



**SENECA COUNTY
EMERGENCY MANAGEMENT OFFICE**

CHARLES F. McCANN
DIRECTOR/FIRE COORDINATOR

ONE DI PRONIO DRIVE • WATERLOO, NEW YORK 13165
TELEPHONE: (315) 539-5655, EXT. 2060



February 5, 1999

*Dec 89
Thru City
DEM
PWD
TO Tom G.
MIKE S*

Dear Facility Coordinator:

The regulations as established under SARA Title III requires that annual Tier 1 or Tier II Chemical Inventory Forms be filed annually by **March 1st with the Local Emergency Planning Committee, (LEPC), your fire department and New York State - Department of Environmental Conservation.** Albany office.

*For your
action
SMA*

The Seneca County LEPC requires that only Tier II forms be filed and that your fire district be listed on the front of the form. A Tier II form is enclosed for your use. Please photocopy, if additional forms are required or contact Mr. Charles F. McCann, Seneca County Emergency Management Director, at 315.539.5655, ext. 2060.

If you claim the chemical to be a trade secret or its storage location to be confidential, please contact Mr. McCann for additional forms and guidance.

The fire department has requested that all chemicals be listed in alphabetical order on the Tier II forms to facilitate their filing and identification procedures.

Agricultural

Chemicals to be reported by Agriculture are those listed as extremely hazardous substances. No additional chemicals are required since agricultural is exempt from the OSHA Hazard Communication Standard if the farm employs less than 10 full time employees.

It is requested that a hand drawn site plan of the farm, showing the storage area of the chemicals, (pesticides and herbicides), be included with the Tier II form. This site plan is not necessary if it has already been submitted; however, an up-dated plan is necessary if the storage location has changed. Please forward all forms to Mr. McCann at the address on the following page.

Industry and Municipalities

Chemicals to be reported by industry and municipalities are the listed extremely hazardous substances and all chemicals classified as hazardous under the OSHA Hazardous Communication Standard and were present at any time in 1997 in excess of 10,000 pounds.

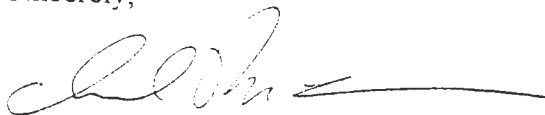
The completed form must be submitted by you to the LEPC, your fire department and New York State, Albany office. The addresses for the LEPC and New York State are listed below:

Mr. Charles F. McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

NYS Department of Environmental Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, NY 12233

Please contact me if you need additional guidance.

Sincerely,



Charles F. McCann
LEPC Coordinator

CFM/ab

encl.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
SENECA ARMY DEPOT ACTIVITY
5786 STATE RTE 96
ROMULUS, NEW YORK 14541-5001



February 19, 1999

Engineering and
Environmental Division

Mr. Charles McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

Dear Mr. McCann:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1998.

For additional information and coordination on this matter, contact Mr. Michael Stofka at (607) 869-1532.

Sincerely,

DONALD C. OLSON
LTC, U.S. Army
Commanding Officer

Enclosure

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>(607) 869-1206</u> Mtl Address <u>5786 State Route 96, Romulus, NY 14541</u>
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>	Emergency Contact Name <u>Duty Officer</u> Title <u> </u> Phone <u>(607) 869-1448</u> 24 Hr. Phone <u>(607) 869-1448</u> Name <u> </u> Title <u> </u> Phone <u>()</u> 24 Hr. Phone <u>()</u>

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional
CAS <u> </u> <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Dichlorodifluoromethane</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>T</u> Pressure <u>2</u> Temperature <u>4</u> _____ _____ _____	<input type="checkbox"/>
CAS <u> </u> <u>7705080</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Chloride</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>0</u> Pressure <u>1</u> Temperature <u>4</u> _____ _____ _____	<input type="checkbox"/>
CAS <u> </u> <u>109864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2 - Methoxyethanol</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>	Container Type <u>F</u> Pressure <u>1</u> Temperature <u>4</u> _____ _____ _____	<input type="checkbox"/>

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 pages one through 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.

DONALD C. OLSON, LTC, OD, Commander

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

Signature

[Handwritten Signature]

Date signed 2/23/99

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City _____ County _____ State _____ Zip _____

SIC Code 9199 Dun & Brad Number _____

FOR OFFICIAL USE ONLY
ID# _____
Date Received _____

Owner/Operator Name

Name Commander, SEDA Phone 607,896-106
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Duty Officer Title _____
Phone 607,869-1448 24 Hr. Phone 607,869-1448

Name _____ Title _____
Phone _____ 24 Hr. Phone _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19____

Check if information below is modified by Site Information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Containers Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional									
CAS <u>1330207</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Xylene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>B14</u> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>										_____ _____ _____	<input type="checkbox"/>
CAS <u>71432</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzine</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>B14</u> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>										_____ _____ _____	<input type="checkbox"/>
CAS <u>333415</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diazinon</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> Max. Daily Amount (code) <u>01</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>F14</u> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>										_____ _____ _____	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

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DONALD C. OLSON, LTC, CD, Commander

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

Signature [Signature] Date signed 2/23/99

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator Name

Name Commander, SEDA Phone 607,869-1206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Duty Officer Title
Phone 607,869-1448 24 Hr. Phone 607,869-1448

Name Title
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations <small>(Non-Confidential)</small> Storage Locations	Options
CAS <u> </u> <u>7</u> <u>7</u> <u>8</u> <u>2</u> <u>5</u> <u>0</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>chlorine</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>chlorine</u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0</u> <u>2</u> Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-site (days)	<u>L</u> <u>2</u> <u>4</u>		<input type="checkbox"/>
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u> </u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u> </u> <u> </u> Max. Daily Amount (code) <u> </u> <u> </u> Avg. Daily Amount (code) <u> </u> <u> </u> No. of Days On-site (days)			<input type="checkbox"/>
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u> </u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u> </u> <u> </u> Max. Daily Amount (code) <u> </u> <u> </u> Avg. Daily Amount (code) <u> </u> <u> </u> No. of Days On-site (days)			<input type="checkbox"/>

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I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 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.

DONALD C. OLSON, LTC, OD, Commander

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

[Signature]
Signature

2/23/96
Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

3-11-93

Right-To-Know Planning Guide

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>	Owner/Operator Name Name <u>Commander, USEDA</u> Phone <u>(607) 869-1206</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>
	Emergency Contact Name <u>Duty Officer</u> Title <u> </u> Phone <u>(607) 869-1448</u> 24 Hr. Phone <u>(607) 869-1448</u> Name <u> </u> Title <u> </u> Phone <u>()</u> 24 Hr. Phone <u>()</u>	

FOR OFFICIAL USE ONLY	ID#
	Date Received

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 Check if information before is identical to the information submitted last year.

Confidential Location Information Sheet

CAS #	Chem. Name	Container Type	Pressure	Temperature	Storage Codes and Locations (Confidential)		Optional
					Storage Code	Storage Locations	
<u> </u> <u> </u> <u> </u> <u>75</u> <u>71</u> <u>8</u>	Dichlorodifluoromethane	<u>L</u> <u>2</u> <u>4</u>			<u>Building 374</u>		<input type="checkbox"/>
<u> </u> <u> </u> <u>7705</u> <u>08</u> <u>0</u>	Ferricchloride	<u>D</u> <u>1</u> <u>4</u>			<u>Building 343</u>		<input type="checkbox"/>
<u> </u> <u> </u> <u>109</u> <u>86</u> <u>4</u>	2 - methoxyethanol	<u>F</u> <u>1</u> <u>4</u>			<u>Building 356, 357</u>		<input type="checkbox"/>

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 on pages one through _____ 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.

DONALD C. OLSON, LTC, OD, Commander
 Name and official title of owner/operator OR owner/operator's authorized representative

[Signature]
 Signature

2/23/94
 Date signed

Optional Attachments

I have attached a site plan

I have attached a list of safety coordinate abbreviations

I have attached a description of dikes and other safeguard measures

3-11-93

Right-To-Know Planning Guide

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p> <p>Name <u>Seneca Army Depot Activity</u></p> <p>Street <u>5786 State Route 96</u></p> <p>City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u></p> <p>SIC Code <u>9199</u> Dun & Brad Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Owner/Operator Name</p> <p>Name <u>Commander, SEDA</u> Phone <u>(607) 869-1206</u></p> <p>Mail Address <u>5786 State Route 96, Romulus, NY 14541</u></p>
	<p>FOR OFFICIAL USE ONLY</p> <p>D# <input type="text"/></p> <p>Date Received <input type="text"/></p>	<p>Emergency Contact</p> <p>Name <u>Duty Officer</u> Title <input type="text"/></p> <p>Phone <u>607, 869-1448</u> 24 Hr. Phone <u>607 869-1448</u></p> <p>Name <input type="text"/> Title <input type="text"/></p> <p>Phone (<input type="text"/>) 24 Hr. Phone (<input type="text"/>)</p>

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type Pressure Temperature	Storage Codes and Locations (Confidential)		Optional
			Storage Locations		
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Chem. Name	Sodium Hydroxide	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Building 356, 357	
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Chem. Name	Sulfuric Acid	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Building 343	
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Chem. Name	Toluene	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Building 120	

<p>Certification (Read and sign after completing all sections)</p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ 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.</p> <p><u>DONALD C. OLSON, LTC, OD</u> Commander</p> <p>Name and official title of owner/operator OR owner/operator's authorized representative</p>	<p>Signature <u><i>Donald Olson</i></u></p> <p>Date signed <u>2/23/99</u></p>	<p>Optional Attachments</p> <p><input type="checkbox"/> I have attached a site plan</p> <p><input type="checkbox"/> I have attached a list of site coordinate abbreviations</p> <p><input type="checkbox"/> I have attached a description of dikes and other safeguard measures</p>
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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>(607) 869-1206</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>
	FOR OFFICIAL USE ONLY D# <u> </u> Date Received <u> </u>	Emergency Contact Name <u>Duty Officer</u> Title <u> </u> Phone <u>(607) 869-1448</u> 24 Hr. Phone <u>(607) 869-1448</u> Name <u> </u> Title <u> </u> Phone <u>()</u> 24 Hr. Phone <u>()</u>

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type Pressure Temperature	Storage Codes and Locations (Confidential) Storage Locations	Optional
CAS #	<u> 1330 20 7</u>		<u>Building 120</u>	<input type="checkbox"/>
	Chem. Name <u>xylene</u>			
CAS #	<u> 7143 2</u>		<u>Building 120</u>	<input type="checkbox"/>
	Chem. Name <u>benzine</u>			
CAS #	<u> 333 41 5</u>		<u>Building 333</u>	<input type="checkbox"/>
	Chem. Name <u>diazinon</u>			

Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ 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. <u>DONALD C. OLSON, LTC, OD, Commander</u> Name and official title of owner/operator OR owner/operator's authorized representative	Signature <u><i>Donald Olson</i></u> Date signed <u>2/23/95</u>	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
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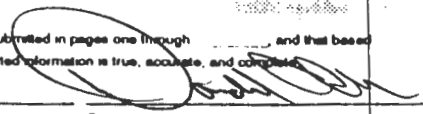
3-11-93

Right-To-Know Planning Guide

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607 869-1206</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>
	FOR OFFICIAL USE ONLY ID# <u> </u> Date Received <u> </u>	Emergency Contact Name <u>Duty Officer</u> Title <u> </u> Phone <u>(607) 869-1448</u> 24 Hr. Phone <u>(607) 869-1448</u> Name <u> </u> Title <u> </u> Phone <u>()</u> 24 Hr. Phone <u>()</u>

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional																																								
CAS #	Chem. Name	Storage Locations																																									
CAS # <u> </u> <u>7782</u> <u>50</u> <u>5</u>	Chem. Name <u>chlorine</u>	<table border="1"> <tr><td>L</td><td>2</td><td>4</td><td>Building 334</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>Building 353</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>Building 374</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>Building 827</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>Building 2411</td></tr> </table>	L	2	4	Building 334	L	2	4	Building 353	L	2	4	Building 374	L	2	4	Building 827	L	2	4	Building 2411	<input type="checkbox"/>																				
L	2	4	Building 334																																								
L	2	4	Building 353																																								
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CAS # <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Chem. Name <u> </u>	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																									<input type="checkbox"/>
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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 pages one through <u> </u> 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. <u>DONALD C. OLSON, LTC, OD, Commander</u> Name and official title of owner/operator OR owner/operator's authorized representative	Signature <u></u> Date signed <u>2/23/94</u>	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
--	---	---

File: Sara 986
Include Tier Two
1-9

19 February, 1999

Installation Management Division

Mr. Charles McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

Dear Mr. McCann:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1998.

For additional information and coordination on this matter, contact Mr. Michael Stofka, Seneca Army Depot Activity, 5786 State Route 96, ATTN: SIOSE-IE, Romulus, NY 14541-5001, or telephone (607) 869-1532.

Sincerely,

DONALD C. OLSON
LTC, OD
Commanding



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
SENECA ARMY DEPOT ACTIVITY
5786 STATE RTE 96
ROMULUS, NEW YORK 14541-5001



February 11, 1998

Installation Management Division

Mr. Charles McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

Dear Mr. McCann:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1997.

For additional information and coordination on this matter, contact Mr. Michael Stofka, Seneca Army Depot Activity, 5786 State Route 96, ATTN: SIOSE-IE, Romulus, NY 14541-5001, or telephone (607) 869-1532.

Sincerely,

DONALD C. OLSON
LTC, U.S. Army
Commanding Officer

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator Name

Name Commander, SEDA Phone 607 869-1313
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations <small>(Non-Confidential)</small> <i>Storage Locations</i>	Optional
CAS <u> </u> <u> </u> <u> </u> <u>71432</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzene</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	Container Type <u>B</u> Temperature <u>1</u> Pressure <u>4</u> _____ _____ _____	<input type="checkbox"/>
CAS <u> </u> <u> </u> <u>7782505</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Chlorine</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	Container Type <u>L</u> Temperature <u>2</u> Pressure <u>4</u> _____ _____ _____	<input type="checkbox"/>
CAS <u> </u> <u> </u> <u>333415</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diazinon</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>F</u> Temperature <u>1</u> Pressure <u>4</u> _____ _____ _____	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

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Name and official title of owner/operator OR owner/operator's authorized representative Donald W. SEDA, SEDA Signature Donald W. SEDA

Date signed 2/17/98

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dur & Brad Number - -

FOR OFFICIAL USE ONLY

ID #
Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-1100
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313
Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations <small>(Non-Confidential)</small> <i>Storage Locations</i>	Optional
CAS <u> </u> <u> </u> <u> </u> <u>7</u> <u>5</u> <u>7</u> <u>1</u> <u>8</u> Trade <input type="checkbox"/> Secret Chem. Name <u>Dichlorodifluoromethane</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	Container Type <u>L</u> <u>2</u> <u>4</u> Temperature <u> </u> <u> </u> <u> </u> Pressure <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u> </u> <u>7</u> <u>7</u> <u>0</u> <u>5</u> <u>0</u> <u>8</u> <u>0</u> Trade <input type="checkbox"/> Secret Chem. Name <u>Ferric Chloride</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	Container Type <u>D</u> <u>1</u> <u>4</u> Temperature <u> </u> <u> </u> <u> </u> Pressure <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u> </u> <u>1</u> <u>0</u> <u>9</u> <u>8</u> <u>6</u> <u>4</u> Trade <input type="checkbox"/> Secret Chem. Name <u>2 - Methoxyethanol</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>6</u> Avg. Daily Amount (code) <u>0</u> <u>6</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	Container Type <u>F</u> <u>1</u> <u>4</u> Temperature <u> </u> <u> </u> <u> </u> Pressure <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>

Certification *(Read and sign after completing all sections)*

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LTC DONALD C COLSON, CDR SEDA

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

Signature

Date signed 2/17/98

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other structures

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

**FOR
OFFICIAL
USE
ONLY**

ID #
Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-1200
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
Phone 607, 869-1313 24 Hr. Phone (607) 869-1313

Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>	F 1 4 _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	F 1 4 _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>
CAS <u>108883</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	B 1 4 _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>

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LTC DONALD C OLSON, CDR, SEDA

Signature

Date signed

2/17/98

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

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ID # _____
Date Received _____

Owner/Operator Name

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Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

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Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations <small>(Non-Confidential)</small> <i>Storage Locations</i>	Options
CAS <u>1330207</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Xylene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> HHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	Container Type <u>B</u> Temperature <u>1</u> Pressure <u>4</u> _____ _____ _____	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> HHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	_____ _____ _____	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> HHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	_____ _____ _____	<input type="checkbox"/>

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 pages one through 6, and that based on my inquiry of those individuals responsible for obtaining the information, believe that the submitted information is true, accurate, and complete.

LTC DONALD C OLSON, CDR SEDA
Name and official title of owner/operator OR owner/operator's authorized representative

Signature

2/17/98
Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other structures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541
SIC Code 9199 Dun & Brad Number - -

FOR
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USE
ONLY

ID #
Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-1206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
Phone 607, 869-1313 24 Hr. Phone (607) 869-1313
Name Clarence Hagood Title Fire Captain
Phone 607, 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Container Type	Temperature	Pressure	Storage Codes and Locations (Confidential)	Optional
			Storage Locations	
B	1	4	Building 120	<input type="checkbox"/>
L	2	4	Building 334	
L	2	4	Building 353	
L	2	4	Building 374	
L	2	4	Building 2411	<input type="checkbox"/>
F	1	4	Building 333	<input type="checkbox"/>

CAS # 7 1 4 3 2

Chem. Name Benzene

CAS # 7 7 8 2 5 0 5

Chem. Name Chlorine

CAS # 3 3 3 4 1 5

Chem. Name Diazinon

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Optional Attachments

I have attached a site plan

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
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*Specific
Information
by Chemical*

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
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Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

**Storage Codes and Locations
(Confidential)**
Storage Locations

CAS # 75 718

Chem. Name Dichlorodifluoromethane

L	2	4

Building 374

CAS # 7705 080

Chem. Name Ferric Chloride

D	1	4

Building 343

CAS # 109 854

Chem. Name 2 - Methoxyethanol

F	1	4

Building 356

Certification (Read and sign after completing all sections)

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LTC Donald C Olson CDR SEDA

Optional Attachments

I have attached a site plan
 I have attached a list of site

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

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FOR OFFICIAL USE ONLY

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Emergency Contact

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Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 92

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

CAS #

Chem. Name Sodium Hydroxide

Container Type	Temperature	Pressure	F	1	4

Storage Codes and Locations (Confidential)

Storage Locations

Building 356

Optional

CAS #

Chem. Name Sulfuric Acid

Container Type	Temperature	Pressure	F	1	4

Building 343

Optional

CAS #

Chem. Name Toluene

Container Type	Temperature	Pressure	B	1	4

Building 120

Optional

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 pages one through 8, 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.

LTC DONALD C MCKEN CDR SEDA

Optional Attachments

A I have attached a site plan I have attached a list of site

3/12/98

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

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Reporting Period

From January 1 to December 31, 19 97

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Confidential Location Information Sheet

Container Type Temperature Pressure
Storage Codes and Locations (Confidential)
Storage Locations
Optional

CAS #

Chem. Name Xylene

B	1	4

Building 120

CAS #

Chem. Name

CAS #

Chem. Name

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 pages one through 8, and that based on my inquiry of those individuals responsible for obtaining the information, believe that the submitted information is true, accurate, and complete.

LTC RONALD C OLSON CDR SEDA

Ronald C. Olson

2/17/98

Optional Attachments

I have attached a site plan
I have attached a list of site



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
SENECA ARMY DEPOT ACTIVITY
5786 STATE RTE 96
ROMULUS, NEW YORK 14541-5001



February 11, 1998

Installation Management Division


Mr. Charles McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

Dear Mr. McCann:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1997.

For additional information and coordination on this matter, contact Mr. Michael Stofka, Seneca Army Depot Activity, 5786 State Route 96, ATTN: SIOSE-IE, Romulus, NY 14541-5001, or telephone (607) 869-1532.

Sincerely,


DONALD C. OLSON
LTC, U.S. Army
Commanding Officer

6 February, 1998

Installation Management Division

Mr. Charles McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

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Sincerely,

DONALD C. OLSON
LTC, OD
Commanding

File: Sam 97a

6 February, 1998

Installation Management Division

NYS Department of Environmental
Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, New York 12233

Gentlemen:

Enclosed is Seneca Army Depot Activity's SARA Tier II
submission for 1997.

For additional information and coordination on this matter,
contact Mr. Michael Stofka, Seneca Army Depot Activity, 5786 State
Route 96, ATTN: SIOSE-IE, Romulus, NY 14541-5001, or telephone
(607) 869-1532.

