W OF 300-FF-1</u> 300 AREA <u>305 TEST FACILITY CYLINDER DOCK</u> 300 AREA <u>305A SHOP</u> 300 AREA	☐
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret ☐ Chem. Name <u>NITROGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☐ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>A27</u> <u>L24</u>	<u>306E LAB</u> 300 AREA <u>325 BUILDING</u> 300 AREA <u>328 CYLINDER DOCK</u> 300 AREA <u>331C BUILDING</u> 300 AREA <u>TANK BY 337 BUILDING</u> 300 AREA <u>350 BUILDING</u> 300 AREA	☐

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

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

Signature

02/26/99
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

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

Chemical Information by Chemical

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411
Mail Address P.O. BOX 550, RICHLAND, WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTER Title SHIFT COMMANDER
Phone (509) 373-3800 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, 1998

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

Storage Codes and Locations (Non-Confidential)

Storage Locations

O P

Physical and Health Hazards (Check all that apply)

Fire

Sudden Release of Pressure

Reactivity

Immediate (acute)

Delayed (chronic)

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Storage Locations

O P

Chemical Description

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

EHS Name

Trade Secret

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

EHS Name

Trade Secret

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

EHS Name

Trade Secret

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

EHS Name

Trade Secret

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

EHS Name

Trade Secret

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

EHS Name

Trade Secret

CAS

Chem. Name NITROGEN

Check all that apply: Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☒ EHS

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Storage Locations

O P

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Storage Locations

O P

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Storage Locations

O P

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Storage Locations

O P

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

Storage Locations

O P

Inventory

Max. Daily Amount (code)

Avg. Daily Amount (code)

No. of Days On-Site (days)

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James E. Rasmussen, Director of Environmental Assessments, Permits, and Policy Division

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

Signature

Date signed 02/26/99

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

A-6000-633 (02/98)

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # _____ Date Received _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical			Name _____ Title _____	
			Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Opt
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐		☒ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code)	<u>L24</u> <u>100-DR-1 OPERABLE UNIT</u> <u>100D/DR AREA</u>	☐
Chem. Name <u>OXYGEN</u>			<u>03</u> Avg. Daily Amount (code)	<u>L24</u> <u>CONEX BOX BY 105C</u> <u>100B/C AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS			<u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>1168 CYLINDER STORAGE</u> <u>1100 AREA</u>	
EHS Name _____				<u>L24</u> <u>1171 SHOP, DEACTIVATED</u> <u>1100 AREA</u>	
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐		☒ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code)	<u>L24</u> <u>1512N GAS STORAGE</u> <u>100N AREA</u>	☐
Chem. Name <u>OXYGEN</u>			<u>03</u> Avg. Daily Amount (code)	<u>L24</u> <u>1515N SHOP</u> <u>100N AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS			<u>365</u> No. of Days On-Site (days)		
EHS Name _____					
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐		☒ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code)	<u>L24</u> <u>17124KB GAS STORAGE</u> <u>100K AREA</u>	☐
Chem. Name <u>OXYGEN</u>			<u>03</u> Avg. Daily Amount (code)	<u>L24</u> <u>2101M BUILDING, ROOM 210</u> <u>200E AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS			<u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>212H CANISTER STORAGE BLDG PROJ</u> <u>200E AREA</u>	
EHS Name _____				<u>L24</u> <u>221T BUILDING, ROOM 210</u> <u>200W AREA</u>	
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐		☒ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code)	<u>L24</u> <u>222S LAB</u> <u>200W AREA</u>	☐
Chem. Name <u>OXYGEN</u>			<u>03</u> Avg. Daily Amount (code)	<u>L24</u> <u>222SA LAB</u> <u>200W AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS			<u>365</u> No. of Days On-Site (days)		
EHS Name _____					
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐		☒ Fire ☒ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code)	<u>L24</u> <u>2244B SHOP</u> <u>200E AREA</u>	☐
Chem. Name <u>OXYGEN</u>			<u>03</u> Avg. Daily Amount (code)	<u>L24</u> <u>2247B SHOP</u> <u>200E AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS			<u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>2249B GAS BOTTLE STORAGE</u> <u>200E AREA</u>	
EHS Name _____				<u>L24</u> <u>2306W SHOP</u> <u>200W AREA</u>	
			<u>L24</u> <u>2307W SHOP</u> <u>200W AREA</u>		
			<u>L24</u> <u>2309W SHOP</u> <u>200W AREA</u>		

Certification (Read and sign after completing all sections)		Optional Attachments
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James E. Rasmussen, Director of Environmental Assurance, Permits and Policy Division		☐ I have attached a list of site coordinate abbreviations
Name and official title of owner/operator OR owner/operator's authorized representative		☐ I have attached a description of dikes and other safeguard measures
Signature <u>James E. Rasmussen</u> Date signed <u>02/26/99</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
ReceivedSpecific
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 PATROL OPERATIONS CENTER Title SHIFT COMMANDER
 Phone (509) 373-3800 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, 1998

☐ 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 pStorage Codes and Locations
(Non-Confidential)
Storage LocationsO
p
t

CAS 7782 44 7 Trade Secret ☐
 Chem. Name OXYGEN

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

EHS Name _____

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

04 Max. Daily Amount (code)

03 Avg. Daily Amount (code)

365 No. of Days On-Site (days)

L 2 4 2310W SHOP 200W AREA
 L 2 4 234-5Z BUILDING 200W AREA
 L 2 4 242AC SHOP 200E AREA
 L 2 4 2711E GARAGE/SHOP 200E AREA
 L 2 4 2713WB SHOP 200W AREA
 L 2 4 2716E BOTTLE STORAGE 200W AREA

CAS 7782 44 7 Trade Secret ☐
 Chem. Name OXYGEN

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

EHS Name _____

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

04 Max. Daily Amount (code)

03 Avg. Daily Amount (code)

365 No. of Days On-Site (days)

L 2 4 271B BUILDING 200E AREA
 L 2 4 2721EA BUILDING 200E AREA
 L 2 4 272AW BOTTLE DOCK 200E AREA
 L 2 4 272W SHOP 200W AREA
 L 2 4 BOTTLE DOCK E OF 272WA 200W AREA
 L 2 4 27342C GAS STORAGE 200W AREA

CAS 7782 44 7 Trade Secret ☐
 Chem. Name OXYGEN

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

EHS Name _____

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

04 Max. Daily Amount (code)

03 Avg. Daily Amount (code)

365 No. of Days On-Site (days)

L 2 4 2734ZF GAS STORAGE 200W AREA
 L 2 4 275W SHOP 200W AREA
 L 2 4 277A BOTTLE DOCK 200E AREA
 L 2 4 277W SHOP 200W AREA
 L 2 4 300-EF-1 OPERABLE UNIT 300 AREA
 L 2 4 305 TEST FACILITY 300 AREA

Certification (Read and sign after completing all sections)

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 70, 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 of 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 _____

TIER TWO

EMERGENCY

AND

HAZARDOUS

CHEMICAL

INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9 9 9 9 Dun & Brad
Number 0 3 - 4 4 5 - 6 1 8 6For
Official
Use
Only

ID #

Date
Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTER Title SHIFT COMMANDERPhone (509) 373-3800 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, 1998☐ 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
e s pStorage Codes and Locations
(Non-Confidential)

Storage Locations

O
p
tCAS 7 7 8 2 4 4 7 Trade
Secret ☐Chem. Name OXYGENCheck all
that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name _____

☒ Fire
☒ Sudden Release
of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)Max. Daily
Amount (code)
0 4
Avg. Daily
Amount (code)
0 3
No. of Days
On-Site (days)
3 6 5

