Sample Form R
For Reporting year 2008

(IMPORTANT: Type or print; read instructions before completing form)

OMB Number: 2070-0093
Exp. 03/31/2011

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EPA
United States
Environmental Protection Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P. O. Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix E)

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.	Revision (enter up to two code(s))	Withdrawal (enter up to two code(s))
	☐ ☐	☐ ☐

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? ☐ Yes (Answer question 2.2; Attach substantiation forms) ☐ No (Do not answer 2.2; Go to Section 3)	2.2	Is this copy ☐ Sanitized ☐ Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1		TRI Facility ID Number	
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (If different from street address)	
Street		Mailing Address	
City/County/State/Zip Code		City/State/Zip Code	Country (Non-US)
4.2	This report contains information for: (Important: Check a or b; check c or d if applicable)	a. ☐ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO	
4.3	Technical Contact Name		Telephone Number (include area code)
	Email Address		
4.4	Public Contact Name		Telephone Number (include area code)
	Email Address		
4.5	NAICS Code (s) (6 digits)	Primary a. / b. / c. / d. / e. / f.	
4.6	Dun & Bradstreet Number (s) (9 digits)	a. / b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA ☐	
5.2	Parent Company's Dun & Bradstreet Number	NA ☐	

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FORM R PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM	TRI Facility ID Number Toxic Chemical, Category or Generic Name

SECTION 1. TOXIC CHEMICAL IDENTITY **(Important: DO NOT complete this section if you completed Section 2 below.)**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY **(Important: DO NOT complete this section if you completed Section 1 above.)**

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. ☐ Produce b. ☐ Import If produce or import c. ☐ For on-site use/processing d. ☐ For sale/distribution e. ☐ As a byproduct f. ☐ As an impurity	a. ☐ As a reactant b. ☐ As a formulation component c. ☐ As an article component d. ☐ Repackaging e. ☐ As an impurity	a. ☐ As a chemical processing aid b. ☐ As a manufacturing aid c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	☐ (Enter two digit code from instruction package.)	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐			
5.2	Stack or point air emissions	NA ☐			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1					
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

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*For Dioxin or Dioxin-like compounds, report in grams/year.
** Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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TRI Facility ID Number
Toxic Chemical, Category or Generic Name

FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE (continued)

		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	☐		
5.4.2	Underground Injection onsite to Class II-V Wells	☐		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	☐		
5.5.1B	Other landfills	☐		
5.5.2	Land treatment/application farming	☐		
5.5.3A	RCRA Subtitle C surface impoundments	☐		
5.5.3B	Other surface impoundments	☐		
5.5.4	Other disposal	☐		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	
6.1.B ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.1 page number in this box ☐ (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.____	Off-Site EPA Identification Number (RCRA ID No.)								
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

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* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds: B=1-499 pounds; C=500 - 999 pounds.

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For Reporting year 2008

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FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number Toxic Chemical, Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2 _____ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name

Off-Site Address

City	State	County	Zip	Country (Non-US)

Is location under control of reporting facility or parent company? Yes ☐ No ☐

A. Total Transfers (pounds/year*) (enter range code**or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream [enter code]	b. Waste Treatment Method(s) Sequence [enter 3- or 4- character code(s)]						d. Waste Treatment Efficiency [enter 2 character code]
7A.1a	7A.1b	1		2			7A.1d
	3	4		5			
	6	7		8			
7A.2a	7A.2b	1		2			7A.2d
	3	4		5			
	6	7		8			
7A.3a	7A.3b	1		2			7A.3d
	3	4		5			
	6	7		8			
7A.4a	7A.4b	1		2			7A.4d
	3	4		5			
	6	7		8			
7A.5a	7A.5b	1		2			7A.5d
	3	4		5			
	6	7		8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.2/7 page number in this box: ☐ (example: 1,2,3,etc.)

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*For Dioxin or Dioxin-like compounds, report in grams/year
**Range Codes: A=1 - 10 pounds; B=11 - 499 pounds C= 500-999 pounds.

TRI
TOXICS RELEASE INVENTORY

Sample Form R
For Reporting year 2008

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Form Approved OMB Number: 2070-0093
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TRI Facility ID Number
Toxic Chemical, Category or Generic Name

FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☐ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 ☐ 2 ☐ 3 ☐

SECTION 7C. ON-SITE RECYCLING PROCESSES

☐ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 ☐ 2 ☐ 3 ☐

SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground InjectionWells, RCRA Subtitle C landfills, and other landfills				
8.1b	Total other on-site disposal or other releases				
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1d	Total other off-site disposal or other releases				
8.2	Quantity used for energy recovery onsite				
8.3	Quantity used for energy recovery offsite				
8.4	Quantity recycled onsite				
8.5	Quantity recycled offsite				
8.6	Quantity treated onsite				
8.7	Quantity treated offsite				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1		a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."			Yes ☐

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*For Dioxin or Dioxin-like compounds, report in grams/year.

APPENDIX N

TRI REPORTING FORMS – FORM A

Sample Form A Page 1
For Reporting year 2008

(IMPORTANT: Type or print; read inst

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EPA
United States
Environmental Protection Agency

TOXICS RELEASE INVENTORY
FORM A

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instruction in Appendix E)	TRI Facility ID Number

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.	Revision (enter up to two code(s))	Withdrawal (enter up to two code(s))

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART 1. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? ☐ Yes (Answer question 2.2; Attach substantiation forms) ☐ No (Do not answer 2.2; Go to Section 3)	2.2	Is this copy ☐ Sanitized ☐ Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and offical title of owner/operator or senior management official:	Signature:	Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1		TRI Facility ID Number	
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (If different from street address)	
Street		Mailing Address	
City/County/State/Zip Code		City/State/Zip Code	Country (Non-US)

4.2	This report contains information for: (Important: Check c or d if applicable)	c. ☐ A Federal facility	d. ☐ GOCO
4.3	Technical Contact Name	Telephone Number (include area code)	
	Email Address		
4.4	Public Contact Name	Telephone Number (include area code)	
	Email Address		

4.5	NAICS Code (s) (6 digits)	Primary a.	b.	c.	d.	e.	f.
4.7	Dun & Bradstreet Number (s) (9 digits)	a.					
		b.					

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA ☐	
5.2	Parent Company's Dun & Bradstreet Number	NA ☐	

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TRI TOXICS RELEASE INVENTORY

Sample Form A Page 2
For Reporting year 2008

(IMPORTANT: Type or print; read instructions before completing form)

Page ___ of ___

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

TRIFID:

Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*

SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

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SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
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SECTION 1. TOXIC CHEMICAL IDENTITY Report ___ of ___

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2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

*See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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(Make additional copies of this page, if needed)

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