Sincerely,

DONALD C. OLSON
LTC, OD
Commanding

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification			Owner/Operator Name		
	Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u>			Name <u>Commander, SEDA</u> Phone <u>607-869-1306</u> Mail Address <u>5786 State Route 96 Romulus, NY 14541</u>		
	SIC Code <u>9199</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>			Emergency Contact Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>607-869-1313</u> 24 Hr. Phone <u>607-869-1313</u> Name <u>Clarence Haggood</u> Title <u>Fire Captain</u> Phone <u>607-869-1313</u> 24 Hr. Phone <u>607-869-1313</u>		
FOR OFFICIAL USE ONLY			ID # _____ Date Received _____			

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <small>(Non-Confidential)</small> Storage Locations	Optional																		
CAS <u> </u> <u>71</u> <u>43</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzene</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height:100%; text-align: center;"> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	B	1	4																_____ _____ _____ _____	<input type="checkbox"/>
B	1	4																					
CAS <u> </u> <u>77</u> <u>82</u> <u>50</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Chlorine</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height:100%; text-align: center;"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	L	2	4																_____ _____ _____ _____	<input type="checkbox"/>
L	2	4																					
CAS <u> </u> <u>333</u> <u>41</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diazinon</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height:100%; text-align: center;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	F	1	4																_____ _____ _____ _____	<input type="checkbox"/>
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Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative _____		Signature _____ Date signed _____

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information by Chemical

Facility Identification
Name: Saratoga Army Depot Activity
Street: 5786 State Route 96
City: Romulus County: Saratoga State: NY Zip: 14541
SIC Code: 9199 Dun & Brad Number: - -

FOR OFFICIAL USE ONLY
ID #:
Date Received:

Owner/Operator Name
Name: Commander, SEDA Phone: (607) 869-1206
Mail Address: 5786 State Route 96 Romulus, NY 14541

Emergency Contact
Name: David Sava Title: Fire Captain
Phone: (607) 869-1313 24 Hr. Phone: (607) 869-1313
Name: Clarence Hagood Title: Fire Captain
Phone: (607) 869-1313 24 Hr. Phone: (607) 869-1313

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure Storage Codes and Locations <small>(Non-Confidential)</small> Storage Locations	Optional
CAS <u> </u> <u>75</u> <u>71</u> <u>8</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Dichlorodifluoromethane</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>03</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>L24</u> 	<input type="checkbox"/>
CAS <u> </u> <u>77</u> <u>05</u> <u>08</u> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Chloride</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>03</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>014</u> 	<input type="checkbox"/>
CAS <u> </u> <u>109</u> <u>86</u> <u>4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2-Methoxyethanol</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>F14</u> 	<input type="checkbox"/>

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Name and official title of owner/operator OR owner/operator's authorized representative: Signature: Date signed:

Optional Attachments
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 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>	Owner/Operator Name Name <u>Commander SEDA</u> Phone <u>(607) 869-1206</u> Mail Address <u>5786 State Route 96 Romulus, NY 14541</u>
	ID # <u> </u> Date Received <u> </u>	Emergency Contact Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u> Name <u>Clarence Hagood</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u>
	FOR OFFICIAL USE ONLY	

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Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <small>(Non-Confidential)</small>	Optional																														
CAS <u> </u> <u>1310</u> <u>73</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height: 100px;"> <tr><td style="text-align: center;">F</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	F	1	4																												Storage Locations _____ _____ _____ _____	<input type="checkbox"/>
F	1	4																																	
CAS <u> </u> <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height: 100px;"> <tr><td style="text-align: center;">F</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	F	1	4																												Storage Locations _____ _____ _____ _____	<input type="checkbox"/>
F	1	4																																	
CAS <u> </u> <u>108</u> <u>88</u> <u>3</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height: 100px;"> <tr><td style="text-align: center;">B</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	B	1	4																												Storage Locations _____ _____ _____ _____	<input type="checkbox"/>
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Name and official title of owner/operator OR owner/operator's authorized representative _____	Signature _____ Date signed _____

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p> <p>Name <u>Seneca Army Depot Activity</u></p> <p>Street <u>5786 State Route 96</u></p> <p>City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u></p> <p>SIC Code <u>9199</u> Dun & Brad Number <u> </u></p>	<p>Owner/Operator Name</p> <p>Name <u>Commander, SEDA</u> Phone <u>(607) 869-1206</u></p> <p>Mail Address <u>5786 State Route 96 Romulus NY 14541</u></p>
	<p>FOR OFFICIAL USE ONLY</p> <p>ID # <u> </u></p> <p>Date Received <u> </u></p>	<p>Emergency Contact</p> <p>Name <u>David Sova</u> Title <u>Fire Captain</u></p> <p>Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u></p> <p>Name <u>Clarence Haggood</u> Title <u>Fire Captain</u></p> <p>Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u></p>

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B	1	4																														
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**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name SENECA Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199

Dun & Brad Number --

FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator Name

Name Commander, JEDA Phone (607) 1206
Mail Address 5786 State Route 96 Romulus, NY 14541

Emergency Contact

Name David Scola Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Name Clarence Hagedorn Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Container
Type
Temperature
Pressure

**Storage Codes and Locations
(Confidential)**

Storage Locations

Optional

CAS # 71432

Chem. Name Benzene

B	1	4

Building 120

CAS # 7782505

Chem. Name Chlorine

L	2	4
L	2	4
L	2	4
L	2	4

Building 334
Building 353
Building 374
Building 241

CAS # 333415

Chem. Name Diazinon

F	1	4

Building 333

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 pages one through , 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.

Optional Attachments

I have attached a site plan
I have attached a list of site
coordinate abbreviations

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification			Owner/Operator Name		
	Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>			Name <u>Commander SEA</u> Phone <u>(607) 869-1206</u> Mail Address <u>5786 State Route 96 Romulus, NY 14541</u>		
FOR OFFICIAL USE ONLY ID# _____ Date Received _____			Emergency Contact			
			Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u>			Name <u>Clarence Hagood</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u>

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19__ Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

	CAS #	Chem. Name	Container Type	Temperature Pressure	Storage Codes and Locations (Confidential)	Optional
	<u> </u> <u> </u> <u> </u> <u>75</u> <u>71</u> <u>8</u>	<u>Dichlorodifluoromethane</u>	<u>L24</u>		<u>Building 374</u>	<input type="checkbox"/>
	<u> </u> <u> </u> <u>7705</u> <u>08</u> <u>0</u>	<u>Ferric Chloride</u>	<u>D14</u>		<u>Building 343</u>	<input type="checkbox"/>
	<u> </u> <u> </u> <u>109</u> <u>86</u> <u>4</u>	<u>2-Methoxyethanol</u>	<u>F14</u>		<u>Building 356</u>	<input type="checkbox"/>

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 I have attached a list of site coordinate abbreviations

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5784 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> - - - - </u></p>	<p>Owner/Operator Name Name <u>Commander, SED</u> Phone <u>(607) 869-1313</u> Mail Address <u>5784 State Route 96, Romulus NY 14541</u></p>
	<p>FOR OFFICIAL USE ONLY ID# _____ Date Received _____</p>	<p>Emergency Contact Name <u>David Soya</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u> Name <u>Clarence Hageood</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u></p>

Important: Read all instructions before completing form
Reporting Period From January 1 to December 31, 19__
 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type Temperature Pressure	Storage Codes and Locations (Confidential)		Optional
CAS #	Chem. Name		Storage Code	Storage Locations	
[][]1310 232	Sodium Hydroxide	F14	Building 356	<input type="checkbox"/>	
[][]7664 939	Sulfuric Acid	F14	Building 343	<input type="checkbox"/>	
[][]108 883	Toluene	B17	Building 120	<input type="checkbox"/>	

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---	--

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199

Dun & Brad Number - -

**FOR
OFFICIAL
USE
ONLY**

ID #

Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869 869
Mail Address 5786 State Route 96 Romulus NY 14541

Emergency Contact

Name David Sava Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Container Type	Temperature	Pressure	Storage Codes and Locations (Confidential)	Optional
			Storage Locations	
			<u>B14</u> <u>Building 120</u>	<input type="checkbox"/>

CAS #

Chem. Name Xylene

CAS #

Chem. Name

CAS #

Chem. Name

Certification (Read and sign after completing all sections)

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**SENECA COUNTY
EMERGENCY MANAGEMENT OFFICE**

CHARLES F. McCANN
DIRECTOR/FIRE COORDINATOR

ONE DI PRONIO DRIVE • WATERLOO, NEW YORK 13165
TELEPHONE: (315) 539-5655, EXT. 2060



*MIKE'S
Action*

January 27, 1998

Dear Facility Coordinator:

The regulations as established under SARA Title III requires that annual Tier 1 or Tier II Chemical Inventory Forms be filed annually by March 1st with the Local Emergency Planning Committee (LEPC), your fire department and New York State - Department of Environmental Conservation, Albany office.

The Seneca County LEPC requires that only Tier II forms be filed and that your fire district be listed on the front of the form. A Tier II form is enclosed for your use. Please photocopy if additional forms are required or contract Mr. Charles F. McCann, Seneca County Emergency Management Director at (315) 539-5655, ext. 2060.

If you claim the chemical to be a trade secret or its storage location to be confidential, please contact Mr. McCann for additional forms and guidance.

The fire department has requested that all chemicals be listed in alphabetical order on the Tier II forms to facilitate their filing and identification procedures.

Agricultural

Chemicals to be reported by Agriculture are those listed as extremely hazardous substances. No additional chemicals are required since agricultural is exempt from the OSHA Hazard Communication Standard if the farm employs less than 10 full time employees.

It is requested that a hand drawn site plan of the farm, showing the storage area of the chemicals (pesticides and herbicides) be included with the Tier II form. This site plan is not necessary if it has already been submitted; however, an up-dated plan is necessary if the storage location has changed. Please forward all forms to Mr. McCann at the address below.

Industry and Municipalities

Chemicals to be reported by industry and municipalities are the listed extremely hazardous substances and all chemicals classified as hazardous under the OSHA Hazardous Communication Standard and were present at any time in 1997 in excess of 10,000 pounds.

The completed form must be submitted by you to the LEPC, your fire department and New York State, Albany office. The addresses for the LEPC and New York State are listed below:

Mr. Charles F. McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

NYS Department of Environmental Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, NY 12233

Please contact me if you need additional guidance.

Sincerely,



Charles F. McCann
LEPC Coordinator

CFM/ab

encl.

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information by Chemical

Facility Identification

Name _____
 Street _____
 City _____ County _____ State _____ Zip _____

SIC Code
 Dun & Brad Number -

FOR OFFICIAL USE ONLY

ID # _____
 Date Received _____

Owner/Operator Name

Name _____ Phone (____) _____
 Mail Address _____

Emergency Contact

Name _____ Title _____
 Phone (____) _____ 24 Hr. Phone (____) _____

Name _____ Title _____
 Phone (____) _____ 24 Hr. Phone (____) _____

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19____ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <i>(Non-Confidential)</i> <i>Storage Locations</i>	Optional																																
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ <hr/> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site (days)	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																	_____ _____ _____ _____	<input type="checkbox"/>
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Certification *(Read and sign after completing all sections)*

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Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name SENECA ARMY DEPOT ACTIVITY
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

**FOR
OFFICIAL
USE
ONLY**

ID#

Date Received

Owner/Operator Name

Name Commander SEPA Phone 607-864-1206
Mail Address 5786 St. Rt. 96, Romulus, NY, 14541

Emergency Contact

Name Duty Officer Title _____
Phone (607) 864-1448 24 Hr. Phone ()

Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 _____

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Storage Codes and Locations (Confidential)
Storage Locations

CAS # Chem. Name

Container Type	Temperature	Pressure
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Optional

CAS # Chem. Name

Container Type	Temperature	Pressure
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CAS # Chem. Name

Container Type	Temperature	Pressure
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Tier Two
EMERGENCY
AND
HAZARDOUS
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Specific
Information
by Chemical

Facility Identification

Name SENECA ARMY Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

**FOR
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ID #

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Owner/Operator Name

Name Commander SEPA Phone 607-869-1206
Mail Address 5786 St. Rt. 96, Romulus, NY, 14541

Emergency Contact

Name Duty Officer Title _____
Phone (607) 869-1448 24 Hr. Phone ()

Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

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Confidential Location Information Sheet

Container
Type

Temperature

Pressure

**Storage Codes and Locations
(Confidential)**

Storage Locations

Optional

CAS # Chem. Name

CAS # Chem. Name

CAS # Chem. Name

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Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

FOR OFFICIAL USE ONLY

ID # _____
Date Received _____

Owner/Operator Name

Name Commander SEDA Phone 607 869-1206
Mail Address 5786 St. Rt 96, Romulus, N.Y. 14541

Emergency Contact

Name Duty Officer Title _____
Phone (607) 869-1448 24 Hr. Phone (607) 869-1448

Name _____ Title _____
Phone () 24 Hr. Phone ()

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Reporting Period From January 1 to December 31, 19____

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional						
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. of Days On-site (days)	<table border="1"> <tr><td>Container Type</td><td></td></tr> <tr><td>Temperature</td><td></td></tr> <tr><td>Pressure</td><td></td></tr> </table> _____ _____ _____ _____	Container Type		Temperature		Pressure		<input type="checkbox"/>
Container Type										
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Pressure										
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Container Type										
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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

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**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number --

**FOR
OFFICIAL
USE
ONLY**

ID#
Date Received

Owner/Operator Name

Name Commander SEDA Phone 607 869-1206
Mail Address 5786 St. R 96 Romulus N.Y. 14541

Emergency Contact

Name Duty Officer Title _____
Phone (607) 869-1445 24 Hr. Phone (607) 869-1446
Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19____

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <small>(Non-Confidential)</small> Storage Locations	Optional
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site (days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____	<input type="checkbox"/>

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 pages one through _____, 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

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Author: siose-co at ri3503m2

Date: 2/23/98 1:00 PM

Priority: Normal

TO: sabsolom at ri3904s1, johnsonb at ri3503m2, olsond at ccremote, windlem at ri3503m2
Subject: S: 1 Mar 98/Compliance w/Section 312 of the EPCRA

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY INDUSTRIAL OPERATIONS COMMAND
ROCK ISLAND, IL 61299-6000

S: 1 March 1998

AMSIO-EQC (200(B))

20 February 1998

MEMORANDUM FOR SEE DISTRIBUTION

~~SUBJECT: Compliance with Section 312 of the Emergency Planning
and Community Right-to-Know Act (EPCRA)~~

1. In order to comply with section 312 of EPCRA, facilities that meet reporting thresholds must submit a Hazardous Chemical Inventory to their State Emergency Response Commission, the local Emergency Planning Committee, and the local fire department. The inventory (Tier II) is due NLT than 1 March 1998.

2. If a material safety data sheet is maintained for a chemical, the threshold amount is 10,000 pounds. For extremely hazardous substances, however, the threshold is 500 pounds or the threshold planning quantity, whichever is lower. If your facility does not meet or exceed these amounts, you are not required to submit a report, even if thresholds were met in past years. It is not necessary to send a report to this Command. However, please do send a message to verify that the report was sent on time.

~~3. Tier II electronic reporting software is again available from the U.S. Environmental Protection Agency. To order, call the EPCRA hotline at 1-800-535-0202. The software is available in Windows format.~~

4. The POC is Ms. Lynn Wandrey, AMSIO-EQC, DSN 793-2288, electronic mail lwandrey@ria-emh2.army.mil.

FOR THE COMMANDER::

//original signed//
ROBERT J. RADKIEWICZ
Deputy Chief of Staff for
Environmental Management

DISTRIBUTION:

Commander,

Anniston Army Depot, ATTN: SIOAN-CO, 7 Frankford Avenue,
Anniston, AL 36201-4199

Blue Grass Army Depot, ATTN: SIOBG-CO, 2091 Kingston Highway,
Richmond, KY 40475-5001

Corpus Christi Army Depot, ATTN: SIOCC-G, 308 Crecy Street,
Corpus Christi, TX 78419-5260

Mike S.

F Y I

Amos

Crane Army Ammunition Activity, ATTN: SIOCN-CO, 300 Highway 361,
Crane, IN 47522-5099

Hawthorne Army Depot, ATTN: SIOHW-CO, Hawthorne, NV 89415-5000

Holston AAP, ATTN: SIOHS-CO, 4509 West Stone Drive,
Kingsport, TN 37660-9982

Iowa AAP, ATTN: SIOIA-CO, 17571 State Highway 79, Middletown, IA
52638-5000

Lake City AAP, ATTN: SIOLC-CO, Independence, MO 64051-0250

Letterkenny Army Depot, ATTN: SIOLE-C, 1 Overcash Avenue,
Chambersburg, PA 17201-4150

Lone Star AAP, ATTN: SIOLS-CO, Texarkana, TX 75505-9101

McAlester AAP, ATTN: SIOMC-CO, 1 C Tree Road, McAlester, OK
74501-9002

Milan AAP, ATTN: SIOML-CO, 2280 Highway 104 Suite 1, Milan, TN
38358-5000

Pine Bluff Arsenal, ATTN: SIOPB-CO, 10020 Kabrich Circle,
Pine Bluff, AR 71602-9500

Radford AAP, ATTN: SIORF-CO, P.O. Box 2, Radford, VA 24141-0099

Red River Army Depot, ATTN: SIORR-C, 100 Main Drive,
Texarkana, TX 75507-5000

Rock Island Arsenal, ATTN: SIORI-CO, Rock Island, IL 61299-5000

Savanna Army Depot Activity, ATTN: SIOSV-CO, 3700 Army Depot
Road, Savanna, IL 61074-9636

Scranton AAP, ATTN: SIOSC-CO, 156 Cedar Avenue, Scranton, PA
18505-1138

Seneca Army Depot Activity, ATTN: SIOSE-CO, 5786 State Route 96,
Romulus, NY 14541-5001

Sierra Army Depot, ATTN: SIOSI-CO, 74 C Street, Herlong, CA
96113-5000

Tobyhanna Army Depot, ATTN: SIOTY-C, 11 Hap Arnold Boulevard,
Tobyhanna, PA 18466-5000

Tooele Army Depot, ATTN: SIOTE-CO, Tooele, UT 84074-5000

Watervliet Arsenal, ATTN: SIOVW-CO, Watervliet, NY 12189-4050

Commander's Representative,
Badger AAP, ATTN: SIOBA-CR, 2 Badger Road, Baraboo, WI
53913-5000

Cornhusker AAP, ATTN: SIOCH-CO, 102 N. 60th Road,
Grand Island, NE 68803-9022

Indiana AAP, ATTN: SIOIN-CR, 11450 Highway 62, Charlestown, IN
47111-9667

Joliet AAP, ATTN: SIOJO-CR, 29401 S. Route 53, Wilmington, IL
60481-8879

Kansas AAP, ATTN: SIOKS-CO, 23018 Rooks Road Suite AA,
Parsons, KS 67357-9107

Longhorn/Louisiana AAP, ATTN: SIOLH-CO, P.O. Box 658,
Doyline, LA 71023-0658

Mississippi AAP, ATTN: SIOMS-CR, Stennis Space Center, MS
39529-7000

Ravenna AAP, ATTN: SIORV-CR, 8451 State Route 5, Ravenna, OH
44266-9297

Riverbank AAP, ATTN: SIORB-CO, Riverbank, CA 95367-0670

Sunflower AAP, ATTN: SIOSF-CO, P.O. Box 640, DeSoto, KS
66018-0640

Twin Cities AAP, ATTN: SIOTC-CR, 4700 Highway 10, Suite A,
Arden Hills, MN 55112-3928

Volunteer AAP, ATTN: SIOVO-CR, P.O. Box 22607, Chattanooga, TN
37422-2607



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

SENECA ARMY DEPOT ACTIVITY
5786 STATE RTE 96
ROMULUS, NEW YORK 14541-5001



February 11, 1998

Installation Management Division

NYS Department of Environmental
Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, New York 12233

Gentlemen:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1997.

For additional information and coordination on this matter, contact Mr. Michael Stofka, Seneca Army Depot Activity, 5786 State Route 96, ATTN: SIOSE-IE, Romulus, NY 14541-5001, or telephone (607) 869-1532.