L 2 4	305A SHOP	300 AREA
L 2 4	306E LAB	300 AREA
L 2 4	BONEYARD BY 306E	300 AREA
L 2 4	324 BUILDING GAS DOCK	300 AREA
L 2 4	325 BUILDING	300 AREA
L 2 4	328 SHOP	300 AREA

CAS 7 7 8 2 4 4 7 Trade
Secret ☐Chem. Name OXYGENCheck all
that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name _____

☒ Fire
☒ Sudden Release
of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)Max. Daily
Amount (code)
0 4
Avg. Daily
Amount (code)
0 3
No. of Days
On-Site (days)
3 6 5

L 2 4	331 BUILDING	300 AREA
L 2 4	331C BUILDING	300 AREA
L 2 4	350 BUILDING	300 AREA
L 2 4	3709A FIRE STATION	300 AREA
L 2 4	3717B LAB	300 AREA
L 2 4	3722 SHOP	300 AREA

CAS 7 7 8 2 4 4 7 Trade
Secret ☐Chem. Name OXYGENCheck all
that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name _____

☒ Fire
☒ Sudden Release
of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)Max. Daily
Amount (code)
0 4
Avg. Daily
Amount (code)
0 3
No. of Days
On-Site (days)
3 6 5

L 2 4	384 STEAM PLANT, DEACTIVATED	300 AREA
L 2 4	4704S FIRE STATION	400 AREA
L 2 4	4713B SHOP	400 AREA
L 2 4	4713D STORAGE BUILDING	400 AREA
L 2 4	4760 SHOP	400 AREA
L 2 4	6092 BUILDING, ROOM 2/14G HAMMER FACILITY	

Certification (Read and sign after completing all sections)

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Assurance, Permits and Policy Division

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

Signature

02/26/99

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
INVENTORYSpecific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 99999 Dun & Brad
Number 03 - 445 - 6186For
Official
Use
Only

ID #

Date
Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998

☐ 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 p e s	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐ Chem. Name <u>OXYGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>609A FIRE STAT RT 3 BETWEEN 200E/W AREAS</u> <u>609D TRNG TOWER RT 3 BETWEEN 200E/W AREAS</u> <u>613 STORAGE BUILDING CORNER OF RT 1 & 4N</u> <u>6265 LAB E OF 200W AREA</u> <u>6290 SHOP W OF 200E AREA</u> <u>HTS PIPEYARD BOTTLE DOCK NE OF 200E AREA</u>	☐
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret ☐ Chem. Name <u>OXYGEN</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u>	<u>M0001 OFFICE, PATROL TRAINING ACADEMY</u> <u>M0302 SHOP, PATROL TRAINING ACADEMY</u> <u>M0425 LAB 100N AREA</u>	☐
CAS <u>1910</u> <u>42</u> <u>5</u> Trade Secret ☐ Chem. Name <u>PARAOQUAT DICHLORIDE</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>PARAOQUAT DICHLORIDE</u>	☐ Fire ☐ Sudden Release of Pressure Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>N14</u>	<u>2713WC WASHWATER RECOVERY FAC 200W AREA</u>	☐

Certification (Read and sign after completing all sections)

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 70 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 of Environmental
Assurance, Permits and Policy Division

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

Signature

Date signed 02/26/99

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name U. S. DEPARTMENT OF ENERGY - HANFORD SITE		Name U. S. DEPARTMENT OF ENERGY	
	Street 825 JADWIN AVENUE		Mail Address P.O. BOX 550, RICHLAND WA 99352	
	City RICHLAND County BENTON State WA Zip 99352		Emergency Contact	
SIC Code 9999 Dun & Bradstreet Number 03-445-6186		Name PATROL OPERATIONS CENTER Title SHIFT COMMANDER		
For Official Use Only		Phone (509) 373-3800 24 Hr. Phone (509) 373-3800		
Specific Information by Chemical		Name Title		
		Phone () 24 Hr. Phone ()		

Inventory	Reporting Period: From January 1 to December 31, 1998	Check if information below is identical to the information submitted last year.		Storage Codes and Locations (Non-Confidential)		O P I
		Y e s	N o	S t o r a g e	L o c a t i o n	
CAS 1 3 3 6 3 6 3 Trade Secret Chem. Name POLYCHLORINATED BIPHENYLS Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name	Physical and Chemical Hazards (Check all that apply) ☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-Site (days) 3 6 5	Inventory R 1 4 R 1 4 R 1 4 R 1 4	4621E TRANSFORMERS 4621W TRANSFORMERS 491E TRANSFORMERS 491W TRANSFORMERS	400 AREA 400 AREA 400 AREA 400 AREA	
CAS 7 4 9 8 6 Trade Secret Chem. Name PROPANE Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	Max. Daily Amount (code) 0 5 Avg. Daily Amount (code) 0 4 No. of Days On-Site (days) 3 6 5	L 2 4 L 2 4 L 2 4 L 2 4 A 2 4	100-DR-1 OPERABLE UNIT 1161 GAS STORAGE 1171 SHOP, DEACTIVATED 142K CONSTRUCTION SITE, TRAILER 1714NB TOOL SHED 1717K WAREHOUSE	100D/DR AREA 1100 AREA 1100 AREA 100K AREA 100N AREA 100K AREA	
CAS 7 4 9 8 6 Trade Secret Chem. Name PROPANE Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	Max. Daily Amount (code) 0 5 Avg. Daily Amount (code) 0 4 No. of Days On-Site (days) 3 6 5	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	1723N WAREHOUSE 1724KB GAS STORAGE 200-2P-1 PUMP & TREAT 200-2P-2 ERA OUTDOOR STORAGE S. OF 2025E CONEX BOX AT 202S	100N AREA 100K AREA 200W AREA 200W AREA 200E AREA 200W 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 70, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
	Signature James E. Rasmussen, Director Environmental Assurance, Permits, and Policy Division Date signed 02/26/99	
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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9 9 9 9</u> Dun & Brad Number <u>0 3 - 4 4 5 - 6 1 8 6</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only	ID # <u></u>	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical	Date Received <u></u>	Name <u></u> Title <u></u>		
		Phone <u>()</u> 24 Hr. Phone <u>()</u>		

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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 s	P r e m i s e s	Storage Codes and Locations (Non-Confidential)
CAS <u>7 4 9 8 6</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>0 5</u> Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	L L L A L L	2 2 2 A 2 2	209F BOTTLE STORAGE 200E AREA 2101HV WAREHOUSE 200E AREA CYLINDER SHED S OF 2101M 200E AREA 212H CANISTER STORAGE BLDG PROJ 200E AREA 212H CANISTER STORAGE BLDG PROJ 200E AREA 221T BUILDING, DOCK 2 200W AREA
Chem. Name <u>PROPANE</u>	Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS				
EHS Name <u></u>					
CAS <u>7 4 9 8 6</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>0 5</u> Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	L L L L L A	2 2 2 2 2 A	222S LAB, GAS DOCKS 200W AREA 2247B SHOP 200E AREA 2249B GAS BOTTLE STORAGE 200E AREA 225B GAS BOTTLE STORAGE 200E AREA 225BE SHOP 200E AREA 225E PUMP STATION 200E AREA
Chem. Name <u>PROPANE</u>	Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS				
EHS Name <u></u>					
CAS <u>7 4 9 8 6</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>0 5</u> Max. Daily Amount (code) <u>0 4</u> Avg. Daily Amount (code) <u>3 6 5</u> No. of Days On-Site (days)	L L L L L L	2 2 2 2 2 2	2300W SHOP 200W AREA 2306W SHOP 200W AREA 2309W SHOP 200W AREA 2310W SHOP 200W AREA BOTTLE DOCK E OF 2402W 200W AREA TANK OUTSIDE 2402WL 200W AREA
Chem. Name <u>PROPANE</u>	Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS				
EHS Name <u></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

