

**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*

# MINNESOTA RULES 2011

7513.0200 HAZARDOUS SUBSTANCE NOTIFICATION

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## 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 [ ][ ] [ ][ ] [ ][ ][ ][ ]				_____	
<b>Health Hazards</b>					
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

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

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

**History:** *14 SR 1132*