Sincerely,

DONALD C. OLSON

LTC, U.S. Army
Commanding Officer

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p> <p>Name <u>Seneca Army Depot Activity</u></p> <p>Street <u>5786 State Route 96</u></p> <p>City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u></p> <p>SIC Code <u>9199</u> Dun & Brad Number <u> </u>-<u> </u>-<u> </u></p>		<p>Owner/Operator Name</p> <p>Name <u>Commander, SEDA</u> Phone <u>607 869-1101</u></p> <p>Mail Address <u>5786 State Route 96, Romulus, NY 14541</u></p>	
	<p>FOR OFFICIAL USE ONLY</p> <p>ID # _____</p> <p>Date Received _____</p>		<p>Emergency Contact</p> <p>Name <u>David Sova</u> Title <u>Fire Captain</u></p> <p>Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u></p> <p>Name <u>Clarence Hagood</u> Title <u>Fire Captain</u></p> <p>Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u></p>	

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 97 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <small>(Non-Confidential)</small>	Options
<p>CAS <u> </u><u> </u><u> </u><u>7</u><u>1</u><u>4</u><u>3</u><u>2</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Benzene</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>0</u><u>3</u> Max. Daily Amount (code)</p> <p><u>0</u><u>3</u> Avg. Daily Amount (code)</p> <p><u>3</u><u>6</u><u>5</u> No. of Days On-site (days)</p>	<p><u>B</u><u>1</u><u>4</u></p>	<p>Storage Locations</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>
<p>CAS <u> </u><u> </u><u>7</u><u>7</u><u>8</u><u>2</u><u>5</u><u>0</u><u>5</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Chlorine</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS</p> <p>EHS Name <u>Chlorine</u></p>	<p><input type="checkbox"/> Fire</p> <p><input checked="" type="checkbox"/> Sudden Release of Pressure</p> <p><input checked="" type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>0</u><u>3</u> Max. Daily Amount (code)</p> <p><u>0</u><u>3</u> Avg. Daily Amount (code)</p> <p><u>3</u><u>6</u><u>5</u> No. of Days On-site (days)</p>	<p><u>L</u><u>2</u><u>4</u></p>	<p>Storage Locations</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>
<p>CAS <u> </u><u> </u><u>3</u><u>3</u><u>3</u><u>4</u><u>1</u><u>5</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Diazinon</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>0</u><u>2</u> Max. Daily Amount (code)</p> <p><u>0</u><u>2</u> Avg. Daily Amount (code)</p> <p><u>3</u><u>6</u><u>5</u> No. of Days On-site (days)</p>	<p><u>F</u><u>1</u><u>4</u></p>	<p>Storage Locations</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>

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 pages one through 8, 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: David Sova, Commander, SEDA Signature: _____ Date signed: 1/17/98

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

*Specific
Information
by Chemical*

Facility Identification
Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541
SIC Code Dun & Brad Number

Owner/Operator Name
Name Commander, SEDA Phone (607) 869-1100
Maid Address 5786 State Route 96, Romulus, NY 14541

FOR OFFICIAL USE ONLY
ID#
Date Received

Emergency Contact
Name David Sova Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313
Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 1997

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	Optional
CAS <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="8"/> Trade Secret <input type="checkbox"/> Chem. Name <u>Dichlorodifluoromethane</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="3"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-site (days)	L 2 4	_____	<input type="checkbox"/>
CAS <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Chloride</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="3"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="3"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-site (days)	D 1 4	_____	<input type="checkbox"/>
CAS <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="4"/> Trade Secret <input type="checkbox"/> Chem. Name <u>2 - Methoxyethanol</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="6"/> Max. Daily Amount (code) <input type="text" value="0"/> <input type="text" value="6"/> Avg. Daily Amount (code) <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> No. of Days On-site (days)	F 1 4	_____	<input type="checkbox"/>

Certification *(Read and sign after completing all sections)*

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LTC Donald C Olson, CDR SEDA _____ 3/17/98
Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199

Dun & Brad Number - -

FOR OFFICIAL USE ONLY

ID#
Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-12
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
Phone 607, 869-1313 24 Hr. Phone (607) 869-1313
Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
CAS <u> </u> <u>1310</u> <u>732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>	F 1 4	_____ _____ _____	<input type="checkbox"/>
CAS <u> </u> <u>7664</u> <u>939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	F 1 4	_____ _____ _____	<input type="checkbox"/>
CAS <u> </u> <u>108</u> <u>883</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	B 1 4	_____ _____ _____	<input type="checkbox"/>

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 pages one through 3, 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.

LTC DONALD C OLSON, CDR, SEDA

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

Signature

Date signed

2/17/98

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification

Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number - -

FOR OFFICIAL USE ONLY

ID #
 Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-12
 Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Name Clarence Hagood Title Fire Captain
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 97 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
CAS <u>1330207</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Xylene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	B 1 4 _____ _____ _____	<input type="checkbox"/>	
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	_____ _____ _____	<input type="checkbox"/>	
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	_____ _____ _____	<input type="checkbox"/>	

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 pages one through 8, 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.

LTC Donald C. Olson, CDR, SEDA Signature Donald C. Olson Date signed 2/17/98

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

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information by Chemical

Facility Identification

Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541

SIC Code 9199

Dun & Brad Number --

FOR OFFICIAL USE ONLY

ID #

Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607)869-1206
 Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Name Clarence Hagood Title Fire Captain
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Storage Codes and Locations (Confidential)
 Container Type Temperature Pressure
Storage Locations
 Optional

CAS # 71 43 2

Chem. Name Benzene

B	1	4

Building 120

CAS # 7782 50 5

Chem. Name Chlorine

L	2	4
L	2	4
L	2	4
L	2	4

Building 334
Building 353
Building 374
Building 2411

CAS # 333 41 5

Chem. Name Diazinon

F	1	4

Building 333

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 pages one through 8, 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.

LTC Douglas C. CILSON, CDR SEDA J. J. J. J. 2/1/98

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

*Specific
Information
by Chemical*

Facility Identification

Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Brad Number []-[]-[]-[]

**FOR
OFFICIAL
USE
ONLY**

ID # []-[]-[]-[]

Date Received []-[]-[]

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-1206
 Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1313
 Name Clarence Hagood Title Fire Captain
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1997

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Storage Codes and Locations (Confidential)

Container Type Temperature Pressure Storage Locations

CAS # [] [] [] [] 75 [] [] 718

Chem. Name Dichlorodifluoromethane

L	2	4	<u>Building 374</u>

CAS # [] [] 7705 [] [] 080

Chem. Name Ferric Chloride

D	1	4	<u>Building 343</u>

CAS # [] [] 109 [] [] 854

Chem. Name 2 - Methoxyethanol

F	1	4	<u>Building 356</u>

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 pages one through 8, 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.

LTC Donald C. O'Leary, CDR, SEDA

[Signature]

2/17/98

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

*Specific
Information
by Chemical*

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541
SIC Code 9199 Dun & Brad Number - -

**FOR
OFFICIAL
USE
ONLY**

ID#

Date Received

Owner/Operator Name

Name Commander, SEDA Phone (607) 869-1200
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name David Sova Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313
Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Storage Codes and Locations
(Confidential)
Storage Locations

Optional

CAS # 1 3 1 0 7 3 2

Chem. Name Sodium Hydroxide

F	1	4

Building 356

CAS # 7 6 6 4 9 3 9

Chem. Name Sulfuric Acid

F	1	4

Building 343

CAS # 1 0 8 8 8 3

Chem. Name Toluene

B	1	4

Building 120

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 pages one through 8, 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.

LTC SCARLETT C. COLBY CDR SEDA

David Sova

2/17/98

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

*Specific
Information
by Chemical*

Facility Identification
Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541
SIC Code 9199 Dun & Brad Number [] [] - [] [] [] [] [] []

Owner/Operator Name
Name Commander, SEDA Phone 607,869-1200
Mail Address 5786 State Route 96, Romulus, NY 14541

FOR OFFICIAL USE ONLY
ID# [] [] [] [] [] [] [] []
Date Received [] [] [] [] [] []

Emergency Contact
Name David Sovo Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313
Name Clarence Hagood Title Fire Captain
Phone (607) 869-1313 24 Hr. Phone (607) 869-1313

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 97

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Storage Codes and Locations (Confidential)
Storage Locations

Optional

CAS # [] [] 1330 [] [] 207 Chem. Name Xylene

Container Type	Temperature	Pressure	<u>B14</u>	<u>Building 120</u>

CAS # [] [] [] [] [] [] [] [] [] Chem. Name

Container Type	Temperature	Pressure		

CAS # [] [] [] [] [] [] [] [] [] Chem. Name

Container Type	Temperature	Pressure		

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 pages one through 8 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.

LTC Douglas C. Ciscy, CAP, SEDA

David F. [Signature]

2/17/98

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations

February 5, 1997

Engineering and
Environmental Division

NYS Department of Environmental
Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, New York 12233

Gentlemen:

Enclosed is Seneca Army Depot Activity's SARA
Tier II submission for 1997.

For additional information and coordination on
this matter, contact Mr. Michael Stofka at
(607) 869-1532.

Sincerely,

Windle

for Stephen W. Brooks
LTC, U.S. Army
Commanding Officer

Enclosure

Sma
C, Eng/Env

✓

Dllm

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name: Seneca Army Depot Activity
 Street: 5786 State Route 96
 City: Romulus County Seneca State NY Zip 14541
 SIC Code: 9199
 Dun & Bradstreet: [] [] [] [] [] [] [] [] [] []

Owner/Operator Name 869-
 Name: Commander, SEDA Phone: (607) 1206
 Mail Address: 5786 State Rt 96, Romulus, NY 14541

Emergency Contact
 Name: Joseph Symonds Title: Fire Chief
 Phone: (607) 869-1313 24 Hr. Phone: (607) 869-1316
 Name: David Sova Title: Fire Captain
 Phone: (607) 869-1315 24 Hr. Phone: (607) 869-1316

FOR OFFICIAL USE ONLY
 Date: [] [] [] [] [] [] [] [] [] []
 Date Recycled: [] [] [] [] [] [] [] [] [] []

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 [] [] [] [] [] [] [] [] [] []

Check if information below is identical to information submitted last year.

Chemical Description	Physical and Health Hazards (A.C.S. of the 1973)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS: [] [] [] [] 71432 Trade Secret: <input type="checkbox"/> Chem. Name: Benzene Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name: _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code): 02 Avg. Daily Amount (code): 02 No. of Days On-site (days): 365	B 1 4		<input type="checkbox"/>
CAS: [] [] [] 7782505 Trade Secret: <input type="checkbox"/> Chem. Name: Chlorine Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name: Chlorine	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code): 02 Avg. Daily Amount (code): 02 No. of Days On-site (days): 365	I 2 4		<input type="checkbox"/>
CAS: [] [] [] 333415 Trade Secret: <input type="checkbox"/> Chem. Name: Diazinon Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code): 01 Avg. Daily Amount (code): 01 No. of Days On-site (days): 365	F 1 4		<input type="checkbox"/>

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 pages one through [] 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.
 STEPHEN M. ABSOLON, Chief, Eng/Env Div
 Name and official title of owner/operator or authorized representative
 Signature: *Stephen M. Absolon* Date signed: *5 FEB 97*

Optional Attachments
 I have attached a site plan
 I have attached a list of see coordinate alternatives
 I have attached a description of dikes and other safeguard measures

RIGHT-TO-KNOW REQUIREMENTS

E-366
7-015103

8-31-90

Published by THE BUREAU OF NATIONAL AFFAIRS, INC., Washington, D.C. 20037

[Sec. 370.41(b)]

37

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541
 SIC Code 9199 Dun & Bradstreet

Owner/Operator Name 869-
 Name Commander, SEDA Phone 607, 1206
 Mailing Address 5786 State Rt 96, Romulus, NY 14541

Emergency Contact
 Name Joseph Symonds Title Fire Chief
 Phone (607) 869-1313 24 Hr. Phone (607) 869-1316
 Name David Sova Title Fire Captain
 Phone (607) 869-1316 24 Hr. Phone (607) 869-1316

FOR OFFICIAL USE ONLY
 Date Reclassified

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identical to information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Comptrol Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>109</u> <u>86</u> <u>4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2-Methoxyethanol</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1310</u> <u>73</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>

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 on pages one through , 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.
STEPHEN H. ABSOLON, Chief, Eng/Env Div
 Name of official title of owner/operator or authorized representative Signature Stephen H. Absolon Date signed 5 FEB 97

Optional Attachments
 I have attached a site plan
 I have attached a list of secondary alternatives
 I have attached a description of on-site and other safeguard measures

B-31-90

Published by THE BUREAU OF NATIONAL AFFAIRS, INC., Washington, D.C. 20037

[Sec. 370.41(b)]

37

RIGHT-TO-KNOW REQUIREMENTS

1015109

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity

Street 5786 State Route 96

City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Don & Brand Hazard

FOR OFFICIAL USE ONLY

Date Recycled _____

Owner/Operator Name _____ 869- _____

Name Commander, SEDA Phone 607, 1206

Mailing Address 5786 State Rt 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief

Phone 607, 869-1313 24 Hr. Phone 607, 869-1313

Name David Sova Title Fire Captain

Phone 607, 869-1316 24 Hr. Phone 607, 869-1316

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 Check 2 if information below is identified by tag information in last 5 years.

Chemical Description	Physical and Health Hazards	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>108883</u> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>B</u> <u>1</u> <u>4</u>		<input type="checkbox"/>
CAS <u>1330207</u> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>B</u> <u>1</u> <u>4</u>		<input type="checkbox"/>
CAS <u> </u> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<u> </u> Max. Daily Amount (code) <u> </u> Avg. Daily Amount (code) <u> </u> No. of Days On-site (days)			<input type="checkbox"/>

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 pages one through _____ and that page(s) _____ on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

STEPHEN M. ABSOLON, Chief, Eng/Env Div Stephen M. Absolon 5 FEB 97

Name and official title of owner/operator OR owner/operator authorized representative Signature Date signed

Optional Attachments

I have attached a site plan

I have attached a list of all concrete elevations

I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u>		Owner/Operator Name <u>869-</u> Name <u>Commander, SEDA</u> Phone <u>160712206</u> Mail Address <u>5786 State Rt 96, Romulus, NY 14541</u>	
	SIC Code <u>9199</u> Dun & Brad Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>16071869-1313</u> 24 Hr. Phone <u>16071869-1316</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>16071869-1316</u> 24 Hr. Phone <u>16071869-1316</u>	
	FOR OFFICIAL USE ONLY Date Received _____			

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 10 _____ Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional
CAS #	Chem Name	Container Type	Temperature
[][][][]71[]43[]2	Benzene	B 1 4 B 1 4	Building 120 Building 721
[][][]7782[]50[]5	Chlorine	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	Building 334 Building 353 Building 374 Building 827 Building 2411
[][][]933[]41[]5	Diazinon	F 1 4	Building 333

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 pages one through _____ 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
STEPHEN M. ABSOLOM, Chief, Eng/Env Div Name and official title of owner/operator OR owner/operator's authorized representative	_____ Signature	5 FEB 97 Date signed

Environment Reporter

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification		Owner/Operator Name																			
	Name <u>Seneca Army Depot Activity</u>		Name <u>Commander, SEDA</u> Phone <u>607, 1206</u>																			
	Street <u>5786 State Route 96</u>		Mail Address <u>5786 State Rt 96, Romulus, NY 14541</u>																			
City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u>		Emergency Contact																				
SIC Code <u>9199</u> Dun & Brad Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Name <u>Joseph Symonds</u> Title <u>Fire Chief</u>																				
FOR OFFICIAL USE ONLY		Phone <u>607, 869-1313</u> 24 Hr. Phone <u>607, 869-1316</u>																				
		Name <u>David Sova</u> Title <u>Fire Captain</u>																				
		Phone <u>607, 869-1316</u> 24 Hr. Phone <u>607, 869-1316</u>																				
Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19__		<input type="checkbox"/> Check if information below is identical to the information submitted last year.																		
Confidential Location Information Sheet				Storage Codes and Locations (Confidential)																		
Confidential Location Information Sheet				Storage Locations																		
CAS #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <u>9</u> <input type="checkbox"/> <u>8</u> <input type="checkbox"/> <u>6</u> <input type="checkbox"/> <u>4</u>	Chem Name	2-Methoxyethanol	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; text-align: center;">F</td><td style="width:10%; text-align: center;">1</td><td style="width:10%; text-align: center;">4</td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> </table>	F	1	4															
F	1	4																				
CAS #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <u>7</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>2</u>	Chem Name	Sodium Hydroxide	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; text-align: center;">F</td><td style="width:10%; text-align: center;">1</td><td style="width:10%; text-align: center;">4</td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> </table>	F	1	4															
F	1	4																				
CAS #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>7</u> <input type="checkbox"/> <u>6</u> <input type="checkbox"/> <u>6</u> <input type="checkbox"/> <u>4</u> <input type="checkbox"/> <u>9</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/> <u>9</u>	Chem Name	Sulfuric Acid	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; text-align: center;">D</td><td style="width:10%; text-align: center;">1</td><td style="width:10%; text-align: center;">4</td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> <tr><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td><td style="width:10%; text-align: center;"> </td></tr> </table>	D	1	4															
D	1	4																				
Certification (Read and sign after completing all sections)				Optional Attachments																		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ 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.				<input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures																		
STEPHEN M. ABSOLOM, Chief, Eng/Env Div																						
Name and official title of owner/operator OR owner/operator's authorized representative		Signature	Date signed <u>5 FEB 1997</u>																			

Environment Reporter

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>		Owner/Operator Name <u>869-</u> Name <u>Commander, SEDA</u> Phone <u>1607 1 1206</u> Mail Address <u>5786 State Rt 96, Romulus, NY 14541</u>	
	FOR OFFICIAL USE ONLY DI <u> </u> Date Received <u> </u>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>1607, 869-1313</u> 24 Hr. Phone <u>1607, 869-1316</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>1607, 869-1316</u> 24 Hr. Phone <u>1607, 869-1316</u>	
	Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 <u> </u>	

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Options																		
CAS #	Chem Name	Storage Locations	Options																		
CAS # <u> </u> <u>108</u> <u>88</u> <u>3</u>	Toluene	<table border="1"> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Building 120 Building 721	B	1	4	B	1	4													<input type="checkbox"/>
B	1	4																			
B	1	4																			
CAS # <u> </u> <u>1330</u> <u>20</u> <u>7</u>	Xylene	<table border="1"> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Building 120 Building 721	B	1	4	B	1	4													<input type="checkbox"/>
B	1	4																			
B	1	4																			
CAS # <u> </u> <u> </u> <u> </u> <u> </u>	Chem Name	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																			<input type="checkbox"/>

Declaration (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 pages one through _____ 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
STEPHEN M. ABSOLOM, Chief, Eng/Env Div Name and official title of owner/operator OR owner/operator's authorized representative	Signature <u>Stephen M. Absalom</u> Date signed <u>5-13-97</u>	

Environment Reporter

[Sec. 370.41(b)]

101:5110

FEDERAL REGULATIONS

February 5, 1997

Engineering and
Environmental Division

Mr. Charles McCann
LEPC Coordinator
One DiPronio Drive
Waterloo, New York 13165

Dear Mr. McCann:

Enclosed is Seneca Army Depot Activity's SARA
Tier II submission for 1997.

For additional information and coordination on
this matter, contact Mr. Michael Stofka at
(607) 869-1532.

Sincerely,

Windle

for

Stephen W. Brooks
LTC, U.S. Army
Commanding Officer

Enclosure

Smay
C. ENG/EAU
L
D/m

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541
 SIC Code 9199 Dun & Bradstreet

Owner/Operator Name 869-
 Name Commander, SEDA Phone 607, 1206
 Mailing Address 5786 State Rt 96, Romulus, NY
14541

Emergency Contact
 Name Joseph Symonds Title Fire Chief
 Phone 607, 869-1313 24 Hr. Phone 607, 869-1316
 Name David Sova Title Fire Captain
 Phone 607, 869-1316 24 Hr. Phone 607, 869-1316

FOR OFFICIAL USE ONLY
 Date Received

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 10

Check if information below is identical to information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Temperature Pressure	Storage Codes and Locations (Non-Confidential)	Optional
CAS <u> </u> <u>7</u> <u>1</u> <u>4</u> <u>3</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzene</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>0</u> <u>2</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	B 1 4	Storage Locations <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>7</u> <u>7</u> <u>8</u> <u>2</u> <u>5</u> <u>0</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Chlorine</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>0</u> <u>2</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	I 2 4	Storage Locations <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>3</u> <u>3</u> <u>3</u> <u>4</u> <u>1</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diazinon</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>1</u> Avg. Daily Amount (code) <u>0</u> <u>1</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	F 1 4	Storage Locations <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>

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 pages one through 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.
STEPHEN M. ABSOLON, Chief, Eng/Env Div
 Name and official title of commander or OIL owner/operator's authorized representative
Stephen M. Absolon 5 FEB 97
 Signature Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of see coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

B-31-90

Published by THE BUREAU OF NATIONAL AFFAIRS, INC., Washington, D.C. 20037

[Sec. 370.41(b)]

37

RIGHT-TO-KNOW REQUIREMENTS

1015105

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Bradstreet

FOR OFFICIAL USE ONLY
Date Rec'd
Date Released

Owner/Operator Name 869-1206
Name Commander, SEDA Phone 607, 1206
Maid Address 5786 State Rt 96, Romulus, NY 14541

Emergency Contact
Name Joseph Symonds Title Fire Chief
Phone (607) 869-1313 24 Hr. Phone (607) 869-1316
Name David Sova Title Fire Captain
Phone (607) 869-1316 24 Hr. Phone (607) 869-1316

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identifying information & expires 1 year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>109864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2-Methoxyethanol</u> Check all that apply: Pure <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: Pure <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Check all that apply: Pure <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>

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 pages one through _____ 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.
STEPHEN M. ABSOLOM, Chief, Eng/Env Div
 Name and official title of owner/operator or authorized representative

Signature Stephen M. Absalom Date signed 5 FEB 97

Optional Attachments
 I have attached a site plan
 I have attached a list of see coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

B-31-90

Published by THE BUREAU OF NATIONAL AFFAIRS, INC., Washington, D.C. 20037

[Sec. 370.41(b)]

37

RIGHT-TO-KNOW REQUIREMENTS

1015109 1-866

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Div. & Bldg. Number

**FOR
OFFICIAL
USE
ONLY**

EPA
Date Recycled

Owner/Operator Name

Name Commander, SEDA Phone 869-1206
Mail Address 5786 State Rt 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 607-869-1313 24 hr. Phone 607-869-1313
Name David Sova Title Fire Captain
Phone 607-869-1316 24 hr. Phone 607-869-1316

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Check if information below is identical to info. information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)	Optional
CAS <u>00108883</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Storage Type <u>B</u> Temperature <u>1</u> Pressure <u>4</u> Storage Locations _____	<input type="checkbox"/>
CAS <u>001330207</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Xylene</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Storage Type <u>B</u> Temperature <u>1</u> Pressure <u>4</u> Storage Locations _____	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	Storage Type _____ Temperature _____ Pressure _____ Storage Locations _____	<input type="checkbox"/>

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 on pages one through _____ 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.