02/26/99
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
INVENTORYSpecific
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

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 Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTER Title SHIFT COMMANDER
 Phone (509) 373-3800 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, 1998

☐ 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 e e
p e s
e s p

 Storage Codes and Locations
(Non-Confidential)

Storage Locations

O
p
t
 CAS 74986 Trade Secret ☐
Chem. Name PROPANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name _____

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

 Max. Daily Amount (code) 05

 Avg. Daily Amount (code) 04

 No. of Days On-Site (days) 365

L 2 4	CONEX BOX E OF 242A EVAPORATOR	200E AREA
L 2 4	242AC SHOP	200E AREA
L 2 4	2620W SHOP	200W AREA
L 2 4	2707SX SHOP	200W AREA
A 2 4	2711E GARAGE/SHOP	200E AREA
L 2 4	2711E GARAGE/SHOP	200E AREA

 CAS 74986 Trade Secret ☐
Chem. Name PROPANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name _____

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

 Max. Daily Amount (code) 05

 Avg. Daily Amount (code) 04

 No. of Days On-Site (days) 365

A 2 4	271B BUILDING	200E AREA
L 2 4	271B BUILDING	200E AREA
L 2 4	2721EA BUILDING	200E AREA
L 2 4	272AW BOTTLE DOCK	200E AREA
L 2 4	BOTTLE DOCK E OF 272WA	200W AREA
L 2 4	2734ZK GAS STORAGE	200W AREA

 CAS 74986 Trade Secret ☐
Chem. Name PROPANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name _____

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

 Max. Daily Amount (code) 05

 Avg. Daily Amount (code) 04

 No. of Days On-Site (days) 365

L 2 4	275E CYLINDER DOCK	200E AREA
L 2 4	275W SHOP	200W AREA
L 2 4	277W CYLINDER DOCK	200W AREA
L 2 4	284W STEAM PLANT, DEACTIVATED	200W AREA
L 2 4	W OF 300-FF-1 OPERABLE UNIT	300 AREA
L 2 4	305 TEST FACILITY CYLINDER DOCK	300 AREA

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 Assurance, Permits and Policy Division

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

Signature

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 Date signed

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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>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>99999</u> Dun & Brad Number <u>03</u> - <u>445</u> - <u>61866</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> Emergency Contact Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	For Official Use Only ID # _____ Date Received _____			

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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	
CAS <u>74986</u> Trade Secret ☐ Chem. Name <u>PROPANE</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) ☐ Avg. Daily Amount (code) ☐ No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 A 2 4 L 2 4	306E LAB 300 AREA BONEYARD BY 306E 300 AREA 324 BUILDING GAS DOCK 300 AREA 328 SHOP 300 AREA TANK N OF 331H 300 AREA GAS RACK ON N SIDE OF 333 300 AREA	
CAS <u>74986</u> Trade Secret ☐ Chem. Name <u>PROPANE</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) ☐ Avg. Daily Amount (code) ☐ No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	3718N SHOP BOTTLE RACK 300 AREA 3722 SHOP 300 AREA 384 STEAM PLANT CYLINDER DOCK 300 AREA 4704S FIRE STATION 400 AREA 4713B SHOP 400 AREA 4713D STORAGE BUILDING 400 AREA	
CAS <u>74986</u> Trade Secret ☐ Chem. Name <u>PROPANE</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS EHS Name _____	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	☐ Max. Daily Amount (code) ☐ Avg. Daily Amount (code) ☐ No. of Days On-Site (days)	L 2 4 A 2 4 L 2 4 L 2 4 A 2 4 A 2 4	4722C SHOP 400 AREA 609 FIRE STATION CORNER OF RT 1 & 4N TRAILER AT 6090 HAMMER FACILITY 6092 LOADING DOCK HAMMER FACILITY TANK AT 6092N GAS STORAGE HAMMER FACILITY 609A FIRE STAT RT 3 BETWEEN 200E/W AREAS	

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

02/26/99
 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
INVENTORYSpecific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9999Dun & Brad
Number 03 - 445 - 6186For
Official
Use
Only

ID # _____

Date
Received _____

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998

☐ 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 P E S	T E M P	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u>74</u> <u>98</u> <u>6</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L</u> <u>2</u> <u>4</u> <u>L</u> <u>2</u> <u>4</u> <u>L</u> <u>2</u> <u>4</u> <u>L</u> <u>2</u> <u>4</u> <u>L</u> <u>2</u> <u>4</u>	<u>609A FIRE STAT RT 3 BETWEEN 200E/W AREAS</u> <u>622R LAB, ROOM F NE OF 200W AREA</u> <u>6265 LAB E OF 200W AREA</u> <u>6290 SHOP W OF 200E AREA</u> <u>HTS PIPEYARD BOTTLE RACK NE OF 200E AREA</u> <u>MO269 BOTTLE RACK 200E AREA</u>	☐	
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u>74</u> <u>98</u> <u>6</u> Trade Secret ☐	☒ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>L</u> <u>2</u> <u>4</u> <u>A</u> <u>2</u> <u>4</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u>MO966 SHOP 200E AREA</u> <u>N SPRINGS 100N AREA</u> <u> </u> <u> </u> <u> </u>	☐	
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u>57</u> <u>55</u> <u>6</u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u> <u>E</u> <u>1</u> <u>4</u> <u>D</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u> <u>F</u> <u>1</u> <u>4</u>	<u>100-DR-1 OPERABLE UNIT 100D/DR AREA</u> <u>1171C STORAGE SHED, DEACTIVATED 1100 AREA</u> <u>190DR WAREHOUSE 100D/DR AREA</u> <u>190KE WAREHOUSE 100K AREA</u> <u>190KE WAREHOUSE 100K AREA</u> <u>2025E BUILDING, ROOM 112 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

02/26/99

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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	Name _____ Title _____			
	Phone () _____ 24 Hr. Phone () _____			

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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>57556</u> Trade Secret ☐ Chem. Name <u>PROPYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>F14</u> <u>D14</u> <u>R14</u> <u>D14</u> <u>E14</u>	<u>CONEX BOXES E OF 2025E</u> 200E AREA <u>LAYDOWN YARD BY 2241B</u> 200E AREA <u>2336W BUILDING</u> 200W AREA <u>2336W BUILDING SYSTEM</u> 200W AREA <u>STORAGE UNIT BY 234-5Z</u> 200W AREA <u>STORAGE UNIT BY 234-5Z</u> 200W AREA	☐
CAS <u>57556</u> Trade Secret ☐ Chem. Name <u>PROPYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>N14</u> <u>N14</u> <u>D14</u> <u>D14</u> <u>N14</u> <u>N14</u>	<u>234-5Z BUILDING</u> 200W AREA <u>236Z BUILDING, CORRIDOR 1W</u> 200W AREA <u>STORAGE UNIT BY 241A401</u> 200E AREA <u>241AZ CONTROL ROOM</u> 200E AREA <u>2703E BUILDING</u> 200E AREA <u>2713WC WASHWATER RECOVERY FAC</u> 200W AREA	☐
CAS <u>57556</u> Trade Secret ☐ Chem. Name <u>PROPYLENE GLYCOL</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>F14</u> <u>N14</u> <u>D14</u> <u>D14</u> <u>D14</u>	<u>2721EA BUILDING</u> 200E AREA <u>STORAGE UNIT BY 272AW</u> 200E AREA <u>272W SHOP</u> 200W AREA <u>STORAGE UNIT N OF 272WA</u> 200W AREA <u>LAYDOWN AREA BY 277A SHOP</u> 200E AREA <u>300-FF-1 OPERABLE UNIT</u> 300 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

