

**CHAPTER 7513**  
**DEPARTMENT OF PUBLIC SAFETY**  
**HAZARDOUS SUBSTANCE NOTIFICATION**

7513.0100 FORM.  
7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE  
NOTIFICATION REPORT FORM.

7513.0300 ALTERNATIVE.

**7513.0100 FORM.**

The hazardous substance notification report form, as required by Minnesota Statutes, section 299F.094, is the "Tier One - Emergency and Hazardous Chemical Inventory" form used by the state under the Superfund Amendments and Reauthorization Act of 1986, Public Law Number 99-499, title III, section 312.

**Statutory Authority:** *MS s 299F.094*

**History:** *14 SR 1132*

# MINNESOTA RULES 1999

7513.0200 HAZARDOUS SUBSTANCE NOTIFICATION

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## 7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.



MINNESOTA EMERGENCY RESPONSE COMMISSION  
CO DEPT OF PUBLIC SAFETY  
STATE CAPITOL BUILDING  
ROOM 8-5  
ST. PAUL, MN 55155  
(612) 296-0481

**Tier One** EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

*Aggregate Information by Hazard Type*

FOR OFFICIAL USE ONLY

Status \_\_\_\_\_  
Date Received \_\_\_\_\_

Report to:  Instructions before completing form.  Mail completed form to the above address and local fire department.

**Facility Identification**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ EPC ID# \_\_\_\_\_  
SIC Code [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]  
Dun & Brad Number [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

**Owner/Operator**

Name \_\_\_\_\_  
Mall Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
24 Hour Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
24 Hour Phone ( ) \_\_\_\_\_

Reporting Period From January 1 to December 31, 19\_\_\_\_\_

Physical Hazard	Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
	Fire	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	_____
Sudden Release of Pressure	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	_____	
Reactivity	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	_____	

Health Hazard	Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location
	Immediate (Acute)	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]
Delayed (Chronic)	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	_____

**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 this and all attached documents, 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.

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

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

* Reporting Range	Range Value	Weight Range in Pounds
	From	To
00	0	99
01	100	999
02	1000	9,999
03	10,000	99,999
04	100,000	999,999
05	1,000,000	9,999,999
06	10,000,000	49,999,999
07	50,000,000	99,999,999
08	100,000,000	499,999,999
09	500,000,000	999,999,999
10	1 billion	higher than 1 billion

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Form Approved OMB No. 2050-0072

**Statutory Authority:** *MS s 299F.094*  
**History:** *14 SR 1132*

**7513.0300 ALTERNATIVE.**

A facility may submit a Tier Two form, "Emergency and Hazardous Chemical Inventory," under the Superfund Amendments and Reauthorization Act of 1986, Public Law Number 99-499, title III, section 312, instead of the Tier One Form.

**Statutory Authority:** *MS s 299F.094*  
**History:** *14 SR 1132*