STEPHEN M. ABSOLOM, Chief, Eng/Env Div

Signature: Stephen M. Absalom Date signed: Feb 97

Optional Attachments

- I have attached a site plan
- I have attached a list of site condonate abatement actions
- I have attached a description of on-site and other safeguard measures

[Sec. 370.41(b)]

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Bradstreet Number

FOR OFFICIAL USE ONLY
DE _____
Date Received _____

Owner/Operator Name 869-

Name Commander, SEDA Phone 160711206
Mail Address 5786 State Rt 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24 Hr. Phone 16071869-1316
Name David Sova Title Fire Captain
Phone 16071869-1316 24 Hr. Phone 16071869-1316

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19__

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Storage Codes and Locations (Confidential)
Storage Locations

CAS # 71432 Chem Name Benzene

B	1	4	<u>Building 120</u>
B	1	4	<u>Building 721</u>

CAS # 7782505 Chem Name Chlorine

L	2	4	<u>Building 334</u>
L	2	4	<u>Building 353</u>
L	2	4	<u>Building 374</u>
L	2	4	<u>Building 827</u>
L	2	4	<u>Building 2411</u>

CAS # 933415 Chem Name Diazinon

F	1	4	<u>Building 333</u>

Declaration (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 pages one through _____ 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.

STEPHEN M. ABSOLOM, Chief, Eng/Env Div Stephen M. Absalom FEB 97
Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Owner/Operator Name <u>869-</u> Name <u>Commander, SEDA</u> Phone <u>(607) 1206</u> Mail Address <u>5786 State Rt 96, Romulus, NY 14541</u>	
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1316</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1316</u> 24 Hr. Phone <u>(607) 869-1316</u>			
	FOR OFFICIAL USE ONLY Date Received <input type="text"/>			

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19__ Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional
CAS #	Chem Name	Storage Location	
[][][]109[][]86[][]4	2-Methoxyethanol	F14 Building 356	<input type="checkbox"/>
[][][]1310[][]73[][]2	Sodium Hydroxide	F14 Building 356	<input type="checkbox"/>
[][][]7664[][]93[][]9	Sulfuric Acid	D14 Building 343	<input type="checkbox"/>

Declaration (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 pages one through _____, 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
STEPHEN M. ABSOLOM, Chief, Eng/Env Div Name and official title of owner/operator OR owner/operator's authorized representative	Signature <u>Stephen M. Absalom</u> Date signed <u>5 FEB 97</u>	

Environmental Reporter

[Sec. 370.47 (b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u> <u> </u> <u> </u>		Owner/Operator Name <u>869-</u> Name <u>Commander, SEDA</u> Phone <u>1607 1 1206</u> Mail Address <u>5786 State Rt 96, Romulus, NY 14541</u>	
	FOR OFFICIAL USE ONLY Date Received <u> </u>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>1607, 869-1313</u> 24 Hr. Phone <u>1607 1 869-1316</u> Name <u>David Soya</u> Title <u>Fire Captain</u> Phone <u>1607, 869-1316</u> 24 Hr. Phone <u>1607 1 869-1316</u>	
	Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 <u> </u>	

Confidential Location Information Sheet

	Storage Codes and Locations (Confidential)	Storage Locations	Optional															
CAS # <u> </u> <u>108</u> <u>88</u> <u>3</u> Chem. Name <u>Toluene</u>	<table border="1" style="border-collapse: collapse;"> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	B	1	4	B	1	4										<u>Building 120</u> <u>Building 721</u> _____ _____	<input type="checkbox"/>
B	1	4																
B	1	4																
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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 pages one through _____ 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. <u>STEPHEN M. ABSOLOM, Chief, Eng/Env Div</u> Name and official title of owner/operator OR owner/operator's authorized representative	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Signature <u>Stephen M. Absalom</u> Date signed <u>5F-897</u>	

Environment Reporter

[Sec. 370.41(b)]

One DiPronio Drive

Waterloo, NY 13165



Telephone: 315-539-5655 Ext. 2060

Fax: 315-539-9479

MIKE
ACTION

pls.

SENECA COUNTY LOCAL EMERGENCY PLANNING COMMITTEE

Jan 27, 1997

Dear Facility Coordinator:

The regulations as established under SARA Title III requires that annual Tier I or Tier II Chemical Inventory Forms be filed annually by March 1st with the Local Emergency Planning Committee (LEPC), your fire district and New York State, Albany office.

The Seneca County LEPC requires that only Tier II forms be filed and that your fire district be listed on the front of the form. A Tier II form is enclosed for your use; please photocopy if additional forms are required or contact Mr Charles F. McCann, Seneca County Emergency Management Director at (315) 539-5655 ext. 2060.

If you claim the chemical to be a trade secret or its storage location to be confidential, please contact Mr. McCann for ~~additional forms and guidance.~~

The fire department has requested that all chemicals be listed in alphabetical order on the Tier II forms to facilitate their filing and identification procedures.

Agricultural

Chemicals to be reported by Agriculture are those listed as extremely hazardous substances. No additional chemicals are required since agricultural is exempt from the OSHA Hazard Communication Standard if the farm employs less than 10 full time employees.

It is requested that a hand drawn site plan of the farm, showing the storage area of the chemicals (pesticides and herbicides) be included with the Tier II form. This site plan is not necessary if it has already been submitted; however, an up-dated plan is necessary if the storage location has changed. Please forward all forms to Mr. McCann at the address below.

Industry and Municipalities

Chemicals to be reported by industry and municipalities are the listed extremely hazardous substances and all chemicals classified as hazardous under the OSHA Hazardous Communication Standard and were present at any time in 1996 in excess of 10,000 lbs.

The completed form must be submitted by you to the LEPC, your fire district and New York State, Albany office. The addresses for the LEPC and New York State are listed below:

Mr. Charles F. McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

NYS Department of Environmental Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, NY 12233

Please contact me if you need additional guidance.

Sincerely,



Charles F. McCann
LEPC Coordinator

CFM/pc

encl.

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p>		<p>Owner/Operator Name</p>		
	<p>Name _____ Street _____ City _____ County _____ State _____ Zip _____</p> <p>SIC Code <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Don & Brand Number <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		<p>Name _____ Phone () _____ Mail Address _____</p>		
<p>FOR OFFICIAL USE ONLY</p>			<p>Emergency Contact</p>		
			<p>ID # _____ Date Received _____</p>		<p>Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____</p>

Important: Read all instructions before completing form | **Reporting Period** From January 1 to December 31, 19____ | Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																																
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site (days)	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																	_____ _____ _____ _____ _____	<input type="checkbox"/>
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Name and official title of owner/operator OR owner/operator's authorized representative _____	Signature _____ Date signed _____

LOCAL EMERGENCY PLANNING COMMITTEE

DOMESTIC TERRORISM

GUIDELINES

FOR PUBLIC AND PRIVATE

SECTORS

TABLE OF CONTENTS

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Attachment No.1 - Bomb Threat Telephone Report

I. SCOPE AND PURPOSE

This procedure addresses domestic terrorism to both public and private facilities and provides uniformity in response activities covering communications that must take place in the event of a threat as well as responsibilities for various decisions and tasks.

On receipt of a domestic terrorism threat, the most essential evidence available to the authorities is the actual telephone conversation between the caller and the person receiving the call.

II. DEFINITIONS

- Domestic Terrorism - all threatened and actual manmade disasters using explosive, chemical, biological, or nuclear devices.
 - Bomb Threat - information that an explosive, incendiary, or gas-filled container has been set in place to explode by a timing mechanism.
 - Incendiary - a device that causes willful destruction of life and property by fire.
 - Biological / Chemical - a device that causes willful destruction of life and property by means of biological (microorganisms) or chemicals in either gas or liquid form (e.g. nerve gas, blister agents, viral agents).
 - Local Jurisdiction - the territorial range covered by an enforcement or first response organization.
-
- Public Sector - an agency or organization that is maintained by public taxes and supervised by municipal, county, state, or federal authorities.
 - Private Sector - an agency or organization that is not supervised by elected officials but managed by private individuals..
 - Non-Specific Threat - a caller or letter merely states there is a bomb on the premise but gives no specific details as to where it is located, or what type of bomb it is (this is the most common type of bomb threat).
 - Specific Threat - a caller or letter states specific information about the bomb, such as specific room number or area where the bomb is located, a particular time the bomb is suppose to explode, and/or specific reasons for placing the bomb.

III. PROCEDURES

NOTE

The information collected by the person receiving the threat determines the subsequent action taken by an agency for specific or non-specific threats

Notification - once a response agency is notified of a potential or actual domestic terrorism incident, the following procedure is advised:

A. Non-Specific Threat

If notification is made through a local jurisdiction

1. The local jurisdiction will conduct an investigation to determine if a potential incident is real
2. The local jurisdiction will notify the local fire chief that a non-specific threat has been received and that an investigation has been initiated to determine if the threat is real.
3. If additional resources are required to investigate the potential threat, then the local jurisdiction will contact those additional agencies for assistance.

B. Specific Threat

If notification is made through a local jurisdiction

1. The local jurisdiction will notify the following agencies:

local law enforcement
local Fire Chief
emergency management services

2. A unified command will be established between the administrator of the building or property and the law enforcement official for that jurisdiction.

NOTE: it is recommended that local law enforcement procedure include standby notification to the bomb disposal unit since the unit can only be activated by an enforcement agency

IV EVACUATION

- A The most serious of all decisions to be made by management, whether it is by a private or public entity, in the event of a bomb threat is evacuation or non-evacuation of a building(s).

The evacuation of a building is not an automatic response to a bomb threat.

A decision to evacuate a building must be based on an evaluation of the available evidence and the specific circumstances within which the threat was made. However, there is no mandate of law which prohibits management from developing a cart blanche policy that in the event of a bomb threat, evacuation will be effected immediately.

B. LOCAL MANAGEMENT RESPONSIBILITY

1. The Chief Executive Officer (CEO or the equivalent) of a public or private facility bears the ultimate responsibility for decisions regarding evacuation.

2. Planning

- a. It is incumbent upon management that planning clear, precise evacuation procedures be developed. Plans should include who within the command structure has the authority to order an evacuation. Responsibility should not lie with a single individual, as there will be times of unavailability. Rather, such authority should be viewed in terms of a hierarchical chain of command.
- b. Additionally, evacuation routes should be well defined as well as clearly identified places where evacuees should meet. Evacuation distances is an important consideration in determining evacuation routes. Transportation issues, in the event that impacted individuals should be moved to alternate sites, should also be addressed.
- c. Planners must not overlook the issue of "holding in place." This may be effective in larger structures where physical plants consist of separated buildings, when it may be accomplished safely.
- d. Staff that are given the responsibility for planning should also reach out to local, state and federal resources which are available, for assistance in developing plans and for plan reviews. Do not overlook input from local emergency responders.
- e. The use of radio and radio frequencies are not recommended during an evacuation since radio frequencies may provide a means of detonation of the devices

3. Implementation

- a. when plans have been completed, authorities must carefully train and thoroughly communicate to all impacted persons within the effected system, as to their responsibilities.

Carefully drawn plans should leave no margin as to who has authority, and who has responsibility for defined tasks. Also, the general population (employees), in the end, hold management accountable for actions, lack of actions, or wrongful actions and must be made aware, through training and familiarization of plans, as to what their role is and what to expect. Failure to include constituents in implementation processes will only result in confusion, alienation, lack of responsiveness and reduced confidence in management.

4. Periodic testing

- a. Plans should be tested at least on an annual basis. This should include all aspects that have been identified and included in the plan. Critiques should also be conducted with input from a fairly wide range of agencies or persons who were impacted by the testing. Only through written and verbal critiques is it possible to identify problems and suggest probable solutions. The use of "well informed" observers is also strongly suggested. Observers are able to provide local and strategic wide evaluations which participants often are not cognizant of.

C. POLICE DEPARTMENT - STATUTORY AUTHORITY

1. Police Departments possess statutory authority for the response and investigation of all bomb threats, regardless of who the intended recipient may be (public/private)
2. Additionally, statutory authority may be vested with the Federal Bureau of Investigation (FBI), the Bureau of Alcohol, Tobacco and Firearms (ATF)), and other state and federal agencies.

D. FIRE DEPARTMENT - STATUTORY AUTHORITY

1. Fire Departments, absent consensually developed policies and procedures and memorandums of understanding as they relate to specific responses to bomb threats, and when there has been no actual explosion or fire and no fire alarm activations. there is no statutory regulations requiring response or initiating or assuming command of a particular site.

2. However, authority to control and command the site is vested with the Fire Chief if an explosion or fire results. In such cases the Fire Chief has complete responsibility and commands the fire/explosion site (209 NYS General Municipal Law), to the exclusion of all others until such time as the fire is extinguished and control of the building is turned over to the owner. Exception to this applies if a crime has been committed or is ongoing. In those cases, specific areas of authority are shared by both fire and law enforcement.

E. SECURITY AND PROTECTION OF CLASSIFIED DOCUMENTS

1. Management of all facilities should take steps to insure the adequate protection of classified, proprietary, and sensitive documents under their control. Once again, policy should clearly set out the responsibilities of clearly identified personnel responsible for securing such documents prior to evacuation of any building.

V. SEARCHES

Specific Threat - Evacuation should be initiated in the event of a specific threat in which detonation time is known. A search should be conducted as follows:

- a. **If less than 10 minutes to detonation** -- immediate evacuation with a quick survey of the area for any foreign objects as one is leaving.
- b. **If more than 10 minutes to detonation** -- management should devise a plan when to initiate evacuation. Employees should be instructed during this time to quickly survey their immediate area for anything out of the ordinary.

Any foreign or unidentified packages, bags, objects located are to be left undisturbed and reported to the manager in charge.

- B. **Non-Specific Threat** - this is the most common type of threat. The evacuation of a building is not an automatic response to the 'non-specific threat' unless the building's management has already determined that evacuation will take place during any bomb threat.

Search activities should be conducted by the buildings management with a member of the staff that works in the area being searched. Staff members are most knowledgeable of what items should be in the area and which are suspicious.

VI. RESOURCES

Fort Drum Bomb Disposal Unit.....	(315) 773-4004
Onondaga County Bomb Squad Unit.....	(315) 425-3044
Monroe County Bomb Squad Unit.....	(716) 428-5511
New York State Police Bomb Squad Unit (Troop E)..	(716) 398-3200

VII. ATTACHMENTS

BOMB THREAT TELEPHONE REPORT

Name of person receiving call _____

Date _____ Time Received _____

Name of Supervisor notified _____

Time Supervisor notified _____

NOTE: Talk to no one other than those approved by your Supervisor.

Time Police Notified _____

Name of Person Who Notified Police _____

Actual words used by caller _____

Name of plant or building call was directed to _____

Location of bomb _____

Time bomb is to explode _____

Reason for Threat _____

Voice Characteristics

Loud	Raspy
Soft	Intoxicated
High Pitch	Deep
Low Pitch	Pleasant

Speech

Fast	Distinct
Slow	Stutter
Slurred	Distorted
Nasal	Lisp

Callers Identity

Male	Adult
Female	Child

Origin of Call

Local
L.D.

Accent

Local	Regional
Foreign	Racial

Language

Good	Fair
Poor	Foul

Manner

Calm	Angry	Rational
Drunk	Sober	Coherent
Irrational	Deliberate	

Background Noises

Factory Machines	Trains	Music	Quiet
Office Machines	Voices	Animals	Street
Airplanes	Party	Mixed	Bedlam
Other _____			

If the caller seemed familiar with the company, or plant, indicate how _____

Person making report (signature): _____

HEALTH AND SAFETY PROGRAMS AND PROCEDURES

BOMB THREAT

APPROVALS:

Plant Manager

EH&S Manager

Plant Engineer

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Attachment No.1 - Bomb Threat Telephone Report
Attachment No.2 - Bomb Threat Procedure Flow Chart

I. SCOPE AND PURPOSE

This procedure addresses bomb threats to this facility and covers the communications that must take place along with responsibilities for various decisions and tasks.

On receipt of a bomb threat, the most essential evidence available to the authorities is the actual telephone conversation between the caller and the person receiving the call. As such, it is advisable that all receptionists and others who regularly answer the phone familiarize themselves with the following procedures.

II. DEFINITIONS

- a) Non-Specific Threat - a caller or letter merely states there is a bomb on the premise but gives no specific details as to where it is located, or what type of bomb it is (this is the most common type of bomb threat).
- b) Specific Threat - a caller or letter states specific information about the bomb, such as specific room number or area where the bomb is located, a particular time the bomb is suppose to explode, and/or specific reasons for placing the bomb.

III. RESPONSIBILITIES

Call Recipient - is responsible for obtaining as much information as possible, notifying the Plant Manager, or in his absence another manager while completing the "bomb threat telephone report" (attached).

Plant Management - is responsible for calling for an evacuation, assigning the appropriate Rally Points, notifying authorities and determining if the facility is safe to re-enter.

IV. PROCEDURES

- A. Upon receiving a telephone bomb threat, the recipient will call another to their assistance as soon as the nature of the call is recognized. This should be done, if at all possible, while the caller is on the line. Notification of the Plant Manager (or other) can proceed as soon as help arrives.
- B. The recipient of the call will make every attempt to obtain as much information as possible while at the same time attempting to keep the caller on the line (see Suggestions in Handling Bomb Threat Call, Part V, and Bomb Threat Telephone Report Checklist, Attachment 1).
- C. If the bomb threat is received at night, the person receiving the call:

1. Notifies the Operation's Supervisor to convey available information, and
 2. Activates the Emergency Response Notification .
- D. A supervisor or representative of management calls the Waterloo Police Department at (315) 539-2022. The Dispatcher will need the following information:
1. Nature of the call (bomb threat)
 2. Our company name: Hampshire Chemical / Evans Chemetics
 3. Our company address: 228 East Main Street, Waterloo
 4. Person making report
 5. Other information relating to the call
-
- E. SEARCHES - An announcement is given by a manager informing all employees of the bomb threat. The use of radio and radio frequencies are not recommended during an evacuation since radio frequencies may provide a means of detonation of the devices
- a) Specific Threat - Evacuation should be initiated in the event of a specific threat in which detonation time is known. A search should be conducted as follows:
- a. **If less than 10 minutes to detonation** -- immediate evacuation with a quick survey of the area for any foreign objects as one is leaving.
 - b. **If more than 10 minutes to detonation** -- management should devise a plan when to initiate evacuation. Employees should be instructed during this time to quickly survey their immediate area for anything out of the ordinary.
-
- Any foreign or unidentified packages, bags, objects located are to be left undisturbed and reported to the manager in charge.
- b) Non-Specific Threat - this is the most common type of threat. The evacuation of a building is not an automatic response to the 'non-specific threat' unless management has already determined that evacuation will take place during any bomb threat.
- c) Search activities should be conducted by management with a member of the staff that works in the area being searched. Staff members are most knowledgeable of what items should be in the area and which are suspicious.
- d) Rally Points will be determined on a case by case basis. Typically the administrative building (Bldg. 13 and Bldg.14) will be evacuated to an outside area away from the facility and vehicles.

e) Operations personnel and Maintenance management will survey the operating areas and report to their management. The areas searched first should be those that will pose the greatest risk to our employees and community if a detonation occurred (i.e., storage areas and dikes).

Search activities are suspended to permit the projected time of detonation to pass. A minimum of a 10 minute window either side of detonation time will be used to keep personnel from the buildings.

Senior management will determine if an evacuation from the facility property is necessary.

V. SUGGESTIONS IN HANDLING BOMB THREAT CALLS

- A. All information relating to the call should be written down. A long hand summary of the contents of the conversation should be made available for the officers upon arrival. If more than one person heard the threat, then each should make a separate account of what was said, in order to obtain a complete and accurate dialogue.
- B. Keep the caller on the line as long as possible.
 - 1. Ask the caller to repeat the message.
 - 2. Record every word spoken by the person making the call.
 - 3. Pretend difficulty with hearing or complain about a bad connection.
- C. Try to get complete and specific answers to the following questions:
 - 1. Exactly where is it?
 - 2. Exact time it will go off.
 - 3. Type of container it is in.
 - 4. Method of delivery.
 - 5. Who brought it in?
 - 6. Type of bomb.
 - 7. How did you make it?
 - 8. Method of detonation.
 - 9. Why are you doing this?
- D. It is advisable to inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
- E. Pay particular attention to any strange or unusual background noises such as motors, background music and type of music, other voices or any other noises which may give remote clue as to the place from where the call is being made.
- F. Listen closely to the voice (male, female), voice quality, accents, speech impediments, etc.