02/26/99

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		Owner/Operator Name	
Specific Information by Chemical		Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
		Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
		City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
		SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
For Official Use Only		ID # _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Date Received _____		Name _____		Title _____	
		Phone () _____		24 Hr. Phone () _____	
Important: Read all instructions before completing form				Reporting Period: From January 1 to December 31, <u>1998</u>	
				☐ 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 e s s p	Storage Codes and Locations (Non-Confidential) Storage Locations
CAS <u>57-55-6</u> Trade Secret ☐	Chem. Name <u>PROPYLENE GLYCOL</u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>D14</u> <u>N14</u> <u>D14</u> <u>D14</u> <u>D14</u>	<u>3020 LAB, ROOM 1743</u> 300 AREA <u>305 TEST FACILITY TOOL ROOM</u> 300 AREA <u>305 TEST FACILITY TOOL ROOM</u> 300 AREA <u>305A SHOP</u> 300 AREA <u>BONEYARD BY 306E LAB</u> 300 AREA <u>CONEX BOX BY 306E LAB</u> 300 AREA
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>N16</u> <u>N14</u> <u>D14</u> <u>N14</u> <u>N14</u> <u>F14</u>	<u>306E LAB, ROOM 174A</u> 300 AREA <u>327 LAB, ROOM 13</u> 300 AREA <u>331C BUILDING</u> 300 AREA <u>3705 PHOTOGRAPHY LAB</u> 300 AREA <u>3746D BUILDING</u> 300 AREA <u>4732A WAREHOUSE</u> 400 AREA
CAS <u>57-55-6</u> Trade Secret ☐	Chem. Name <u>PROPYLENE GLYCOL</u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u>	<u>6266 LAB, ROOM N20</u> E OF 200W AREA
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
CAS <u>57-55-6</u> Trade Secret ☐	Chem. Name <u>PROPYLENE GLYCOL</u>	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
Certification (Read and sign after completing all sections)				Optional Attachments	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>70</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.				☒ 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	
James E. Rasmussen, Director Environmental Assurance, Permits and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative				02/26/99 Date signed	
Signature <u>James E. Rasmussen</u>					

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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 e s m p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS [1][4][6][6][4] [4][6] [1] Trade Secret	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	[0][5] Max. Daily Amount (code) [0][5] Avg. Daily Amount (code) [3][6][5] No. of Days On-Site (days)	J 1 4 J 1 4 	2101M WAREHOUSE 200E AREA 616 BUILDING RT 3 BETWEEN 200E/W AREAS		
Chem. Name SILICA, CRYSTALLINE-CRISTOBALITE						
Check all that apply: Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS						
EHS Name _____						
CAS [1][4][8][0][8] [6][0] [7] Trade Secret	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	[0][5] Max. Daily Amount (code) [0][5] Avg. Daily Amount (code) [3][6][5] No. of Days On-Site (days)	F 1 4 F 1 4 J 1 4 J 1 4 J 1 4 K 1 4	CONEX BOX NE OF 105KE 100K AREA CONEX BOX NE OF 105KW 100K AREA 190DR WAREHOUSE 100D/DR AREA 2101M WAREHOUSE 200E AREA 221T CANYON 200W AREA 221T CANYON 200W AREA		
Chem. Name SILICA, CRYSTALLINE-QUARTZ						
Check all that apply: Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS						
EHS Name _____						
CAS [1][4][8][0][8] [6][0] [7] Trade Secret	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	[0][5] Max. Daily Amount (code) [0][5] Avg. Daily Amount (code) [3][6][5] No. of Days On-Site (days)	N 1 4 N 1 4 J 1 4 J 1 4 E 1 4 F 1 4	222S LAB 200W AREA 222SA LAB 200W AREA CONEX BOX BY 225B 200E AREA 233S BUILDING 200W AREA STORAGE UNIT BY 234-5Z 200W AREA STORAGE UNIT BY 234-5Z 200W AREA		
Chem. Name SILICA, CRYSTALLINE-QUARTZ						
Check all that apply: Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS						
EHS Name _____						

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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 _____

02/26/99
Date signed

Optional Attachments

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TIER TWO

EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORYSpecific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9999 Dun & Brad
Number 03 - 445 - 6186For
Official
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ID #

Date

Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998

☐ 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
P
P
E
S
M

Storage Codes and Locations

(Non-Confidential)

Storage Locations

O
p
tCAS 14808 60 7 Trade
Secret ☐Chem. Name SILICA, CRYSTALLINE-QUARTZCheck all
that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

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

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

F 1 4	234-5Z BUILDING, ROOM 202	200W AREA
F 1 4	234-5Z BUILDING, ROOM 186	200W AREA
M 1 4	234-5Z BUILDING, ROOM 202	200W AREA
M 1 4	STORAGE UNIT BY 234-5Z	200W AREA
N 1 4	234-5Z BUILDING	200W AREA
N 1 4	STORAGE UNIT BY 234-5Z	200W AREA

CAS 14808 60 7 Trade
Secret ☐Chem. Name SILICA, CRYSTALLINE-QUARTZCheck all
that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

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

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

J 1 4	2715AW STOREROOM	200E AREA
F 1 4	CONEX BOXES BY 305 TEST FACILITY	300 AREA
D 1 4	CONEX BOXES BY 306E LAB	300 AREA
N 1 4	CONEX BOXES BY 306E LAB	300 AREA
F 1 4	3707E SHOP	300 AREA
R 1 4	427 BUILDING, ROOM 352	400 AREA

CAS 14808 60 7 Trade
Secret ☐Chem. Name SILICA, CRYSTALLINE-QUARTZCheck all
that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

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

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

D 1 4	4732A WAREHOUSE	400 AREA
D 1 4	607 BATCH PLANT RT 3 BETWEEN 200E/W AREAS	
F 1 4	616 BUILDING RT 3 BETWEEN 200E/W AREAS	
N 1 4	6266 LAB	E OF 200W AREA
J 1 4	HTS PIPEYARD	NE OF 200E AREA
J 1 4	CONEX BOX N OF M0743	200W AREA

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

Signature

02/26/99

Date signed

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TIER TWO

EMERGENCY
AND

HAZARDOUS

CHEMICAL
INVENTORYSpecific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9999 Dun & Brad Number 03 - 445 - 6186For
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ID #

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Name

Title

Phone ()

24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998☐ 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 P E S T E M P	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>15468323</u> Trade Secret ☐ Chem. Name <u>SILICA, CRYSTALLINE-</u> <u>TRIDYMITE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS EHS Name	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>J14</u> <u>J14</u>	<u>2101M WAREHOUSE</u> <u>200E AREA</u> <u>616 BUILDING</u> <u>RT 3 BETWEEN 200E/W AREAS</u>	☐
CAS <u>7440235</u> Trade Secret ☐ Chem. Name <u>SODIUM</u> Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☒ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>C14</u> <u>M14</u> <u>C14</u> <u>D14</u> <u>B24</u> <u>C14</u>	<u>221T HEAD END</u> <u>200W AREA</u> <u>234-5Z BUILDING, ROOM 186</u> <u>200W AREA</u> <u>2727W STORAGE FACILITY</u> <u>200W AREA</u> <u>335 SODIUM TEST FACILITY</u> <u>300 AREA</u> <u>337B HIGH-BAY</u> <u>300 AREA</u> <u>337B HIGH-BAY</u> <u>300 AREA</u>	☐
CAS <u>7440235</u> Trade Secret ☐ Chem. Name <u>SODIUM</u> Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☒ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>B24</u> <u>C25</u> <u>C25</u> <u>D14</u>	<u>337B HIGH-BAY</u> <u>300 AREA</u> <u>UNDERGROUND TANK BY 3718M</u> <u>300 AREA</u> <u>403 FUELS STORAGE FACILITY</u> <u>400 AREA</u> <u>405 REACTOR BUILDING</u> <u>400 AREA</u> <u>ALKALI METAL STORAGE MODULES</u> <u>200W AREA</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 70, 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

