

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 99-499, title III, section 312.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*

Published Electronically: *October 22, 2003*

7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.



MINNESOTA EMERGENCY RESPONSE COMMISSION
 CO DEPT OF PUBLIC SAFETY
 STATE CAPITOL BUILDING
 ROOM 8-S
 ST. PAUL, MN 55155
 (612) 296-0461

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 _____ EMC 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
Physical Hazards	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	<table border="1" style="font-size: small;"> <thead> <tr> <th>Range Value</th> <th>Weight Range in Pounds From...</th> <th>To...</th> </tr> </thead> <tbody> <tr><td>00</td><td>0</td><td>99</td></tr> <tr><td>01</td><td>100</td><td>999</td></tr> <tr><td>02</td><td>1000</td><td>9,999</td></tr> <tr><td>03</td><td>10,000</td><td>99,999</td></tr> <tr><td>04</td><td>100,000</td><td>999,999</td></tr> <tr><td>05</td><td>1,000,000</td><td>9,999,999</td></tr> <tr><td>06</td><td>10,000,000</td><td>49,999,999</td></tr> <tr><td>07</td><td>50,000,000</td><td>99,999,999</td></tr> <tr><td>08</td><td>100,000,000</td><td>499,999,999</td></tr> <tr><td>09</td><td>500,000,000</td><td>999,999,999</td></tr> <tr><td>10</td><td>1 billion</td><td>Higher than 1 billion</td></tr> </tbody> </table>	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*

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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*

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