VI. PERSONNEL ACCOUNTING

A. Rally Points

Rally Points are the same as during any other emergency.

B. Managers

Managers are responsible for accounting for all personnel and visitors. They are also responsible for conveying the circumstances of the emergency and the evacuation point chosen. Evacuation will typically be on site, away from all vehicles and buildings or equipment.

VII. ATTACHMENTS

Attachment 1, Rev.0
 BOMB THREAT TELEPHONE REPORT

Name of person receiving call _____

Date _____ Time Received _____

Name of Supervisor notified _____

Time supervisor notified _____

NOTE: Talk to no one other than those approved by your Supervisor.

Time Police Notified _____

Name of Person Who Notified Police _____

Actual words used by caller _____

Name of plant or building call was directed to _____

Location of bomb _____

Time bomb is to explode _____

Reason for Threat _____

Voice Characteristics		Speech	
Loud	Raspy	Fast	Distinct
Soft	Intoxicated	Slow	Stutter
High Pitch	Deep	Slurred	Distorted
Low Pitch	Pleasant	Nasal	Lisp

Callers Identity		Origin of Call	Accent	
Male	Adult	Local	Local	Regional
Female	Child	L.D.	Foreign	Racial

Language		Manner		
Good	Fair	Calm	Angry	Rational
Poor	Foul	Drunk	Sober	Coherent
		Irrational	Deliberate	

Background Noises			
Factory Machines	Trains	Music	Quiet
Office Machines	Voices	Animals	Street
Airplanes	Party	Mixed	Bedlam
Other	_____		

If the caller seemed familiar with the company, or plant, indicate how _____

Person making report (signature): _____

Author: Andrew Caraker at cmd

Date: 10/22/97 10:14 AM

Priority: Normal

TO: Linda Chominski@ FAX#9-16095625345 at FAX, Peter Koutroubis@ FAX#9-17186304486 at FAX, Scott Pickard@ FAX#9-17168794357 at FAX, Joe Shandling@ FAX#9-19149384598 at FAX, Jim Ott@ FAX#9-19085322367 at FAX, Richard Mandra@ FAX#9-12018235152 at FAX, Carl Appelquist@ FAX#9-12018237040 at FAX, Mark Preston@ FAX#9-16095306880 at FAX, Tom Solecki@ FAX#9-12017245398 at FAX, Richard Ramsdell@ FAX#9-17183525674 at FAX, William Knox@ FAX#9-15187864319 at FAX, Jim Haynes@ FAX#9-13157728050 at FAX, Steve Absolom@ FAX#9-16078691362 at FAX, Allen Roos@ FAX#9-12122646494 at FAX, Lya Theodoratos@ FAX#9-12122649511 at FAX, Ron Neissen@ FAX#9-15182663610 at FAX, Mirza Baig@ FAX#9-12018236701 at FAX

CC: Michael K Eck at ECD, Janet Kim at ECD, Kieth W Reed, Robert L Muhly at ETD, John Gordon@ FAX#9-14045624221 at FAX, Bob Jones @ FAX#9-18604493699 at FAX, Gerry Nelson@ FAX#9-16146922278 at FAX

Subject: EPA Region II EPCRA 313 Plans/Ft. Lewis Insp. Report

1. During the last NREO conference call with New Jersey/New York Army installations/activities, several of you asked to receive a copy of the Fort Lewis 313 inspection report. It is attached for all of you (6pp), courtesy of Tom Solecki of Picatinny.

2. I held off on sending the Fort Lewis report until I had talked with Region II about their FY 98 plans and got answers to questions regarding record keeping and munitions. Below summarizes what I found through conversations and e-mail communications with Nora Lopez, the EPA Region II EPCRA Coordinator.

a. Installations to be Inspected

The region has been funded to conduct 5 federal facility 313 inspections in FY 98. Probably 2 of those will be of DoD installations. Specific facilities/installations have not yet been identified.

b. Record Keeping

Region II doesn't require any particular type of record keeping system (e.g., real-time v.a.v. some other system), whether for reported chemicals or for those chemicals whose quantities are below reporting thresholds. What the region is concerned about is that the installation has accurate records that adequately show the 313 chemicals that came in during the year, the quantity, how they were used, and where they ended up. If the inspection shows what the region considers to be an inadequate record keeping system, the region "may suggest" corrections or alternatives. According to Ms. Lopez, the region "would like to see an annual record" rather than a series of quarterly records, simply because the annual record pulls everything into one place, making the inspection easier. Similarly, the region "would love" to see records kept by chemical, again because if that is done already, then the inspectors don't have to do it. But, Ms. Lopez made it clear that the region will "take what it can get," and go from there.

The bottom line - from the Region II point of view - is that automated, real-time records are not necessary, but some form of accurate, complete, organized record keeping system would be a good idea and much appreciated.

c. Munitions

Region II had been planning to include munitions in a 313 inspection of any DoD installation with a firing range. When I told Ms. Lopez we understood that DoD and EPA were working on some form of stand-down on that point, she checked with EPA headquarters. The response (also attached) is not "official" agency communication, but it reflects agreement between EPA and DoD "to defer reporting of munitions under EPCRA" pending the

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study on how better to estimate releases associated with DoD munitions. The response goes on to state: "We (EPA) are pushing for some reporting on a pilot basis for 98, but I (the author) don't expect full reporting of munitions under EPCRA by DoD until 99."

Ms. Lopez then told me that Region II would abide by the agreement, and would not include munitions in any FY 98 313 inspection of a DoD installation. [This is subject to change, of course, if EPA and DoD modify the agreement, which does not appear likely in the foreseeable future.]

d. Other Points of Interest

There will a phone call from the region to the installation one to two weeks in advance of the date on which the region would like to conduct the inspection. The purpose of the advance call is to give the installation time to pull its records together and otherwise get ready. The actual inspection date can be negotiated (within reason). To the extent possible, the 313 inspection will be coordinated with any 311/312 inspection. [These two programs lie within different divisions in Region II, unlike some other regions where they belong to the same division. This means that coordination and concurrent inspection dates are not always possible.] The region will first screen records, applying exemptions (which in the case of munitions should be automatic and up front) and validating threshold determinations, then proceed to the full inspection for eligible chemicals (which will include visits to sites where the chemicals are used). [The Fort Lewis report describes an inspection process that seems to be much the same as that intended by Region II.]

I hope that this information is useful to you. Let me know if the NREO can do anything further.

Andy Caraker
NREO

Attachments - Fort Lewis 313 Inspection Report (6 pages)
- "Federal Facilities Question?" E-Mail Msg (1 page)

Cindy Trout

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AFZH-PWQ (200-1)

MEMORANDUM FOR RECORD

SUBJECT: EPCRA SECTION 313 INSPECTION 18-20 August 1997

1. Executive Order (EO) 12856 "Federal Compliance with Right-to-Know Laws and Pollution Prevention Requirements", dated 03 August 1993, requires federal facilities to comply with EPCRA. AR 710-2 and FL Reg 200-1, Chapter 7 and Appendix F establish the mechanism for data collection to support the requirements of the EO. Fort Lewis established a reporting mechanism to collect data through quarterly Hazardous Material (HM) inventories.
2. Fort Lewis, WA received a Notice of Inspection EPCRA Section 313 on 21 July 1997. This notification was for a planned inspection by the Environmental Protection Agency (EPA) encompassing the entire facility identified as "Fort Lewis, WA including Yakima Training Center. This inspection was pursuant to Executive Order #12856, which defines the obligation of federal facilities to abide by the same Emergency Planning and Community Right to Know Act (EPCRA) laws in effect for the private sector. (Enclosure 1).
3. The Notice of Inspection letter requested that information be submitted to the EPA for review two weeks prior to the inspection date of 18-20 August. The available requested information, documentation, and reports were transmitted 5 August 1997 (Enclosure 2). A team of personnel worked to pull all of the required information together to meet the required submission date. Personnel involved in preparing the documentation for transmittal were: Richard Singler, David Hodgeboom, Marlyn Peavler, Traci Minnard, Karen Godsey, Ray Alonzo, Belinda McCarter, Ken Smith and Cynthia Trout. Information not transmitted 5 August 1997 was available during the scheduled inspection.
Acknowledgement of receipt of requested data is attached. (Enclosure 3).
4. I notified the Public Works Deputy Director, Forces Command (FORSCOM) EPCRA Program Manager and Army Environmental Center EPCRA Program Manager regarding the upcoming inspection. I requested guidance on what data to provide and requested on-site support to address DOD hospital and ammunition exemptions.
5. The EPA EPCRA Section 313 Inspection Team arrived at 0800 18 August. The In Brief was held at building 1210. Personnel Present:

EPCRA Inspection Team: David Somers, EPA, Compliance Inspector (18-20 Aug)
 Christina Colt, EPA, TRI Program Manager (18-20 Aug)
 Philip Wong, EPA, Chief Compliance Inspection Branch (18-20 Aug)
 John Ridgeway, WADOE, EPCRA (18-19 Aug)
 Jack Bohler EPA RCRA Compliance Inspector (19-20 Aug)

Fort Lewis Personnel: Phil Crawford, PW, Acting Environmental Compliance Branch Chief

Cynthia K. Trout, PW, EPCRA Program Manager

Cindy Trout

Page 2

Richard Singler, ANTEON, EPCRA Support
Beverly Cross, DOL, Supply (18 Aug)

FORSCOM: Mitch Cohen (18-19 Aug)

6. A presentation of credentials, introductions, and exchange of business cards was done. EPA provided a list of specific areas that would be discussed or visited during the inspection (Enclosure 4). The EPA provided an overview of the EPCRA TRI Reporting requirements.
7. After an overview of the data submitted prior to the inspection was done; data not submitted 5 August was handed over. EPA reviewed data submitted 5 August. EPA asked for and received additional data throughout the inspection.
8. The EPA reviewed the following while on site:
 - a. Administrative review of data (**Wanted to see a paper trail from initial order of item containing TRI chemicals until it is used, wasted, or residue produced.** We directed their efforts to ht HM inventory, our mechanism for collecting reportable data as established in FL Reg 200-1)
 - b. Review of Threshold Calculations (How we calculated threshold and applied exemptions)
 - c. Review of Release Calculations (How we determined releases as reported on the Form R)
 - d. Site Visits
9. Administrative Review of the data. EPA requested a listing of all vendors who supply Fort Lewis with Hazardous Materials and the types of Hazardous Materials they supply. Bev Cross, DOL, explained the various avenues of hazardous material procurement. A listing of vendors could be supplied but it would be time consuming to pull all information together and a large document would be the result. I explained that the mechanism we used to capture all hazardous material stored and used on Fort Lewis was through a quarterly reporting of hazardous material inventories. This mechanism was established through AR710-2, AR200-1 and implemented with FL Reg 200-1. Information was provided on hazardous material inventory statistics. Average quarterly reporting was 40%, with 70% reporting at least one time during CY96. **EPA wanted information regarding how contractors working on Fort Lewis reported.** We told them it was written in the contract specs. Prior to the inspection we were required to provide a list of contractors working on post. They requested a listing of contractors reporting in EPCRA. Currently 4 contractors are reporting. From data provided to the EPA, there are 44 on-site contractors at MAMC and 144 contractors (COE and DOC) on-site at Fort Lewis.
10. EPA requested a listing of all processes and the quantities of TRI chemicals used in each process. I explained that we did not track our data in that manner. An EPCRA data base had been developed that we used to track all TRI chemicals used at Fort Lewis. I could have a query built and the data pulled out if they wanted, but the process information was not at the level of detail requested. I provided a copy of the EPCRA Database relationships so that they could see the data elements being collected and tracked. Ray Alonzo and Karen Godsey demonstrated how the system worked and showed how a TRI chemical was linked to an MSDS. We were also able to show all locations where that chemical was reported as being used. We showed the EPA the

MSDS files we maintain and discussed our tracking number and the relationship to the HM inventory.

11. **Threshold Determination: EPA requested a listing of TRI Chemicals used and amounts used at Fort Lewis. Listing Provided. This listing identified TRI Chemicals that exceeded thresholds prior to any exemptions.** Verified that this data was based on the average 40% reporting. I explained that we extrapolated the data to show what the usage volumes would be for a year based on the data reported. I stressed that we applied the Department of Defense exemptions and supplied documentation on how exemptions were applied. (Enclosure 5). I verified that the Hospital Exemption was applied and that inventories for the clinics, labs, and photographic operations were not reported. **Questions were raised regarding ammunition and TRI chemicals found in munitions. Mitch Cohen addressed these DOD exemptions and stressed that DOD would provide reporting guidance when facilities started reporting munitions.**
12. **Emissions Determinations:** EPA reviewed documentation showing how releases to the environment were calculated. Copies of files were supplied to EPA for further review.
13. **Sites Visited:**
 - **MAMC:**
 - a. **photographic Operations:** EPA was interested in areas where photographic chemicals were used. The EPA requested the following be sent: **MSDSs for chemicals used, along with purchase records, and usage records.**
 - b. **silver recovery process:** EPA requested an overview of the process. The EPA requested records showing where all the used photographic waste came from and in what volumes. They also requested documentation showing treatment and testing for silver recovery (concentration of silver in fluids being used for silver recover and concentration of silver on the silver recovery filters).
 - c. **Histology laboratory (non-research lab):** EPA requested to see a laboratory where **medical solvents were used. The EPA requested documentation of medical solvent usage, volumes purchased, used, and recycled. They also were interested in Formaldehyde usage and treatment.**
 - **ASP:** EPA Inspector was trying to get information regarding ammunition usage as well as chemical constituents. The ASP Chief, Tom Navarous, explained that they could provide records of what was issued, but not where the ammunitions were used. He explained that the munitions could be used off Fort Lewis at other military installations. He also explained that not all visiting troops draw ammunition from the ASP. It was also noted that Foreign Military Train at Fort Lewis, as well as local, state and federal entities. Their ammunition is also not drawn from the ASP. Range control could provide who used the ranges. In general, it was apparent that collection of this data for future reporting would be an interesting exercise. We need to get controls in place to get the actual usage data. It appears to be available in some form between several organizations. EPA was looking for some estimate of number of bullets fired. The following estimates were provided for their estimation: Assume 450-bullets/ soldier/yr. * Number of soldiers on the installation/yr. = # bullets fired. Assume 30 grains of lead/bullet. 7000 grains/pound.

450 bullets/soldier/year * 20,000 soldiers * 30 grains lead/bullet * pounds/ 7000 grains
= 38571 # lead

- DOL: EPA Inspectors wanted to look at our Industrial Facility. We visited various process areas within the DOL: Painting operations, Paint Booths, Paint Storage, Paint Gun cleaning, Solvent Recycling. We also toured the Engine Repair Line and the Ammunition Parkerizing Process. During this portion of the Site Inspections, the lead inspector asked where all our large chemical vats were located. We said we removed the vapor degreasers in 1992 and replaced them with aqueous parts washers. The only open tanks currently in operation at the DOL were in the Parkerizing Process (Phosphoric acid and chromic acid). At this point, I believe the Inspectors were starting to realize that we just don't use large quantities of TRI chemicals.
- Military Battalion S4 Shop: Administrative Review only. The EPA wanted to see the paper trail from initial order of item containing the TRI chemical until is used and wasted or residue produced. The EPA also did a data quality check on what was reported in a previous HM Inventory and what was currently in use. The EPA found discrepancies in the data (between reported inventory and currently used TRI chemicals).
- YTC: Inspection of YTC was handled as a separate facility from Fort Lewis. The EPA went through the same administrative review. We also went out on site visits. The EPA requested munitions information. I repeated the Information Mitch Cohen, FORSCOM had been saying throughout the inspection

14. The following are the basic findings as a result of the EPA TRI Inspection:

- Flow of Paperwork not complete
- Data Collection Problems
 - Incomplete HM Inventories both from contractors, garrison, and military activities, includes, but is not limited to the following:
 - Not turning in any inventory
 - Not turning in a quarterly inventory
 - Quantities on inventory do not correlate with quantities in use
 - Products on inventory do not agree with products on hand
 - No central tracking of HM (don't seem to be able to show HM request, order, or receipt)
- Data Reliability
 - Because of the incomplete inventory data, EPA questioned the reliability of the data that we used to generate the TRI reports. Are we under reporting?
- Data Discrepancies
 - Because of incomplete data reporting 1994 to present, there appears to be large gaps in the data. EPA is concerned about those discrepancies and has required us to provide documentation to justify these discrepancies. In other words, we get to go back and re evaluate the data.

15. The following is information we owe EPA:

A. MAMC

- MSDSs for developers and fixers
- Amount of silver recovered
- Xylene, Formaldehyde, and p-acetic acid requested and received
- Xylene, formaldehyde and p-acetic acid usage

Cindy Trout

Page 5

- Recycling of xylene and alcohol -- yearly amount from 1996 or extrapolate from data available in 1997
 - Formaldehyde treated.
- B. The 8-11 chemicals exempted in 1996, show amounts and reason for exemption
- C. The large amounts of chemicals used in 1995 but low usage in 1996, i.e. lead, antimony arsenic. Discuss not just the batteries but include the other chemicals that showed equivalent swings.

16. Summary of EPCRA INSPECTION provided by Richard Singler, ANTEON

Major areas from the EPA Region 10 TRI inspection of Fort Lewis and Yakima Training Center are:

1. EPA wants to see a paper trail from initial order of item containing TRI chemical until it is use and waste or residue produced. This includes:

- a. "Purchase Requests" or military equivalent.
- b. Material receipt.
- c. Inventory records.
- d. Records showing the process consuming the TRI material.
- e. If a process produces or manufactures a TRI chemical, the team wants to see

records. Example: If a welding rod contains Zinc and the welding process produced Zinc Oxide fumes, the inspection team wanted to see documentation on the welding. How many pounds of rods are used, what are the TRI chemicals in the rods, what TRI chemicals are manufactured? The team considered Zinc Oxide fumes "manufactured" in the welding process.

According to the inspection team, EPA fined a stainless steel fabricator for not properly tracking and reporting the waste stainless steel turnings that were recycled as scrape metal. The teams rationale is that since stainless steel contains traces of TRI metals (Vanadium, Chromium, etc.) and the weight of weight of the TRI metals in the steel exceeded the threshold level, therefore release calculations must be performed.

REPEATEDLY THE TEAM ASKED FOR PURCHASE/ORDER RECORDS, MATERIAL RECEIPT RECORDS, MATERIAL INVENTORY RECORDS AND USE RECORDS FOR PRODUCTS CONTAINING TRI CHEMICALS OR MANUFACTURING TRI CHEMICALS. DURING THE OUT BRIEF THE TEAM SAID THAT FORT LEWIS HAD THE RECORDS SHOWING PROCESS USE BUT NOT THE SUPPORTING PURCHASE, RECEIPT OR INVENTORY RECORDS. THE TEAM STATED THAT FORT LEWIS HANDLED THE TRI DATA IT RECEIVED WELL BUT THAT THE "CHAIN WAS BROKEN" FOR ALL THE NECESSARY DATA TO REACH THE PERSONNEL PREPARING THE TRI.

2. After FORSCOM representative presented the DOD guidance to military units, the inspection team did not push the munition question. However, the inspection team said that EPA considered small arms brass cartridge cases to be TRI containing residue of a use of TRI containing item, e.g. small arms ammunition. Once EPA settles the small arms issue with DOD, this inspection team expects to see if amounts are above threshold level, the annual TRI report containing release calculations for small arms ammunition. This includes the lead and copper in the bullets, the copper and zinc in the brass cartridge as well as the TRI chemicals in the powder and primer. This includes any new TRI compounds that the burning powder

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Page 6

creates.

The team expects the same information for all munitions with TRI chemicals above the threshold level.

The team made the point of saying that some Air Force installations, Department of Energy Security Forces and the Bureau of Alcohol Tobacco and Firearms were reporting small arms usage.

3. The inspection team repeatedly commented that the Fort Lewis physical size, acres and number of buildings, is large but, with the exception of munitions, the TRI content appears very small.

4. The team disagreed with DOD interpretation of the hospital exemption. The team considered as exempt only those chemicals/medications that a patient directly consumes. Chemicals used in a laboratory or X-ray, etc are not exempt.