02/26/99

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		Facility Identification		Owner/Operator Name	
EMERGENCY	AND	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
HAZARDOUS		Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
CHEMICAL		City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
INVENTORY		SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
Specific Information by Chemical		For Official Use Only		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
		ID # _____		Name _____ Title _____	
		Date Received _____		Phone () _____ 24 Hr. Phone () _____	
Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	
CAS <u>7647145</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>A14</u> <u>100D-DR-1 OPERABLE UNIT</u> <u>100D/DR AREA</u>	
Chem. Name <u>SODIUM CHLORIDE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>M14</u> <u>105NB SHOP</u> <u>100N AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>N14</u> <u>105NB SHOP</u> <u>100N AREA</u>	
EHS Name _____		☒ Immediate (acute)	<u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>1143N SHOP</u> <u>100N AREA</u>	
		☐ Delayed (chronic)		<u>N14</u> <u>165KE POWER CONTROL BUILDING</u> <u>100K AREA</u>	
CAS <u>7647145</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>E14</u> <u>1714N STORAGE BUILDING</u> <u>100N AREA</u>	
Chem. Name <u>SODIUM CHLORIDE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>F14</u> <u>STORAGE UNIT SW OF 1724K</u> <u>100K AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>E14</u> <u>183N FILTER PLANT</u> <u>100N AREA</u>	
EHS Name _____		☒ Immediate (acute)	<u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>183N FILTER PLANT</u> <u>100N AREA</u>	
		☐ Delayed (chronic)		<u>F14</u> <u>190KE WAREHOUSE</u> <u>100K AREA</u>	
CAS <u>7647145</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>B14</u> <u>200-2P-1 PUMP & TREAT</u> <u>200W AREA</u>	
Chem. Name <u>SODIUM CHLORIDE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>B14</u> <u>200-2P-2 ERA</u> <u>200W AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>F14</u> <u>2025E BUILDING, ROOM 112</u> <u>200E AREA</u>	
EHS Name _____		☒ Immediate (acute)	<u>365</u> No. of Days On-Site (days)	<u>N14</u> <u>2025E BUILDING, ROOM 112</u> <u>200E AREA</u>	
		☐ Delayed (chronic)		<u>M14</u> <u>222S LAB</u> <u>200W AREA</u>	
CAS <u>7647145</u> Trade Secret ☐		☐ Fire	<u>04</u> Max. Daily Amount (code)	<u>M14</u> <u>222SA LAB</u> <u>200W AREA</u>	
Chem. Name <u>SODIUM CHLORIDE</u>		☐ Sudden Release of Pressure	<u>04</u> Avg. Daily Amount (code)	<u>N14</u> <u>222SA LAB</u> <u>200W AREA</u>	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS		☐ Reactivity	<u>04</u> No. of Days On-Site (days)	<u>I14</u> <u>234-5Z BUILDING, ROOM 202</u> <u>200W AREA</u>	
EHS Name _____		☒ Immediate (acute)	<u>365</u> No. of Days On-Site (days)		
		☐ Delayed (chronic)			
Certification (Read and sign after completing all sections)				Optional Attachments	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>70</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.				☒ I have attached a site plan	
James E. Rasmussen, Director of Environmental Assurance, Permits and Policy Division				☐ I have attached a list of site coordinate abbreviations	
Name and official title of owner/operator OR owner/operator's authorized representative				☐ I have attached a description of dikes and other safeguard measures	
Signature <u>James E. Rasmussen</u>				Date signed <u>02/26/99</u>	

TIER TWO

EMERGENCY
AND

HAZARDOUS

CHEMICAL

INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9999Dun & Brad Number 03 - 445 - 6186For
Official
Use
Only

ID #

Date
Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998

☐ 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 m p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7647</u> <u>14</u> <u>5</u> Trade Secret ☐ Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>N14</u> <u>F14</u> <u>J14</u> <u>J14</u> <u>N14</u>	<u>234-5Z BUILDING</u> 200W AREA <u>234-5Z BUILDING</u> 200W AREA <u>242A EVAPORATOR</u> 200E AREA <u>2703E BUILDING</u> 200E AREA <u>2715AW STOREROOM</u> 200E AREA <u>272BA STORAGE BUILDING</u> 200E AREA	☐
CAS <u>7647</u> <u>14</u> <u>5</u> Trade Secret ☐ Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>A14</u> <u>B14</u> <u>B14</u> <u>K14</u> <u>N14</u> <u>N14</u>	<u>284E STEAM PLANT, DEACTIVATED</u> 200E AREA <u>284E STEAM PLANT, DEACTIVATED</u> 200E AREA <u>284W STEAM PLANT, DEACTIVATED</u> 200W AREA <u>CONEX BOX BY 306E LAB</u> 300 AREA <u>306E LAB, ROOM 174A</u> 300 AREA <u>CONEX BY 306E LAB</u> 300 AREA	☐
CAS <u>7647</u> <u>14</u> <u>5</u> Trade Secret ☐ Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>M14</u> <u>N14</u> <u>M14</u> <u>N14</u> <u>C14</u>	<u>331D BUILDING</u> 300 AREA <u>3705 PHOTOGRAPHY LAB</u> 300 AREA <u>3717B LAB, ROOM 16A</u> 300 AREA <u>3718G STORAGE BUILDING</u> 300 AREA <u>3746D BUILDING</u> 300 AREA <u>382 PUMPHOUSE</u> 300 AREA	☐

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

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02/26/99

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☐ I have attached a list of site coordinate abbreviations
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	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> Emergency Contact Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u> Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	For Official Use Only ID # _____ Date Received _____		Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	Specific Information by Chemical			

