

CHAPTER 7513
DEPARTMENT OF PUBLIC SAFETY
HAZARDOUS SUBSTANCE NOTIFICATION

7513.0100	FORM.	7513.0300	ALTERNATIVE.
7513.0200	EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.		


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 99-499, title III, section 312.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*

7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.



MINNESOTA EMERGENCY RESPONSE COMMISSION
C/O DEPT OF PUBLIC SAFETY
STATE CAPITOL BUILDING
ROOM B-5
ST. PAUL, MN 55155
(612) 298-0481

Tier One EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Aggregate Information by Hazard Type

FOR OFFICIAL USE ONLY

Status	_____
Date Received	_____

➔ Important: Read instructions before completing form. Mail completed form to the above address and local fire department.

Facility Identification

Name _____

Street Address _____

City _____ State _____ Zip _____

County _____ ERC ID# _____

SIC Code [][][][] Dun & Brad Number [][]-[][][]-[][][][]

Owner/Operator

Name _____

Mail 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_____

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 Hazards					
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 Ranges	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

P5-04003-01 (12/87)

Page ___ of ___ pages
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 99-499, title III, section 312, instead of the Tier One Form.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*