CYNTHIA K. TROUT
Environmental Engineer, ENRD

[EPA Headquarters response to Nora Lopez, EPA Region II EPCRA Coordinator]

Date: Tue, 21 Oct 1997 08:11:03 -0400
From: ANDREW CHERRY <RTPMAINHUB.CHERRY-ANDREW@RT-MAIL2.RTP.TOK.EPA.GOV>
Subject: FEDERAL Facilities question?? -Reply
Mime-Version: 1.0
Content-Type: text/plain
Content-Disposition: inline

Based on the EPA EPCRA guidance, firing ranges are not exempt nor are munitions/ammunitions. However, because of the complexity involved with the very numerous types of munitions DoD fires, and because of the uncertainty surrounding the regulatory status of munitions for purposes of the RCRA Munitions Rule (which just became effective this past August), we EPA/HQ and DoD/HQ agreed to defer reporting of munitions under EPCRA. DoD is studying the issues, and has formed a workgroup to get a better handle on estimating the releases associated with the varying types of munitions that DoD fires. We are pushing for some reporting on a pilot basis for 98, but I don't expect full reporting of munitions under EPCRA by DoD until 99.

I hope that helps, and it is about all I know. If you want more details, call Will Garvey at (202) 564-2458. I can be reached at (202) 564-5011.

Author: siose-co at ri3503m2
Date: 5/2/97 1:06 PM
Priority: Normal
TO: sabsolom at ri3904s1
Subject: Toxic Release Inventory (TRI) Reporting

AMSIO-EQC (200)

1 May 1997

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Toxic Release Inventory (TRI) Reporting

1. The Environmental Protection Agency (EPA) has announced that the revised Form R for TRI reporting and the Form R instruction booklet will not be mailed out until June 1997. Calendar 1996 reports, however, are still due 1 July 1997.

2. The Form R has been revised and is only five pages long instead of nine pages as in previous years. This is due mainly to smaller font size. There are also minor revisions on reporting underground injection wells and disposal to on-site landfills.

3. The new form is available on the Internet in portable document file (pdf) format. The address is <http://www.epa.gov/opptintr/tri> under reporting requirements. Adobe Acrobat Reader is required to view the document. This software is available free of charge on the Internet at <http://www.adobe.com/prodindex/acrobat/readstep.html>. The instructions and reporting software will also be available for downloading from this site after 7 May 1997. This new form must be used for reporting; the EPA will not accept old versions. The DOD will again require installations to use the electronic reporting software and will not allow the use of range codes.

4. The POC is Lynn Wandrey, AMSIO-EQC, DSN 793-2288, E-Mail lwandrey@ria-emh2.army.mil.

///signed///
ROBERT J. RADKIEWICZ
Deputy Chief of Staff for
Environmental Management

DISTRIBUTION:

Commander,
Pine Bluff Arsenal, ATTN: SIOPB-CO, 10020 Kabrich Circle, Pine Bluff, AR 71602-9500
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Watervliet Arsenal, ATTN: SIOVW-CO, Watervliet, NY 12189-4050

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Crane AAA, ATTN: SIOCN-CO, 300 Highway 361, Crane, IN 47522-5099
Holston AAP, ATTN: SIOHS-CO, 4509 West Stone Drive, Kingsport, TN 37660-9982

File
MIKE STOFKA
Do we have
an upcoming
TRI reporting
July? NO MS
IF So ACTION
pls.

SMA.

Iowa AAP, ATTN: SIOIA-CO, 17571 State Highway 79, Middletown, IA
52638-5000
Lake City AAP, ATTN: SIOLC-CO, Independence, MO 64051-0250
Lone Star AAP, ATTN: SIOLS-CO, Texarkana, TX 75505-9101
McAlester AAP, ATTN: SIOMC-CO, 1 C Tree Rd., McAlester, OK
74501-9002
Milan AAP, ATTN: SIOML-CO, 2280 Highway 104 West, Suite 1, Milan,
TN 38358-3176
Radford AAP, ATTN: SIORF-CO, P.O. Box 2, Radford, VA 24141-0099

Commander's Representative,

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53913-5000
Cornhusker AAP, ATTN: SIOCH-CR, 102 North 60th Road, Grand
Island, NE 68803-9022
Indiana AAP, ATTN: SIOIN-CR, 11450 Hwy 62, Charlestown, IN
47111-9667
Joliet AAP, ATTN: SIOJO-CR, 29401 South Route 53, Wilmington,
IL 60481-8879

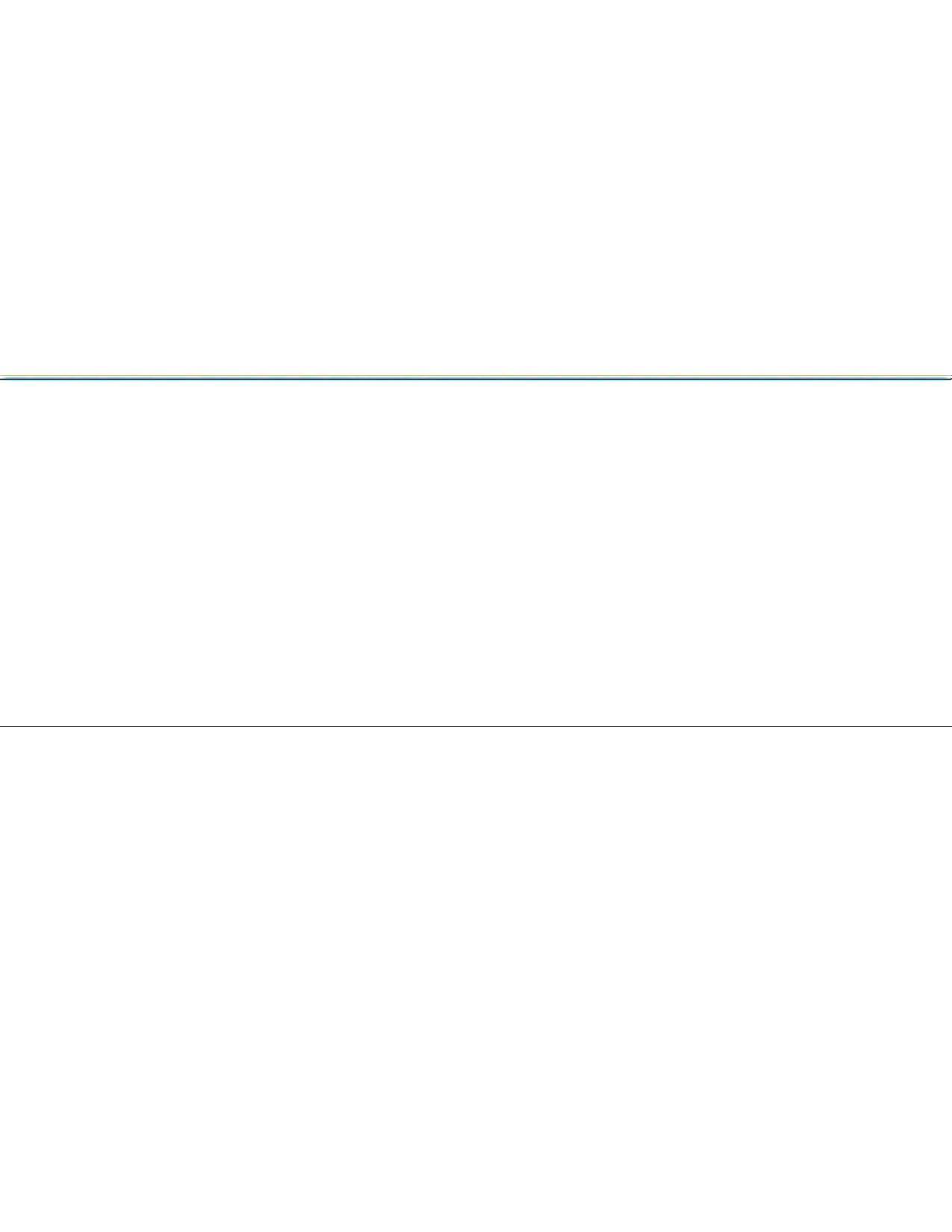
Kansas AAP, ATTN: SIOKS-CR, 23018 Rooks Road, Suite AA, Parsons,
KS 67357-8403
Longhorn/Louisiana AAP, ATTN: SIOLH-CR, P.O. Box 658, Doyline,
LA 71023-0658
Mississippi AAP, ATTN: SIOMS-CR, Stennis Space Center, MS
39529-7000
Ravenna AAP, ATTN: SIORV-CR, 8451 State Route 5, Ravenna, OH
44266-9297
Riverbank AAP, ATTN: SIORB-CR, Riverbank, CA 95367-0670
Scranton AAP, ATTN: SIOSC-CR, 156 Cedar Avenue, Scranton, PA
18505-1138
Sunflower AAP, ATTN: SIOSF-CR, P.O. Box 640, DeSoto, KS
66018-0640
Twin Cities AAP, ATTN: SIOTC-CR, 4700 Highway 10, Suite A,
Arden Hills, MN 55112-3928
Volunteer AAP, ATTN: SIOVO-CR, P.O. Box 22607, Chattanooga,
TN 37422-2607

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Anniston AD, ATTN: SIOAN-CO, 7 Frankford Avenue, Anniston,
AL 36201-4199
Blue Grass AD, ATTN: SIOBG-CO, 2091 Kingston Highway, Richmond,
KY 40475-5001
Corpus Christi AD, ATTN: SIOCC-CO, 308 Crecy Street, Corpus
Christi, TX 78419-5260
Hawthorne AD, ATTN: SIOHW-CO, P.O. Box 5000, Hawthorne, NV
89415-5000
Letterkenny AD, ATTN: SIOLE-CO, 1 Overcash Avenue, Chambersburg,
PA 17201-4150
Red River AD, ATTN: SIORR-C, 100 Main Drive, Texarkana, TX
75507-5000
Savanna ADA, ATTN: SIOSV-CO, 3700 Army Depot Road, Savanna, IL
61074-9636
Seneca ADA, ATTN: SIOSE-CO, 5786 State Route 96, Romulus, NY
14541-5001
Sierra AD, ATTN: SIOSI-CO, 74 C Street, Herlong, CA 96113-5000
Tobyhanna AD, ATTN: SIOTY-C, 11 Hap Arnold Boulevard, Tobyhanna,
PA 18466-5000
Tooele AD, ATTN: SIOTE-CO, Tooele, UT 84074-5000

Director, U.S. Army Defense Ammunition Center,

ATTN: SIOAC-DO, 3700 Army Depot Road, Savanna, IL 61074-9639



Author: siose-co at ri3503m2
Date: 2/10/97 1:07 PM
Priority: Normal
TO: SABSOLOM at ri3904s1
TO: scooper@seneca-emh.army.mil at SMTP-DDN
TO: efitzgerald@seneca-emh.army.mil at SMTP-DDN
TO: windlem at ri3503m2
Subject: Compliance w/Section 312 of EPCRA

Steve - for your action. kim

Forward Header
Subject: Compliance w/Section 312 of EPCRA
Author: seneca-ad at ri3903s1
Date: 2/10/97 8:05 AM

S: 1 March 1997

7 February 1997

AMSIO-EQC (200(B))

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Compliance with Section 312 of the Emergency Planning and Community Right-to-Know Act (EPCRA)

1. In order to comply with section 312 of EPCRA, facilities that meet reporting thresholds must submit a Hazardous Chemical Inventory to their State Emergency Response Commission, the Local Emergency Planning Committee, and the local fire department. The inventory (Tier I or Tier II) is due NLT than 1 March 1997.
2. If a Material Safety Data Sheet is maintained for a chemical, the threshold amount is 10,000 pounds. For extremely hazardous substances, however, the threshold is 500 pounds or the threshold planning quantity, whichever is lower. If your facility does not meet or exceed these amounts, you are not required to submit a report, even if thresholds were met in past years. It is not necessary to send a report to this Command. However, please do send a copy of the cover letter verifying that the report was sent on time.
3. Tier II electronic reporting software is again available from the U.S. Environmental Protection Agency. To order, call the EPCRA hotline at 1-800-535-0202. The software is available in Windows format. You can also contact the POC for a copy of the software.
4. The POC is Ms. Lynn Wandrey, AMSIO-EQC, DSN 793-2288, electronic mail lwandrey@ria-emh2.army.mil.

FOR THE COMMANDER:

//original signed//
ROBERT J. RADKIEWICZ
Deputy Chief of Staff for
Environmental Management

MIKE
This is done
I know -

Do you want
the software?
SMA

Author: ogdenj at ri3503m2
Date: 10/16/97 9:04 AM
Priority: Normal
TO: sabsolom at ri3904s1
Subject: TRI Update--Oct 14

FYI

MIKE
STOFKA
FYI

Forward Header

Subject: TRI Update--Oct 14
Author: BOB LINGO <BLINGO@alexandria-emh1.army.MIL> at SMTP-DDN
Date: 10/14/97 10:13 AM

1. Forwarded is recently issued guidance from DUSD(EQ) and EPA regarding EPA inspection and enforcement procedures for EPCRA reporting. Please pass on to your environmental coordinators and other staff personnel who have a need to know. As indicated << This memo has been signed out of DUSD(ES) and will be making its way down the pipeline.>>

2. Note that while EPA cannot assess fines or penalties for violations against federal facilities, the EPA guidance indicates the potential for a Show Cause letter and the possibility of an Federal Facility Compliance Agreement under EO 12088. Any such proposed Compliance Agreement should be coordinated with this office.

3. IOC should review this policy with regard to GOCO compliance and inspections. Government contractors must comply with EPCRA as private entities, and are therefore subject to the full EPA enforcement authorities, whereas government facilities comply with the procedures of Executive Order 12856. Therefore, it would seem to me, on first reading, that it is important at GOCO facilities to determine which entity EPA is inspecting, the government facility compliance and reports, or the contractor reports. Let me know if you have any different reading or comments.

Bob Lingo

----- Forwarded by BOB LINGO on
10/14/97 10:03 AM -----

To: BOB LINGO@AMC
cc:
Subject: TRI Update--Oct 14

----- Forwarded by DAVID MAYSON
10/14/97 09:08 AM -----

From: mkeck@aec2.apgea.army.mil on 10/14/97 08:25 AM

To: bperry@tec1.apg.army.mil, cohenmi@forscom.army.mil,
combscha@usarc-emh2.army.mil,
david_reed@chppm-ccmail.apgea.army.mil,
denean_summers@chppm-ccmail.apgea.army.mil,
dmays@alexandria-emh1.army.MIL, krawciwj@cc.tacom.army.mil,
LWANDREY@ria-emh2.army.mil, olivierm@emh10.monroe.army.mil,
ruehej@pentagon-acsim1.army.mil, tanigawv@shafter-emh3.army.mil,
keysd@mcnair-emh2.army.mil, audinoe@arngrc-emh9.ngb.army.mil
cc: rleichho@aec2.apgea.army.mil, portham@acq.osd.mil (bcc: DAVID

1. EPA Inspections for EPCRA.

a. Attached in Word for Windows 6 (DOC.DOC) is the DoD guidance for EPA Inspections for Compliance with EPCRA. This memo has been signed out of DUSD(ES) and will be making its way down the pipeline.

b. AEC has funding USACHPPM to provide assistance to installations in preparing for or responding to EPA EPCRA inspections, as follows:

- revising Form Rs as necessary
- CHPPM will prepare an Army guide to EPA EPCRA Inspections,

based

on lessons learned so far at Ft Lewis, Wainwright, etc.

~~- CHPPM will evaluate Army ability to comply with proposed EPCRA PHase III Materials Accounting.~~

CHPPM will be contacting MACOMs to identify installations requiring assistance and for site visits for Materials Accounting.

2. AEC (me, actually) is sitting on the EPA Toxics Data Reporting (TDR) Committee of the National Advisory Council for Environmental Policy and Technology for the next 2 years. The TDR committee was formed to recommend changes to EPA for the EPCRA TRI program, specifically (1) Formatting of the Form R; (2) nomenclature used in FOm R; (3) opportunities for burden reduction in Form R and A; (4) clarification of the form elements and clarification of EPA's TRI Public Data Release; (5) changes to data elements on the Form R. Committee membership includes EPA, state reg agencies, industries, environmental groups, and AEC as the only federal facility member. The last such committee recommended both TRI Phase II (inclusion of additional industry sectors, such as the waste disposal and

treatment

industry) and PHase III (materials accounting). Althou EPA is not required to implement anything the committee recommends or accept

the

form or content of the recommendation, EPA listens and attends. The first meeting was held 29-30 Sept; see 62 FR 178, Sept 15 1997, page 48276. Topics for the first meeting was changes or clarifications to Section 5 of the Form R to distinguish between different "types" of EPCRA TRI release. EPA is aware that the

public

may be "confused" by the TRI lumping together as releases air,

water

and land releases AND regulated, permitted disposal into RCRA landfills or underground injection. (Currently Army facilities

must

combine Section 5 releases with Section 6 transfers offsite for disposal into Section 8.1, Releases.) With the inclusion of

hazardous

waste treaters into TRI reporting (under Phase II), operators of

RCRA

landfills and UI will be reporting large numbers of releases in Section 5 of the TRI FOm R to regulated, permitted disposal. AND

boy

are they mad about it. The committee was unable in the first

meeting

to agree on a recommendation to EPA.

Additional meetings will be held in DC about every 6 weeks through

FY

98. Meetings are open to the public, but public comment is severely restricted.

Please contact Mike Eck, mkeck@aec.apgea.army.mil, DSN 584 1227, with

topics for consideration by the committee, etc. I will be emailing draft recs and summaries along the way.

The following is an attached File item from cc:Mail. It contains information that had to be encoded to ensure successful transmission through various mail systems. To decode the file use the UUDECOD program.

----- Cut Here

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF THE ARMY
(ENVIRONMENT, SAFETY & OCCUPATIONAL HEALTH)
DEPUTY ASSISTANT SECRETARY OF THE NAVY
(ENVIRONMENT AND SAFETY)
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE
(ENVIRONMENT, SAFETY & OCCUPATIONAL HEALTH)
DIRECTOR, DEFENSE LOGISTIC AGENCY (CAAE)

SUBJECT: EPA Inspections for Compliance with EPCRA

The Environmental Protection Agency (EPA) Federal Facilities Enforcement Office tasked EPA regional personnel to conduct Emergency Planning and Community Right-To-Know Act (EPCRA) inspections of federal facilities. Executive Order 12856 authorizes EPA to conduct reviews and inspections of federal facilities to ascertain compliance with EPCRA and Pollution Prevention Act requirements (see section 5-5 "Compliance."). EPA cannot take enforcement actions (fines, civil or criminal penalties) as provided in EPCRA against federal agencies that fail to comply with applicable EPCRA sections. However, in accordance with section 5-507 of EO 12856, EPA has outlined procedures to be followed if a facility is found to be out of compliance with EPCRA (see attachment). The Federal Facilities Enforcement Office is particularly interested in the extent to which exemptions provided in EPA and DoD guidance documents affected Toxic Release Inventory (TRI) reporting. EPA will share information found with DoD to improve TRI reporting.

DoD Component personnel shall cooperate fully with EPA regional personnel conducting the inspection. DoD Component personnel shall notify their chain of command, their Regional Environmental Coordinator and their respective POC listed in attachment 2 upon receiving notice of EPA's intent to inspect an installation for EPCRA compliance. DoD Component personnel should be prepared to provide EPA staff, in a timely manner, any information related to the preparation of all EPCRA reports (sections 302, 311-313) and all information that documents toxic chemical use, justifies reporting or non-reporting decisions, and documents release and transfer estimates or calculations. If the requested information is not available, installation personnel should explain in writing why the information is not available.

EPA personnel will ask DoD installation personnel why they took an exemption to TRI reporting. DoD Component personnel shall have available and shall provide to EPA prior to inspections all relevant DoD guidance for implementing the Executive Order (March 1995 Implementing Guidance and July 1996 Supplemental Guidance).

If EPA personnel question the validity of the exemption claim, DoD Component personnel shall:

- Explain in writing why the exemption was taken and should site the applicable section of DoD Guidance.
- Refer EPA personnel to the appropriate individuals in their chain of command and their respective POC listed in attachment 2.

DoD Component personnel should not have to amend TRI Form Rs to satisfy EPA personnel if a legitimate exemption was taken based on DoD guidance. Installations should not negotiate with EPA personnel over the applicability of exemption provided in DoD policy. Negotiations of this kind may risk setting precedent and lead to inconsistency in EPCRA reporting. If an exemption was not taken in accordance with DoD guidance or if the inspection reveals activities that should have been reported, TRI Form Rs may be amended. If DoD Component personnel plan to amend Form Rs, they shall notify individuals in their chain of command and their respective POCs.

Special note about munitions: Current DoD guidance exempts TRI reporting for munitions activities through Calendar Year 1998. If requested by EPA personnel, DoD Component personnel shall provide EPA all readily available information on munitions activities. Information provided should include numbers of rounds and types of munitions fired. DoD Component personnel should refer EPA to individuals within their chain of command and their respective POCs if EPA requests information that is not readily available.