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Opt																		
CAS <u>7647145</u> Trade Secret ☐ Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>B14</td><td>384 STEAM PLANT, DEACTIVATED</td><td>300 AREA</td></tr> <tr><td>N14</td><td>4732B WAREHOUSE</td><td>400 AREA</td></tr> <tr><td>D14</td><td>6092I PUMPHOUSE</td><td>HAMMER FACILITY</td></tr> <tr><td>M14</td><td>622R LAB</td><td>NE OF 200W AREA</td></tr> <tr><td>N14</td><td>622R LAB</td><td>NE OF 200W AREA</td></tr> <tr><td>N14</td><td>6266 LAB</td><td>E OF 200W AREA</td></tr> </table>	B14	384 STEAM PLANT, DEACTIVATED	300 AREA	N14	4732B WAREHOUSE	400 AREA	D14	6092I PUMPHOUSE	HAMMER FACILITY	M14	622R LAB	NE OF 200W AREA	N14	622R LAB	NE OF 200W AREA	N14	6266 LAB	E OF 200W AREA	☐
B14	384 STEAM PLANT, DEACTIVATED	300 AREA																				
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M14	622R LAB	NE OF 200W AREA																				
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CAS <u>1310732</u> Trade Secret ☐ Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C14</td><td>1171 SHOP, DEACTIVATED</td><td>1100 AREA</td></tr> <tr><td>D14</td><td>1171 SHOP, DEACTIVATED</td><td>1100 AREA</td></tr> <tr><td>I14</td><td>1171 SHOP, DEACTIVATED</td><td>1100 AREA</td></tr> <tr><td>M14</td><td>1706KE LAB</td><td>100K AREA</td></tr> <tr><td>N14</td><td>1706KE LAB</td><td>100K AREA</td></tr> <tr><td>E14</td><td>1714N STORAGE BUILDING</td><td>100N AREA</td></tr> </table>	C14	1171 SHOP, DEACTIVATED	1100 AREA	D14	1171 SHOP, DEACTIVATED	1100 AREA	I14	1171 SHOP, DEACTIVATED	1100 AREA	M14	1706KE LAB	100K AREA	N14	1706KE LAB	100K AREA	E14	1714N STORAGE BUILDING	100N AREA	☐
C14	1171 SHOP, DEACTIVATED	1100 AREA																				
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CAS <u>1310732</u> Trade Secret ☐ Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N14</td><td>182B PUMPHOUSE, SECOND FLOOR</td><td>100B/C AREA</td></tr> <tr><td>E14</td><td>183N FILTER PLANT</td><td>100N AREA</td></tr> <tr><td>F14</td><td>183N FILTER PLANT</td><td>100N AREA</td></tr> <tr><td>A14</td><td>PROCESS TANKS OUTSIDE 2025E</td><td>200E AREA</td></tr> <tr><td>C14</td><td>2025E PROCESS TANKS</td><td>200E AREA</td></tr> <tr><td>F14</td><td>CONEX BOXES E OF 2025E</td><td>200E AREA</td></tr> </table>	N14	182B PUMPHOUSE, SECOND FLOOR	100B/C AREA	E14	183N FILTER PLANT	100N AREA	F14	183N FILTER PLANT	100N AREA	A14	PROCESS TANKS OUTSIDE 2025E	200E AREA	C14	2025E PROCESS TANKS	200E AREA	F14	CONEX BOXES E OF 2025E	200E AREA	☐
N14	182B PUMPHOUSE, SECOND FLOOR	100B/C AREA																				
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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/26/99

Date signed

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	Name _____ Title _____			
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Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 1998		☐ 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>1310732</u> Trade Secret ☐ Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>F14</u> <u>I14</u> <u>I14</u> <u>M14</u> <u>N14</u> <u>O14</u>	<u>2025E BUILDING, ROOM 112</u> 200E AREA <u>CONEX BOXES E OF 2025E</u> 200E AREA <u>2025E BUILDING, ROOM 112</u> 200E AREA <u>2025E BUILDING, ROOM 134</u> 200E AREA <u>2025E BUILDING, ROOM 112</u> 200E AREA <u>2025E BUILDING, ROOM 134</u> 200E AREA	☐
CAS <u>1310732</u> Trade Secret ☐ Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>C14</u> <u>J14</u> <u>D14</u> <u>E14</u> <u>A14</u> <u>I14</u>	<u>204AR BUILDING</u> 200E AREA <u>CONEX BOX BY 204AR</u> 200E AREA <u>2101M BUILDING</u> 200E AREA <u>2101M WAREHOUSE</u> 200E AREA <u>TANK BY 211BA</u> 200E AREA <u>221T CANYON</u> 200W AREA	☐
CAS <u>1310732</u> Trade Secret ☐ Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name _____	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>J14</u> <u>J14</u> <u>N16</u> <u>N14</u> <u>M14</u> <u>N14</u>	<u>STORAGE UNIT SW OF 211T</u> 200W AREA <u>221T CANYON</u> 200W AREA <u>222S LAB 4B</u> 200W AREA <u>222S LAB</u> 200W AREA <u>222SA LAB</u> 200W AREA <u>222SA LAB</u> 200W 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 70, 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 of Environmental Assurance, Permits and Policy Division

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

Signature

James E. Rasmussen

02/26/99
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		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u>	Dun & Brad Number <u>03 - 445 - 6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>	
	For Official Use Only ID # <u> </u>		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	Date Received <u> </u>		Name <u> </u> Title <u> </u>	
			Phone <u>()</u> 24 Hr. Phone <u>()</u>	

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 1998

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	Opt
CAS <u> 1310732 </u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> 234-5Z BUILDING, ROOM 321 200W AREA <u>E14</u> 234-5Z BUILDING 200W AREA <u>M14</u> 234-5Z BUILDING 200W AREA <u>M14</u> STORAGE UNIT BY 234-5Z 200W AREA <u>N14</u> STORAGE UNIT BY 234-5Z 200W AREA <u>N14</u> 234-5Z BUILDING 200W AREA	☐
Chem. Name <u>SODIUM HYDROXIDE</u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>J14</u> STORAGE UNIT BY 241A401 200E AREA <u>E14</u> 241Z BUILDING 200W AREA <u>C14</u> 271B BUILDING 200E AREA <u>O14</u> 271B BUILDING 200E AREA <u>C14</u> 271T, 1ST FLOOR AMU 200W AREA <u>R14</u> 291Z BUILDING, ROOM 501 200W AREA	☐
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>E14</u> 3020 LAB BOILER ROOM 300 AREA <u>C14</u> 306E LAB, ROOM 174 300 AREA <u>D14</u> CONEX BOX BY 306E LAB 300 AREA <u>M14</u> CONEX BOX BY 306E LAB 300 AREA <u>N14</u> 306E LAB 300 AREA <u>N14</u> CONEX BOX BY 306E 300 AREA	☐
EHS Name <u> </u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
CAS <u> 1310732 </u> Trade Secret ☐	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
Chem. Name <u>SODIUM HYDROXIDE</u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		
EHS Name <u> </u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)		

Certification (Read and sign after completing all sections)		Optional Attachments
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>70</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. <u>James E. Rasmussen, Director of Environmental Assurance, Permits and Policy Division</u> Name and official title of owner/operator OR owner/operator's authorized representative		☒ 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
<u>James E Rasmussen</u> Signature		<u>02/26/99</u> Date signed

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWIN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
For Official Use Only ID # _____ Date Received _____		Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
		Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form.		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ Check if information below is identical to the information submitted last year.	
Chemical Description		Physical and Health Hazards (Check all that apply)		Inventory	
CAS <u>1310732</u> Trade Secret ☐		☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)		☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	
Chem. Name <u>SODIUM HYDROXIDE</u>				Storage Codes and Locations (Non-Confidential)	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS				Storage Locations	
EHS Name _____				TANK E OF 310 FACILITY 300 AREA 327 LAB 300 AREA 331 BUILDING 300 AREA 331D BUILDING 300 AREA 331D BUILDING 300 AREA 331D BUILDING 300 AREA	
CAS <u>1310732</u> Trade Secret ☐		☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)		☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	
Chem. Name <u>SODIUM HYDROXIDE</u>				M 1 4 3705 PHOTOGRAPHY LAB 300 AREA N 1 4 3705 PHOTOGRAPHY LAB 300 AREA C 1 4 382 PUMP HOUSE 300 AREA N 1 4 4732B WAREHOUSE 400 AREA D 1 4 6092I PUMPHOUSE HAMMER FACILITY N 1 4 622R LAB NE OF 200W AREA	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS					
EHS Name _____					
CAS <u>1310732</u> Trade Secret ☐		☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)		☐ Max. Daily Amount (code) <u>04</u> ☐ Avg. Daily Amount (code) <u>04</u> ☐ No. of Days On-Site (days) <u>365</u>	
Chem. Name <u>SODIUM HYDROXIDE</u>				M 1 4 6266 LAB E OF 200W AREA N 1 4 6266 LAB E OF 200W AREA N 1 4 6268 CLEANING STATION E OF 200W AREA N 1 4 6269 MOBILE LAB STORAGE E OF 200W AREA	
Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS					
EHS Name _____					