EPA's inspections are a necessary component of complying with EO 12856. The findings of these inspections should be welcomed by DoD and will be used to improve existing policies and programs. Inspections conducted to date have been friendly and have lead to improvements in facility programs. ~~My point of contact on this issue is Mr. Andrew Porth (703-604-1820, DSN 664-1820).~~

Curtis Bowling
Acting Assistant Deputy Under Secretary of Defense
(Environmental Quality)

Attachments

cc: HQDA(DAIM-ED)
CNO (N45)
HQMC (CMC-LFL)
HQAF/ILEVQ

COPY OF EPA's Guidance

EPA Federal Facilities Guidance to EPA Regional Offices

Guidance on Process for Resolving EO 12856 and EPCRA Compliance Problems at Federal Facilities

Background

Section 1-101 of Executive Order (EO) 12856 requires the head of each federal agency (as defined in 5 U.S.C. 105 (5 U.S.C. 102 for military departments/Department of Defense)) to ensure that all necessary actions are taken for the prevention of pollution with respect to that agency's activities and facilities, and to ensure that agency's compliance with pollution prevention and emergency planning and community right-to-know provisions established pursuant to all implementing regulations pursuant to the Emergency Planning and Community Right-to-Know Act of 1986 (42 U.S.C. 11001-11050) (EPCRA) and the Pollution Prevention Act of 1990 (42 U.S.C. 13101-13109) (PPA). Section 3-304 of EO 12856 requires that federal agencies comply with the provisions set forth in section 313 of EPCRA, section 6607 of PPA, all implementing regulations, and future amendments to these authorities, in light of applicable guidance as provided by EPA (See April, 1995 Guidance for Implementing Executive Order 12856). Section 3-305 of EO 12856 requires that federal agencies comply with the provisions set forth in sections 301 through 312 of EPCRA, all implementing regulations, and future amendments to these authorities in light of applicable guidance as provided by EPA (See April, 1995 Guidance for Implementing Executive Order 12856).

Section 5-502 of EO 12856 requires the head of each federal agency to ensure that such agency take all necessary actions to prevent pollution in accordance with the EO, and to comply with the provisions of EPCRA and PPA. Compliance with EPCRA and PPA means compliance with the same substantive, procedural, and other statutory and regulatory requirements that would apply to a private person. Section 5-502 of EO 12856 also states that nothing in the EO is to be construed as making the provisions of sections 325 and 326 of EPCRA (the enforcement and penalty provisions) applicable to any federal agency or facility, except to the extent that such federal agency or facility would independently be subject to such provisions.

Section 5-504 of EO 12856 authorizes the EPA Administrator to conduct such reviews and inspections as may be necessary to monitor compliance with sections 3-304 and 3-305 of the EO, and all federal agencies are encouraged to cooperate fully with the efforts of the EPA Administrator to ensure compliance with sections 3-304 and 3-305 of the EO. Section 5-506 of the EO requires a federal agency to achieve compliance as promptly as practicable when the EPA

Administrator notifies such federal agency that it is not in compliance with an applicable provision of the EO.

Process

Taken together, the above-cited provisions of EO 12856 require that federal agencies comply with EPCRA 301 through 313 requirements, and authorize EPA to conduct such reviews and inspections as are necessary to monitor compliance. Federal agencies are encouraged to cooperate fully with EPA's efforts to ensure compliance, and are required to achieve compliance as promptly as practicable when notified of noncompliance. However, pursuant to section 5-502 of EO 12856, EPA and the States may not take enforcement actions as provided by EPCRA against federal facilities for failure to comply with the applicable EPCRA sections. Given the EO's limitation on EPA's enforcement and penalty authority vis-a-vis federal facilities, the following guidance on a process involving both the Regional EPCRA and Federal Facility Coordinators has been developed for bringing federal facilities into compliance with EPCRA sections 301 through 313.

(a) Initial Compliance Screening: An initial compliance screening should be undertaken by Regional EPCRA staff and/or Regional Federal Facility Coordinators. For EPCRA 313 purposes, this initial determination could include comparison of TRIS reporters against various lists of federal facilities potentially subject to the EO and 313, as well as any other information or reason to believe a facility is likely to meet the reporting threshold and thus be a covered facility for purposes of EO 12856 (e.g., permits, major source status, etc.). The initial determination should also include any other pertinent information relative to the applicability of compliance with EPCRA sections 301 through 312. For EPCRA 312 purposes, the determination could include checking with the State Emergency Response Commission (SERC) and the Local Emergency Planning Committee (LEPC) to determine if Tier II reports were submitted by the facility. If an inspection has already been conducted which indicates noncompliance, then the Region should proceed to step (d) below in the process.

(b) Informal Facility Notification and Response: If, based upon the initial compliance screening, noncompliance is apparent or the Region still has reason to believe any of the requirements of the EO or EPCRA apply to the federal facility, informal contact with the facility (i.e., telephone call) should be made to more definitively ascertain the compliance status of the facility. If the federal facility is in compliance, no further action is required on the part of EPA. However, the facility must understand that "compliance" in this instance includes submission to Regional staff of a copy of the appropriate EPCRA report that was submitted to EPA and/or the SERC/LEPC, etc., or submission of documentation supporting any facility claim that the facility is not a covered facility under EO 12856 or that EPCRA is not otherwise applicable. Regions may also request other appropriate information to document the compliance status of the federal facility, and facilities should generally be given 20-30 days to comply with the regional request.

(c) Inspection: If the compliance status of the federal facility is not definitively ascertained, an inspection as authorized section 5-504 of EO 12856 may be warranted. An inspection may also occur independently of the initial compliance screening and telephone contact process described in step (b) above. Once an inspection confirms noncompliance, a show-cause letter should be issued by the region requiring the Federal facility to show-cause (i.e., demonstrate) why EPA should not report to the President the facility's noncompliance and/or place the facility on a schedule to return to compliance (e.g., via a Federal Facility Compliance Agreement). The show-cause letter, a boilerplate example of which has been drafted, is described in step (d) below.

Basic EPCRA inspector credentials are all that is required to conduct EPCRA inspections at the vast majority of Federal facilities. Special clearance and/or credentials are not required. While there may be certain areas of the facility or national security information that the inspector has limited or no access to, this should not prevent an EPCRA inspection from being conducted. With some advance notice of the inspection, which is encouraged, most facilities will work with the inspector to minimize even these limitations. In those rare instances where a clearance issue is raised by the facility, the inspector should proceed to conduct a review of available records and inspect those areas of the facility that are open to the inspector. If a facility attempts to deny entry to an inspector for clearance issues or any other reason, the Office of Regional Counsel in the particular region should be consulted to help the inspector gain access to the facility for purposes of conducting the inspection.

(d) Show-Cause Letter: Once noncompliance is confirmed using some combination of steps (a)-(c) above, a show-cause letter should be issued by the region requiring the federal facility to show-cause (i.e., demonstrate) why EPA should not report to the President the facility's noncompliance and/or place the facility on a schedule to return to compliance (e.g., via a Federal Facility Compliance Agreement). The show-cause letter should require compliance, including submittal of applicable EPCRA information, within 45 days of receipt of the show-cause letter by the facility, and should include a "cc" to the facility's HQ and EPA HQ. The show-cause letter should inform the facility that the facility response to the show-cause letter must include: 1) submission to regional staff of a copy of the appropriate EPCRA report that was submitted to EPA and/or the SERC/LEPC, etc.; 2) submission of documentation supporting any facility claim that the facility is not a covered facility under EO 12856 or that EPCRA is not otherwise applicable; or 3) an indication that compliance cannot be achieved within the 45-day period and a commitment to negotiate a Federal Facility Compliance Agreement.

The show-cause letter should also indicate that the federal facility's return to compliance within 45 days of receipt of the show-cause letter by the facility will nullify EPA's obligation to report to the President the facility's noncompliance and/or place the facility on a schedule to return to compliance. Upon receipt by EPA of adequate information demonstrating compliance with EPCRA and the EO, regional staff should send a letter back to the facility acknowledging

receipt of the information, and, as appropriate, reminding the facility of the annual nature of certain EPCRA reporting requirements.

(e) Follow-up to Show-Cause Letter - HQ Contact: If, within the 45-day time period specified in the initial show-cause letter, 1) compliance is not achieved, 2) the facility fails to demonstrate that it is not a covered facility under EO 12856 or that EPCRA is not otherwise applicable, or 3) the facility fails to indicate that it is willing to negotiate a Federal Facility Compliance Agreement, the Region should notify EPA HQ in writing. EPA HQ will then contact the Federal facility's HQ to require, within that time period not to exceed 90 days from receipt by the federal facility of EPA's initial show-cause letter, 1) compliance by the facility, 2) a demonstration that the facility is not a covered facility under EO 12856 or that EPCRA is not otherwise applicable, or 3) conclusion of/good faith negotiation of a Federal Facility Compliance Agreement.

Once the Regional notification to EPA HQ has occurred, Regional staff should send a letter to the noncompliant federal facility and its HQ which references the requirements set forth in the show-cause letter and the fact that the region never received a response. The letter should reiterate that the region wishes to negotiate a Federal Facility Compliance Agreement to place the facility on a schedule for returning to compliance with EPCRA and the EO. The letter should also indicate that the federal facility's demonstration of compliance (or conclusion of/good faith negotiation of a Federal Facility Compliance Agreement) within 90 days of receipt of the initial show-cause letter by the facility is the only way to prevent the facility from being listed in EPA's Annual report to the President as being in noncompliance with EPCRA and the EO 12856. Upon receipt by EPA of adequate information demonstrating compliance with EPCRA and the EO, regional staff should send a letter back to the facility (with a "cc" to the facility's HQ and EPA HQ) acknowledging receipt of the information, and, as appropriate, reminding the facility of the annual nature of certain EPCRA reporting requirements.

(f) Facility Listing: If, within the 90-day time period described in step (e) above, 1) compliance is not achieved, 2) the facility fails to demonstrate that it is not a covered facility under compliance EO 12856 or that EPCRA is not otherwise applicable, or 3) the facility fails to conclude/enter good faith negotiation of a Federal Facility Compliance Agreement, the facility will be listed in EPA's annual report to the President and entered into EPA's IDEA data base and Quarterly Compliance Status Reports as being in noncompliance with EPCRA and EO 12856. Compliance and a commitment to future compliance with the EO and EPCRA will be required in order for the facility not to be listed in EPA's subsequent annual report to the President.

Attachment 2 DoD Component POCs

Policy Points of Contact

Army

George Carlisle
HQDA-ACSIM
DAIM-E-EQ
600 Army Pentagon
1E682
Washington DC 20301
Tel# DSN 223-0551
Fax# DSN 223-2808
Email: carlisle@pentagon-acsim1.army.mil

Navy

Tammy Schirf
2211 S. Clark Place
Crystal Plaza 5
Room 780
Arlington, VA 22244-5108
Tel# DSN 332-4497
Fax# DSN 332-2676
Email: schirft@n4.opnav.navy.mil

Marine Corps

James Wozniak
Commandant of Marine Corps
Headquarters Marine Corps (LFL)
2 Navy Annex
Washington DC 20380-1775
Tel# DSN 426-2138
Fax # DSN 426-1020
Internet: wozniakj@mqg-smpt3@usmc.mil

Air Force

Captain Sharon Spradling
HQ USAF/ILEVQ
1260 Air Force Pentagon
Washington, DC 20330-1260
Tel # DSN 225-6118
Fax # DSN 227-3378
Email: Sharon.Spradling@af.pentagon.mil

DLA

Jim Blain
Defense Logistics Agency
Environmental and Safety Policy Office
Attn: CAAE
8725 John J. Kingman Rd. (STE 2533)
Ft. Belvoir 22060-6219
Tel# DSN 427-6249 (Commercial 703-767-6249)
Fax# DSN 427-6248 or 6243
Email: James_blain@hq.dla.mil

OSD

Andy Porth
Office of the Deputy Under Secretary of Defense
(Environmental Security)
3400 Defense Pentagon
Washington DC 20301-3400
Tel # DSN 664-1820
Fax # DSN 664-3124
Email: portham@acq.osd.mil

SIOSE-IE

14 August 1997

MEMORANDUM FOR Commander, U.S. Army Industrial Operations Command,
ATTN: AMSIO-EQC (Lynn Wandrey), Rock Island, IL
61299-7190

~~SUBJECT: Submission of Calendar Year 1996 Toxic Release Inventory
(TRI) Reports~~

1. Reference memo, IOC, 24 Jul 97, SAB.
2. Seneca Army Depot Activity (SEDA) is not required to fill out Form R for Toxic Releases. SEDA does not manufacture or process toxic chemicals on the installation, but is a storage depot slated for closure under BRAC in July 2001.
3. The POC for this action is Michael Stofka, DSN 489-1532.

for Bruce
DONALD C. OLSON
LTC, OD
Commanding

Sing
Engineer

✓

D/Im

ROUTING AND TRANSMITTAL SLIP

Date

8/11/97

TO: (Name, office symbol, room number, building, Agency/Post)

Initials Date

1. MIKE SIOFKA

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Please attach a copy of the TRI report to this and return it to me to brief the C.O.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

S M Alshom

Phone No.

5041-102

GPO : 1987 0 - 192-783

OPTIONAL FORM 41 (Rev. 7-76)
 Prescribed by GSA
 FPMR (41 CFR) 101-11.206

Author: OLSOND@ria-emh2.army.mil at SMTP-DDN
Date: 8/11/97 11:52 AM
Priority: Normal
BCC: SABSOLOM at ri3904s1
TO: "Steve Absolom" <SABSOLOM@ria-emh2.army.mil> at SMTP-DDN
Subject: Submission of CY 96 TRI Reports

Steve, did I sign one of these, or did LTC Brooks sign before he departed? If I signed one, I don't remember.

PSM

Thanks, LTC O

Forward Header

Subject: Submission of CY 96 TRI Reports
Author: siose-co at ri3503m2
Date: 7/28/97 9:27 AM

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY INDUSTRIAL OPERATIONS COMMAND
ROCK ISLAND, IL 61299-6000

AMSIO-EQC (200(B))

24 July 1997

MEMORANDUM FOR ALL IOC INSTALLATIONS

SUBJECT: Submission of Calendar Year 1996 Toxic Release Inventory (TRI) Reports

1. The U.S. Environmental Protection Agency (EPA) has extended the reporting deadline to 8 September 1997. This is due to problems with the software as well as discrepancies between the hard copy and electronic versions of the guidance. Revised copies of the software are available on the Internet. The address is <http://www.epa.gov/opptintr/afr96>. If you do not have Internet access, you may call the Emergency Planning and Community Right-to-Know Act (EPCRA) hotline at (800) 535-0202 or the EPCRA Reporting Center AFR Technical Support at (703) 816-4434 to obtain a copy. You may also fax a request to (703) 816-4466 or send electronic mail to ttris.user.support@epcra.org. Finally, you may request a copy of from the POC. The software and guidance will only be sent to those that request it; it will not be sent automatically.

2. Although the Federal reports are not due to the EPA until 8 September 1997, your individual states may not have extended the deadline, so be sure to check with them. We strongly encourage you to send your reports to us in advance of sending them to the EPA. This will allow us to do quality assurance/quality control on the reports and allow you to make any necessary changes before submitting them. This will cut down on the need to send revised reports to the EPA.

3. For the Government-owned, Government-operated installations, one report is prepared and submitted. The report covers all Department of Defense (DoD) related work going on at your installation. The installation commander signs the report.

Ref'd to

4. For Government-owned, contractor operated (GOCO) installations, two reports must be prepared. The first one is prepared and submitted by the operating contractor as a private company and it covers all their activities on the installation, including DoD and commercial work. This is signed by the plant manager or other contractor representative. The second report is prepared and submitted for the installation as a Federal facility. This report covers all contractor and tenant activities that are related to work being done for the DoD. Commercial work performed by the operating contractor and/or tenant activities is excluded from the Federal facility report. Tenant activities related to DoD work should also be included in threshold calculations. The installation commander signs the second report. The operating contractor should ensure tenant activities that meet or exceed thresholds in their operations submit their own reports and provide the data to be included in the Federal facility report. If a tenant is not required to report on its own, the installation should attempt to get the necessary data from the tenant.

5. Federal facility reports can be sent to us in one of three ways. First, a disk can be prepared and sent through the mail. These should be mailed to: Commander, U.S. Army Industrial Operations Command, ATTN: AMSIO-EQC (Ms. Lynn Wandrey), Rock Island, IL 61299-6000. Second, the files can be zipped and sent via electronic mail. The address is lwandrey@ria-emh2.army.mil. Third, the files can be zipped and submitted through DENIX. If you choose to send your report through DENIX, please contact the POC for more information. The DoD requires that the electronic reporting software be used and that reports are submitted electronically. Please do not send hard copies of your Form R. If you have problems with the software, call the technical support at the number in paragraph 1.

6. Please include a copy of the cover letter with your submission. For GOCO installations, if there are large differences between the contractor and Federal facility reports, please make a note of that in your cover letter.

7. Please double check the following areas of your report before submitting it to us:

- a. Is the facility correctly identified?
- b. Is the report signed?
- c. Are the amounts reported in sections 5 and 6 correctly translated to section 8? Information on reporting amounts in section 8 is found on page 43 of the hard copy of the guidance and on page 58 of the Internet version.
- d. Did you include any source reduction activities? Please include a short narrative of any P2 efforts that either have or will have an impact on your TRI reporting. These will be used as a basis for "good news" stories that will be included in the DoD data release next spring.

Guidance for completing Federal facility reports can be found in Appendix A of the instructions.

8. If your facility fell below threshold requirements, please send a memorandum explaining why you are no longer required to report. If it is a result of pollution prevention efforts,

include a short description of the project(s). If your facility has not reported in past years and is not required to report this year, please send a memorandum confirming that you will not be reporting. In either case, ensure that proper documentation is maintained to show that threshold calculations were performed and all appropriate activities were taken into account.

9. The POC is Ms. Lynn Wandrey, AMSIO-EQC, DSN 793-2288, fax DSN 793-1457, electronic mail lwandrey@ria-emh2.army.mil.

FOR THE COMMANDER:

//original signed//
ROBERT J. RADKIEWICZ
Deputy Chief of Staff for
Environmental Management

Author: siose-co at ri3503m2
Date: 7/28/97 9:27 AM
Priority: Normal
TO: windlem at ri3503m2, sabsolom at ri3904s1, olsond at ccremote
Subject: Submission of CY 96 TRI Reports

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY INDUSTRIAL OPERATIONS COMMAND
ROCK ISLAND, IL 61299-6000

AMSIO-EQC (200(B))

24 July 1997

MEMORANDUM FOR ALL IOC INSTALLATIONS

SUBJECT: Submission of Calendar Year 1996 Toxic Release
Inventory (TRI) Reports

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SUE
File
SMA

Mike S,

Are we
catching up with

John
EPA

Yes, we do
not need
to Report
No Releases

MS

submit their own reports and provide the data to be included in the Federal facility report. If a tenant is not required to report on its own, the installation should attempt to get the necessary data from the tenant.

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b. Is the report signed?

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d. Did you include any source reduction activities? Please include a short narrative of any P2 efforts that either have or will have an impact on your TRI reporting. ~~These will be used as a basis for "good news" stories that will be included in the DoD data release next spring.~~

Guidance for completing Federal facility reports can be found in Appendix A of the instructions.

8. If your facility fell below threshold requirements, please send a memorandum explaining why you are no longer required to report. If it is a result of pollution prevention efforts, include a short description of the project(s). If your facility has not reported in past years and is not required to report this year, please send a memorandum confirming that you will not be reporting. In either case, ensure that proper documentation is maintained to show that threshold calculations were performed and all appropriate activities were taken into account.

9. The POC is Ms. Lynn Wandrey, AMSIO-EQC, DSN 793-2288, fax DSN 793-1457, electronic mail lwandrey@ria-emh2.army.mil.

FOR THE COMMANDER:

//original signed//

ROBERT J. RADKIEWICZ
Deputy Chief of Staff for
Environmental Management

DOD Hazardous Materials Information System

DoD 6050.5-LR

AS OF July 1995

Proprietary Version - For U.S. Government Use Only

FSC: 6850

NIIN: 002976653

Manufacturer's CAGE: 82925

Part No. Indicator: A

Part Number/Trade Name: MIL-D-12468 DECONTAMINATING AGENT, STB

=====
General Information
=====

Item Name: DECONTAMINATION AGENT, STB

Company's Name: OCTAGON PROCESS INC.

Company's Street: 596 RIVER ROAD

Company's P. O. Box:

Company's City: EDGEWATER

Company's State: NJ

Company's Country: US

Company's Zip Code: 07020-1105

Company's Emerg Ph #: 201-945-9400

Company's Info Ph #: 201-945-9400

Distributor/Vendor # 1:

Distributor/Vendor # 1 Cage:

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code:

Safety Focal Point: D

Record No. For Safety Entry: 005

Tot Safety Entries This Stk#: 005

Status: SE

Date MSDS Prepared: 01JAN87

Safety Data Review Date: 05NOV92

Supply Item Manager: CX

MSDS Preparer's Name:

Preparer's Company:

Preparer's St Or P. O. Box:

Preparer's City:

Preparer's State:

Preparer's Zip Code:

Other MSDS Number:

MSDS Serial Number: BDWHH

Specification Number: MIL-12468C

Spec Type, Grade, Class:

Hazard Characteristic Code: D2

Unit Of Issue: DR

Unit Of Issue Container Qty: 1

Type Of Container: DRUM

Net Unit Weight: 50 LBS.