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

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

Signature

02/26/99

Date signed

Optional Attachments

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U. S. DEPARTMENT OF ENERGY - HANFORD SITE</u>		Name <u>U. S. DEPARTMENT OF ENERGY</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 JADWYN AVENUE</u>		Mail Address <u>P.O. BOX 550, RICHLAND WA 99352</u>	
	City <u>RICHLAND</u> County <u>BENTON</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact:	
	SIC Code <u>9939</u> Dun & Brad Number <u>03-445-6186</u>	Name <u>PATROL OPERATIONS CENTER</u> Title <u>SHIFT COMMANDER</u>		
	For Official Use Only ID # _____ Date Received _____	Phone <u>(509) 373-3800</u> 24 Hr. Phone <u>(509) 373-3800</u>		
Specific Information by Chemical	Name _____ Title _____		Phone <u>()</u> 24 Hr. Phone <u>()</u>	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, <u>1998</u>		☐ Check if information below is identical to the information submitted last year.																			
Chemical Description		Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Opt																		
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret ☐		☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>E 1 4</td><td>100-HR-3 PUMP & TREAT</td><td>100H AREA</td></tr><tr><td>N 1 4</td><td>100-HR-3 PUMP & TREAT</td><td>100H AREA</td></tr><tr><td>D 1 4</td><td>100-KR-4 OPERABLE UNIT</td><td>100K AREA</td></tr><tr><td>M 1 4</td><td>1706KE LAB</td><td>100K AREA</td></tr><tr><td>E 1 4</td><td>1714N STORAGE BUILDING</td><td>100N AREA</td></tr><tr><td>K 1 4</td><td>190KE WAREHOUSE</td><td>100K AREA</td></tr></table>	E 1 4	100-HR-3 PUMP & TREAT	100H AREA	N 1 4	100-HR-3 PUMP & TREAT	100H AREA	D 1 4	100-KR-4 OPERABLE UNIT	100K AREA	M 1 4	1706KE LAB	100K AREA	E 1 4	1714N STORAGE BUILDING	100N AREA	K 1 4	190KE WAREHOUSE	100K AREA	☐
E 1 4	100-HR-3 PUMP & TREAT	100H AREA																					
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K 1 4	190KE WAREHOUSE	100K AREA																					
Chem. Name <u>SULFURIC ACID</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>SULFURIC ACID</u>		☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>N 1 4</td><td>190KE WAREHOUSE</td><td>100K AREA</td></tr><tr><td>A 1 4</td><td>PROCESS TANKS OUTSIDE 2025E</td><td>200E AREA</td></tr><tr><td>C 1 4</td><td>PROCESS TANKS 2025E</td><td>200E AREA</td></tr><tr><td>E 1 4</td><td>2025E BUILDING</td><td>200E AREA</td></tr><tr><td>M 1 4</td><td>2025E BUILDING, ROOM 112</td><td>200E AREA</td></tr><tr><td>N 1 4</td><td>2025E BUILDING, ROOM 112</td><td>200E AREA</td></tr></table>	N 1 4	190KE WAREHOUSE	100K AREA	A 1 4	PROCESS TANKS OUTSIDE 2025E	200E AREA	C 1 4	PROCESS TANKS 2025E	200E AREA	E 1 4	2025E BUILDING	200E AREA	M 1 4	2025E BUILDING, ROOM 112	200E AREA	N 1 4	2025E BUILDING, ROOM 112	200E AREA	☐
N 1 4	190KE WAREHOUSE	100K AREA																					
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O 1 4	2025E BUILDING	200E AREA																					
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Chem. Name <u>SULFURIC ACID</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>SULFURIC ACID</u>		☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>O 1 4</td><td>2025E BUILDING</td><td>200E AREA</td></tr><tr><td>A 1 4</td><td>TANK BY 211BA</td><td>200E AREA</td></tr><tr><td>M 1 4</td><td>222S LAB</td><td>200W AREA</td></tr><tr><td>N 1 4</td><td>222S LAB</td><td>200W AREA</td></tr><tr><td>M 1 4</td><td>222SA LAB</td><td>200W AREA</td></tr><tr><td>N 1 4</td><td>222SA LAB</td><td>200W AREA</td></tr></table>	O 1 4	2025E BUILDING	200E AREA	A 1 4	TANK BY 211BA	200E AREA	M 1 4	222S LAB	200W AREA	N 1 4	222S LAB	200W AREA	M 1 4	222SA LAB	200W AREA	N 1 4	222SA LAB	200W AREA	☐
O 1 4	2025E BUILDING	200E AREA																					
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James E. Rasmussen, Director of 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>02/26/99</u>																		

TIER TWO

EMERGENCY

AND

HAZARDOUS

CHEMICAL

INVENTORY

Specific
Information
by Chemical

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITEStreet 825 JADWIN AVENUECity RICHLAND County BENTON State WA Zip 99352SIC Code 9999 Dun & Brad Number 03 - 445 - 6186For
Official
Use
Only

ID #

Date
Received

Owner/Operator Name

Name U. S. DEPARTMENT OF ENERGY Phone (509) 376-7411Mail Address P.O. BOX 550, RICHLAND WA 99352

Emergency Contact

Name PATROL OPERATIONS CENTERTitle SHIFT COMMANDERPhone (509) 373-380024 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, 1998

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e P e r m i t	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret ☐ Chem. Name <u>SULFURIC ACID</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>SULFURIC ACID</u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>N14</u> <u>N14</u> <u>N14</u> <u>M14</u> <u>N14</u>	<u>234-5Z BUILDING</u> <u>200W AREA</u> <u>234-5Z BUILDING</u> <u>200W AREA</u> <u>STORAGE UNIT BY 234-5Z</u> <u>200W AREA</u> <u>236Z BUILDING</u> <u>200W AREA</u> <u>306E LAB</u> <u>300 AREA</u> <u>306E LAB</u> <u>300 AREA</u>	☐
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret ☐ Chem. Name <u>SULFURIC ACID</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>SULFURIC ACID</u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>A14</u> <u>N14</u> <u>M14</u> <u>N14</u> <u>E14</u> <u>E14</u>	<u>TANK E OF 310 FACILITY</u> <u>300 AREA</u> <u>315 FILTER PLANT</u> <u>300 AREA</u> <u>3705 PHOTOGRAPHY LAB</u> <u>300 AREA</u> <u>3746D BUILDING</u> <u>300 AREA</u> <u>CONEX BOX AT PIT 6</u> <u>W OF 300 AREA</u> <u>6092I PUMPHOUSE</u> <u>HAMMER FACILITY</u>	☐
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret ☐ Chem. Name <u>SULFURIC ACID</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS EHS Name <u>SULFURIC ACID</u>	☐ Fire ☐ Sudden Release of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>M14</u> <u>N14</u> <u>M14</u> <u>N14</u>	<u>622R LAB</u> <u>NE OF 200W AREA</u> <u>6266 LAB</u> <u>E OF 200W AREA</u> <u>6266 LAB</u> <u>E OF 200W AREA</u> <u>6269 MOBILE LAB STORAGE</u> <u>E OF 200W AREA</u> <u>6269 MOBILE LAB STORAGE</u> <u>E OF 200W AREA</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 70 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 of Environmental Assurance, Permits and Policy Division

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

Signature

02/26/99
Date signed

Optional Attachments

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

TIER TWO

EMERGENCY

AND

HAZARDOUS

CHEMICAL

INVENTORY

**Specific
Information
by Chemical**

Facility Identification

Name U. S. DEPARTMENT OF ENERGY - HANFORD SITE

Street 825 JADWIN AVENUE

City RICHLAND County BENTON State WA Zip 99352

SIC Code	9	9	9	9
----------	---	---	---	---

Dun & Brad Number

0	3
---	---

 -

4	4	5
---	---	---

 -

6	1	8	6
---	---	---	---

For
Official
Use
Only

ID #

Date _____

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 PATROL OPERATIONS CENTER

Title SHIFT COMMANDER

Phone (509) 373-3800

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, 1998

☐ 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 C P E S P e c i f i c a t i o n s	Storage Codes and Locations (Non-Confidential)	Storage Locations
CAS: <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> Trade Secret: ☐ Chem. Name: <u>SYNTHETIC PARAFFINIC HYDROCARBON</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name: _____	☐ Fire ☐ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site (days)	<input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="E"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="R"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="R"/> <input type="text" value="1"/> <input type="text" value="4"/>	2101M WAREHOUSE 200E AREA 2101M BUILDING 200E AREA YARD W OF 2101M BUILDING 200E AREA TRANSFORMERS THROUGHOUT THE SITE	
CAS: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="4"/> Trade Secret: ☐ Chem. Name: <u>TRICHLOROFLUOROMETHANE (FREON 11)</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name: _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site (days)	<input type="text" value="F"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="L"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="F"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="R"/> <input type="text" value="2"/> <input type="text" value="4"/>	105NB SHOP 100N AREA 1330N WASTE STORAGE 100N AREA STORAGE BUILDING W OF 272S 200W AREA 328 BUILDING, CYLINDER DOCK 300 AREA 427 BUILDING, ROOM 234 400 AREA 427 BUILDING, ROOM 352 400 AREA	
CAS: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="4"/> Trade Secret: ☐ Chem. Name: <u>TRICHLOROFLUOROMETHANE (FREON 11)</u> Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS EHS Name: _____	☐ Fire ☒ Sudden Release of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="4"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="4"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-Site (days)	<input type="text" value="D"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="F"/> <input type="text" value="1"/> <input type="text" value="4"/>	4831 STORAGE BUILDING 400 AREA 607 BATCH PLANT RT 3 BETWEEN 200E/W AREAS	

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 70, 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 of Environmental Assurance, Permits and Policy Division

ASSURANCE, PERMITS AND POLICY DIVISION
Name and official title of owner/operator OR owner/operator's authorized representative

Signature _____

02/26/99

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

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intentionally left blank

HANFORD SITE

99020104.14

BUILDING ZONE
NUMBER

103B B3
103B B3
105B C3
105C D3
107C A3
151B C3
181B A2
183B C2,B2
183C D2
190C D3

MAJOR BUILDINGS

MINOR BUILDINGS

MISC STRUCTURES/
SHEDS & TOWERS

BUILDING NUMBERS

MOBILE OFFICES

MOBILE OFFICE
NUMBERS

21-6-A-42

21-8-E-10

CRBS

BURIAL GROUNDS

IMPROVED ROADS

UNIMPROVED ROADS

DIRT ROADS

RAILROADS

SECURITY WARNING
& MISC FENCES

POST & CHAIN
(CRIB & BURIAL-
GROUND FENCES)

PERIMETER FENCES

UNDERGROUND
WASTE TANKS

WATER TANKS

MISC. TANKS

BASINS

LEGEND

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

LEGEND

- MAJOR BUILDINGS
- MINOR BUILDINGS
- MISC STRUCTURES/SHEDS & TOWERS
- 242A
- BUILDING NUMBERS
- MOBILE OFFICE
- MO240
- MOBILE OFFICE NUMBERS
- 215-A-42
- 215-E-10
- CRBS
- BURIAL GROUNDS
- IMPROVED ROADS
- UNIMPROVED ROADS
- DIRT ROADS
- RAILROADS
- SECURITY WARNING
- POST & CHAIN
- GROUND FENCES
- PERIMETER FENCES
- UNDERGROUND WASTE TANKS
- WATER TANKS
- MISC. TANKS

MAJOR BUILDINGS

MINOR BUILDINGS

MISC. STRUCTURES/
SHEEDS & TOWERS

242A
BUILDING NUMBERS

MOBILE OFFICES

MOBILE OFFICE
NUMBERS

MO240

218-A-42

218-E-10

CRBS

BURIAL GROUNDS

IMPROVED ROADS

UNIMPROVED ROADS

PAVE ROADS

DIRT ROADS

RAILROADS

SECURITY WARNING
& MISC FENCES

POST & GUARD
(CRIB & BURIAL-
GROUND FENCES)

PERIMETER FENCES

UNDERGROUND
WASTE TANKS

WATER TANKS

MISC. TANKS

LEGEND

BUILDING NUMBER	ZONE
105KE	B4
105KW	C2
113KE	B4
113KW	C2
117KE	B4
117KW	C2
119KE	B4
119KW	C2
165KE	C4
165KW	C2
166AKW	C2
166KE	C4
161KE	C3
1702KE	C3
1702KW	C3
1706KE	B4
1706KE	B3
1706KE	B3
1713KE	B4
1713KE	B3
1713KW	C2
1714KE	B4
1714KW	C2
1717KE	C3
1717KE	C3
1717KE	C3
1720K	D3
1721K	D4
181KE	A2
181KW	B1
182K	C3
183.1KE	C4
183.2KE	C4
183.3KE	C4
183.4KE	C4
183.1KW	D3
183.2KW	D2
183.3KW	D2
183.4KW	D2
1908K	B3
1908KE	B3
190KE	C4
190KW	C2
MO101 (1711K)	C3
MO102 (1709K)	C3
MO214 (1701K)	C3
MO293 (1725K)	C4
MO401 (1719K)	C3
MO402 (1718K)	C3
MO507 (1722K)	C3
MO928 (1723K)	C3

99020104.2

200 WEST AREA

401	C4
403	B4
405	B3
408A	B4
408B	C3
408C	B3
427	B2
432A	A4
436	B4
437	A3
440	A3
462E	B4
4701A	B4
4701B	D2
4701C	C2
4702	B4
4703	B4
4703	B4
4704N	D4
4704S	D4
4706	C2
4707	C3
4710	B4
4713A	B4
4713B	C3
4713C	A3
4713D	B3
4716	B3
4717	B3
4719	C3
4721	B3
4722C	C3
4722C	C3
4726	C3
4727	C3
4732A	D3
4732B	D3
4732C	D3
4734C	C3
4734C	C3
4734D	B4
4760	C3
4790	C3
4791TC	C1
4802	B2
481	B3
4814	C1
481A	B3
483	B3
4831	A2
484	B3
4842A	B2
4843	A1
4862	C2
491E	B4
491E	B4
491S	C3
491W	B3
MO353	D1
MO378	C1
MO379	C1
MO906	C1
TOWER	C3
DEWAR PAD	B3
LAYDOWN AREA	A1
451A SUB STATION	B3
451B SUB STATION	B2

1100 AREA

99020104.11

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

TIER TWO INSTRUCTIONS

General Information

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

Certification

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the first page of the Tier Two report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheets as well as all attachments. 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.

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

What Chemicals Are Excluded

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

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

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

Reporting Thresholds

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

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

You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds. For instructions on threshold determinations for components of mixtures, see the Chemical Information section on page 9 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.

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

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.

Completing the Forms

Reporting Period:

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

Facility Identification:

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

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

Owner/Operator:

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

Emergency Contact:

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

Identical Information:

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

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

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.

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

**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.

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

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.

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

TABLE II -- STORAGE TYPES

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

TABLE III--TEMPERATURE AND PRESSURE CONDITIONS

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

Storage Locations:

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

**1998 Hanford Site Tier Two
Emergency and Hazardous Chemical Inventory**

Optional attachments:

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

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

Confidential Information:

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

Certification:

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

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