Report for NIIN: 002976653

NRC/State License Number:
Net Explosive Weight:
Net Propellant Weight-Ammo:
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: CHLORINATED LIME
Ingredient Sequence Number: 01
Percent: 93.4
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1008716CL
CAS Number:
OSHA PEL: 0.5 PPM (CHLORINE)
ACGIH TLV: 0.5 PPM (CHLORINE)
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: CALCIUM OXIDE
Ingredient Sequence Number: 02
Percent: 6.6
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: EW3100000
CAS Number: 1305-78-8
OSHA PEL: 5 MG/M3
ACGIH TLV: 2 MG/M3; 9293
Other Recommended Limit: NOT ESTABLISHED

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: WHITE POWDER,STRONG CHLORINE ODOR.
Boiling Point: N/R
Melting Point: N/K
Vapor Pressure (MM Hg/70 F): N/R
Vapor Density (Air=1): N/R
Specific Gravity: N/R
Decomposition Temperature: UNKNOWN
Evaporation Rate And Ref: N/K
Solubility In Water: APPRECIABLE
Percent Volatiles By Volume: N/R
Viscosity:
pH: N/R
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss): N/P
Corrosion Rate (IPY): UNKNOWN
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: N/R
Flash Point Method: N/P
Lower Explosive Limit: N/R
Upper Explosive Limit: N/R
Extinguishing Media: NOT COMBUSTIBLE, BUT MAY IGNITE COMBUSTIBLE MATERIALS OR ORGANIC MATTER UPON CONTACT. COOL SURROUNDING CONTAINERS.
Special Fire Fighting Proc: FIRE FIGHTERS SHOULD USE NIOSH APPROVED SCBA & FULL PROTECTIVE EQUIPMENT WHEN FIGHTING CHEMICAL FIRE. USE WATER SPRAY TO COOL NEARBY CONTAINERS EXPOSED TO FIRE.
Unusual Fire And Expl Hazrds: NOT COMBUSTIBLE, EVOLVES CHLORINE AT HIGHER TEMP. WILL EXPLODE WHEN HEATED SUDDENLY TO 212 F.
=====

=====
Reactivity Data
=====

Stability: NO
Cond To Avoid (Stability): MAY UNDERGO ACCELERATED DECOMPOSITION WITH THE EVOLUTION OF HEAT.
Materials To Avoid: SOLVENTS, ACIDS, ORGANIC MATERIALS. DO NOT MIX WITH ANYTHING EXCEPT WATER.
Hazardous Decomp Products: CHLORINE
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): NOT APPLICABLE
=====

=====
Health Hazard Data
=====

LD50-LC50 Mixture: N/K
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: SEE SIGNS AND SYMPTOMS
Carcinogenicity - NTP: NO
Carcinogenicity - IARC: NO
Carcinogenicity - OSHA: NO
Explanation Carcinogenicity: NONE OF THE COMPOUNDS IN THIS PRODUCT IS LISTED BY IARC, NTP, OR OSHA AS A CARCINOGEN.
Signs/Symptoms Of Overexp: EYES: CAN CAUSE BURNS. SKIN: CAN CAUSE BURNS. INHALATION: CAN CAUSE IRRITATION TO MUCOUS MEMBRANES.
Med Cond Aggravated By Exp: NONE SPECIFIED BY MANUFACTURER.
Emergency/First Aid Proc: EYES: FLOOD WITH WATER FOR AT LEAST 15 MINS. SEEK MEDICAL ATTENTION. SKIN: FLUSH WITH WATER, SEEK MEDICAL ATTENTION. INHALATION: REMOVE TO FRESH AIR. APPLY ARTIFICIAL RESPIRATION IF BREATHING HAS STOPPED. REMOVE ALL CONTAMINATED CLOTHING AND WASH BEFORE RE-USE. INGESTION: GIVE BREAD SOAKED IN MILK FOLLOWED BY LARGE AMOUNTS OF WATER. INDUCE VOMITING. GET MEDICAL ATTENTION.
=====

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: RMV SOURCE OF IGNITION. WEAR NIOSH/MESA APPD RESP, GOGGLES, GLOV & BOOTS. DO NOT CONTAMIN W/ORGANIC MATL. DO NOT RTN TO ORIG DR. PLACE IN NEW DRUM. FLUSH RESIDUE WITH LG QTY WATER.

Report for NIIN: 002976653

Neutralizing Agent: NONE SPECIFIED BY MANUFACTURER.

Waste Disposal Method: DISPOSAL SHOULD BE MADE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS.

Precautions-Handling/Storing: STORE IN COOL, DRY PLACE AWAY FROM ALL SOURCES OF HEAT. DO NOT STORE NEAR COMBUSTIBLES, ACIDS OR OTHER ORGANIC MATTER.

Other Precautions: KEEP CONTAINERS CLOSED WHEN NOT IN USE. DO NOT STORE IN SUNLIGHT.

=====
Control Measures
=====

Respiratory Protection: CHLORINE APPROVED, SELF-CONTAINED BREATHING APPARATUS

Ventilation: LOCAL EXHAUST WHERE DUST MIGHT OCCUR.

Protective Gloves: RUBBER, NEOPRENE OR PVC

Eye Protection: FACE SHIELD/SAFETY GOGGLE

Other Protective Equipment: EYE WASH STATION AND SAFETY SHOWER. INDUSTRIAL-TYPE WORK CLOTHING AND APRON AS REQUIRED. SHOULD WEAR SAFETY BOOTS.

Work Hygienic Practices: OBSERVE GOOD PERSONAL HYGIENE PRACTICES AND RECOMMENDED PROCEDURES.

Suppl. Safety & Health Data: NONE

January 26, 1996

Engineering and
Environmental Division

NYS Department of Environmental
Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, New York 12233

Gentlemen:

Enclosed is Seneca Army Depot Activity's SARA
Tier II submission for 1996.

For additional information and coordination on
this matter, contact **Mr. Michael Stofka** at
(607) 869-1532.

Sincerely,

Bruce / S /
for Stephen W. Brooks
LTC, U.S. Army
Commanding Officer

Enclosure

SMA
C, Eng/Env

Sma
DIM

BJ
CEA

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Bradstreet

FOR
OFFICIAL
USE
ONLY

Date Received

Owner/Operator Name

Name Commander, SEDA Phone 16071206
Mailing Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24 Hr. Phone 16071869-1316
Name David Sova Title Fire Captain
Phone 16071869-1316 24 Hr. Phone 16071869-1316

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)	Optional
CAS <u> </u> <u>71</u> <u>43</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzene</u> Chemical Purity: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Storage Type <u>B</u> Temperature <u>1</u> Pressure <u>4</u> Storage Locations <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>7782</u> <u>50</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Chemical Purity: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Chlorine</u>	<input type="checkbox"/> Flammable <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Storage Type <u>L</u> Temperature <u>2</u> Pressure <u>4</u> Storage Locations <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>2921</u> <u>88</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chloropyrifos</u> Chemical Purity: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>00</u> Avg. Daily Amount (code) <u>00</u> No. of Days On-site (days) <u>365</u>	Storage Type <u>F</u> Temperature <u>2</u> Pressure <u>4</u> Storage Locations <u> </u>	<input type="checkbox"/>

Certification (Read only after completing all entries)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, and that based on my knowledge of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

STEPHEN M. ABSOLOM, C, Eng/Env Div

Name and official title of owner/operator or owner/operator's authorized representative

Signature

\$

25 Jan 96

Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate alternatives
- I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

Revised June 1990

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Division Subdivision Branch Office Other

**FOR
OFFICIAL
USE
ONLY**

Date Reclassified

Owner/Operator Name

Name Commander, SEDA Phone 16071206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24hr. Phone 16071869-1316

Name David Sova Title Fire Captain
Phone 16071869-1316 24hr. Phone 16071869-1316

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1996

Check if information below is identical to information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
<p>CAS <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><u>333</u><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><u>415</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Diazinon</u></p> <p>Chem. Form <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/></p> <p>EHS Name _____</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Toxicity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>01</u> Max. Daily Amount (cords)</p> <p><u>01</u> Avg. Daily Amount (cords)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F14</u></p>		<input type="checkbox"/>
<p>CAS <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><u>75</u><input type="checkbox"/><input type="checkbox"/><u>718</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Dichlorodifluoromethane</u></p> <p>Chem. Form <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/></p> <p>EHS Name _____</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Toxicity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>01</u> Max. Daily Amount (cords)</p> <p><u>02</u> Avg. Daily Amount (cords)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F24</u></p>		<input type="checkbox"/>
<p>CAS <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><u>107</u><input type="checkbox"/><input type="checkbox"/><u>211</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Ethylene Glycol</u></p> <p>Chem. Form <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/></p> <p>EHS Name _____</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Toxicity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>04</u> Max. Daily Amount (cords)</p> <p><u>04</u> Avg. Daily Amount (cords)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F14</u></p> <p><u>D14</u></p>		<input type="checkbox"/>

Verification *(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 pages one through 5 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.

STEPHEN M. ABSOLOM, C. Eng/Env Div

Name and official title of owner/operator or owner/operator's authorized representative

Signature

Handwritten signature

25 Jan 96

Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate elevations
- I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Facility Identification
 Name: Seneca Army Depot Activity
 Street: 5786 State Route 96
 City: Romulus County Seneca State NY Zip 14541
 SIC Code: 91199
 Date Rec'd:
 FOR OFFICIAL USE ONLY

Operator/Operator Name
 Name: Commander, SEDA Phone: 160711206
 Mail Address: 5786 State Route 96, Romulus, NY 14541
 Emergency Contact: Joseph Symonds Title: Fire Chief Phone: 16071869-1313
 Name: David Sova Title: Fire Captain Phone: 16071869-1316

Reporting Period
 From January 1 to December 31, 19 96

Inventory: Read all instructions before completing form.

Chem. Name	CAS	Form	Mfr	Solid	Liquid	Gas	EHS	Title	Second	Inventory	Physical and Health Hazards	Inventory	Storage Codes and Locations	Floor
Ferric Chloride	77050810													
2 - Methoxyethanol	109864													
Sodium Hydroxide	1310732													

Optional Attachments
 I have attached a site plan
 I have attached a list of site
 I have attached a description of
 I have attached other required measures

Signature: STEPHEN M. ABSOLOM, C. Eng./Env. Div.
 Date: 25 Jan 96
 Status: Disregard

[Sec. 370.41(b)]

Revised June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>16071206</u> Mailing Address <u>5786 State Route 96, Romulus, NY 14541</u>			
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>16071869-1313</u> 24 hr. Phone <u>16071869-1316</u>		Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>16071869-1316</u> 24 hr. Phone <u>16071869-1316</u>			
	For OFFICIAL USE ONLY Date Received _____					
Important: Read all instructions before completing form			Reporting Period from January 1 to December 31, 19 <u> </u>			
Chemical Description CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> CAS # and apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfuric Acid</u>		Physical and Health Hazards <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	Inventory Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>D</u> Temperature <u>1</u> Pressure <u>4</u>	Storage Codes and Locations (Non-Confidential) Storage Locations _____	Confidential <input type="checkbox"/>
CAS <u>108883</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> CAS # and apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>B</u> Temperature <u>1</u> Pressure <u>4</u>	Storage Locations _____	Confidential <input type="checkbox"/>
CAS <u>75694</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Trichlorofluoromethane</u> CAS # and apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>01</u> Avg. Daily Amount (code) <u>01</u> No. of Days On-site (days) <u>365</u>	Container Type <u>F</u> Temperature <u>2</u> Pressure <u>4</u>	Storage Locations _____	Confidential <input type="checkbox"/>
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 pages one through <u>5</u> 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 participant or authorized representative <u>STEPHEN M. ABSOLOM, C., Eng/Env Div</u>			Signature <u>\$</u>			
			Date signed <u>25 Jan 96</u>			
Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate elevations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures						

[Sec. 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541

SIC Code 9199 DUNS BIZ Number

Owner/Operator Name

Name Commander, SEDA Phone 16071206
 Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
 Phone 16071869-1313 24 Hr. Phone 16071869-1316

Name David Sova Title Fire Captain
 Phone 16071869-1315 24 Hr. Phone 16071869-1316

FOR OFFICIAL USE ONLY

Date Received

Important: Read all instructions before completing form. Reporting Period From January 1 to December 31, 19 96. Check if instructions below to identify by the location's alternate list year.

Chemical Description	Physical and Health Hazards	Inventory	Container Temperature Pressure	Storage Codes and Locations (Non-Confidential)	Optional
CAS <u>1330207</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Xylene</u> Class and apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	R 1 4	Storage Locations _____	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Class and apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	_____	Storage Locations _____	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Class and apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	_____	Storage Locations _____	<input type="checkbox"/>

Certification (read over and sign after completing all entries)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ 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.

STEPHEN M. ABSOLOM, C. Eng/Env Div _____
 Name and title of participant or O&P owner/operator's authorized representative

Signature _____ Date signed 25 Jan 96

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate elevations
 I have attached a description of dikes and other safeguard measures

RIGHT-TO-KNOW REQUIREMENTS

101:5109
5-866

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607,8691206</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	Specific Information by Chemical FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>607, 869-1313</u> 24 Hr. Phone <u>607,869-1313</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>607, 869-1316</u> 24 Hr. Phone <u>607,869-1313</u>	
	Important: Read all instructions before completing form			

Confidential Location Information Sheet

CAS #	Chem. Name	Container Type	Temperature	Pressure	Storage Codes and Locations (Confidential)		Optional	
					Storage Code	Storage Locations		
<u> </u> <u> </u> <u> </u> <u>71</u> <u>43</u> <u>2</u>	Benzene	<u>B</u> <u>1</u> <u>4</u>	<u> </u>	<u> </u>	<u>Building 120</u>	<u>Building 721</u>	<u>Building 2310</u>	<input type="checkbox"/>
<u> </u> <u> </u> <u>7782</u> <u>50</u> <u>5</u>	Chlorine	<u>L</u> <u>2</u> <u>4</u>	<u> </u>	<u> </u>	<u>Building 374</u>	<u>Building 2411</u>	<u> </u>	<input type="checkbox"/>
<u> </u> <u> </u> <u>2921</u> <u>88</u> <u>2</u>	Chloropyrifos	<u>F</u> <u>2</u> <u>4</u>	<u> </u>	<u> </u>	<u>Building 333</u>	<u> </u>	<u> </u>	<input type="checkbox"/>

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 pages one through <u>5</u> 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures	
Name and official title of owner/operator OR owner/operator's authorized representative <u>STEPHEN M. ABSOLOM, Chief, Eng/Env Div</u>		Signature <u>\$</u>	Date signed <u>25 Jan 96</u>

Environment Reporter

[Sec. 370.4(b)]

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p>Specific Information by Chemical</p>	<p>Facility Identification</p> <p>Name <u>Seneca Army Depot Activity</u></p> <p>Street <u>5786 State Route 96</u></p> <p>City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u></p> <p>SIC Code <u>9199</u> Dun & Brad Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>Owner/Operator Name</p> <p>Name <u>Commander SEDA</u> Phone <u>607,8691200</u></p> <p>Mail Address <u>5786 State Route 96, Romulus, NY 14541</u></p>	
	<p>FOR OFFICIAL USE ONLY</p> <p>DI <input type="checkbox"/></p> <p>Date Received <input type="checkbox"/></p>		<p>Emergency Contact</p> <p>Name <u>Joseph Symonds</u> Title <u>Fire Chief</u></p> <p>Phone <u>607,869-1313</u> 24 Hr. Phone <u>607,869-1313</u></p> <p>Name <u>David Sova</u> Title <u>Fire Captain</u></p> <p>Phone <u>607,869-1315</u> 24 Hr. Phone <u>607,869-1313</u></p>	
	<p>Important: Read all instructions before completing form</p>			

Reporting Period From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional																		
CAS #	Chem. Name	Storage Locations																			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 933 <input type="checkbox"/> <input type="checkbox"/> 41 <input type="checkbox"/> 5	Diazinon	<table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Building 333 _____ _____ _____	F	1	4																<input type="checkbox"/>
F	1	4																			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> 71 <input type="checkbox"/> 8	Dichlorodifluoromethane	<table border="1"> <tr><td>F</td><td>2</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Building 333 _____ _____ _____	F	2	4																<input type="checkbox"/>
F	2	4																			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 107 <input type="checkbox"/> <input type="checkbox"/> 21 <input type="checkbox"/> 1	Ethylene Glycol	<table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Building 333 Building 333 Building 327 _____ _____	F	1	4	D	1	4	D	1	4										<input type="checkbox"/>
F	1	4																			
D	1	4																			
D	1	4																			

Declaration: (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 pages one through 5, 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.

STEPHEN M. ABSOLOM, Chief, Eng/Env Div 25 Jan 96

Name and official title of owner/operator OR owner/operator's authorized representative Signature S Date signed

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information by Chemical

Facility Identification
 Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541
 SIC Code 9199 Dun & Brad Number

Owner/Operator Name
 Name Commander, SEDA Phone 607,869,1200
 Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact
 Name Joseph Symonds Title Fire Chief
 Phone 607,869-1313 24 Hr. Phone 607,869-1313
 Name David Sova Title Fire Captain
 Phone 607,869-1316 24 Hr. Phone 607,869-1313

FOR OFFICIAL USE ONLY
 DE
 Date Received

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

Container Type	Temperature	Storage Codes and Locations (Confidential)		Optional
		Storage Code	Storage Locations	
D 1 4		Building 343		<input type="checkbox"/>
F 1 4		Building 356		<input type="checkbox"/>
F 1 4		Building 356		<input type="checkbox"/>

CAS # 7705 080 Chem. Name Ferric Chloride

CAS # 109 864 Chem. Name 2-Methoxyethanol

CAS # 1310 732 Chem. Name Sodium Hydroxide

Certification: (Read and fill in after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5 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.
STEPHEN M. ABSOLOM, Chief, Eng/Env Div 25 Jan 96
 Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p>Specific Information by Chemical</p>	<p>Facility Identification</p> <p>Name <u>Seneca Army Depot Activity</u></p> <p>Street <u>5786 State Route 96</u></p> <p>City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u></p> <p>SIC Code <u>9199</u> Div & Prod Number <u> </u> - <u> </u> - <u> </u></p>		<p>Owner/Operator Name</p> <p>Name <u>Commander SEDA</u> Phone <u>607,869,1200</u></p> <p>Mail Address <u>5786 State Route 96, Romulus, NY 14541</u></p>	
	<p>FOR OFFICIAL USE ONLY</p> <p>ID # <u> </u></p> <p>Date Received <u> </u></p>		<p>Emergency Contact</p> <p>Name <u>Joseph Symonds</u> Title <u>Fire Chief</u></p> <p>Phone <u>607,869-1313</u> 24 Hr. Phone <u>607,869-1313</u></p> <p>Name <u>David Sova</u> Title <u>Fire Captain</u></p> <p>Phone <u>607,869-1316</u> 24 Hr. Phone <u>607,869-1313</u></p>	
	<p>Important: Read all instructions before completing form</p>			

Reporting Period From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type	Temperature	Pressure	Storage Codes and Locations (Confidential)	Optional
CAS #	<u>7664</u> <u>939</u>				<u>Building 343</u>	<input type="checkbox"/>
CAS #	<u>108</u> <u>883</u>				<u>Building 120</u> <u>Building 721</u>	<input type="checkbox"/>
CAS #	<u>75</u> <u>694</u>				<u>Building 333</u>	<input type="checkbox"/>

Declaration (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 pages one through 5, 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.

STEPHEN M. ABSOLOM, Chief, Eng/Env Div 25 Jan 96

Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

38

101:5:110

FEDERAL REGULATIONS

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> DUN & Brad Number <u> </u> <u> </u> <u> </u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607,869,1200</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>607,869-1313</u> 24 Hr. Phone <u>607,869-1313</u>		Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>607,869-1316</u> 24 Hr. Phone <u>607,869-1313</u>	
	FOR OFFICIAL USE ONLY Date Received <u> </u>			

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

CAS # 1 3 3 0 2 0 7 Chem. Name Xylene

Container Type	Temperature	Storage Codes and Locations (Confidential)		Optional
		Storage Code	Storage Location	
B 1 4			Building 120	<input type="checkbox"/>
E 1 4			Building 721	
B 1 4			Building 2310	
				<input type="checkbox"/>
				<input type="checkbox"/>

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 pages one through 5, 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.
STEPHEN M. ABSOLOM, Chief, Eng/Env Div 25 Jan 96
 Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

Page 1 of 5 pages
 Form Approved OMB No. 2025-0077

Owner/Operator Name
 Name Sennardec SEDA Phone 607-869-1206
 Mail Address 5796 State Rt 96 Romulus, NY 14551

Emergency Contact
 Name Joseph Symonds Title FIRE Chief
 Phone 1607-869-1303 24 Hr. Phone 1607-869-1316
 Name David Sova Title FIRE Captain
 Phone 1607-869-1316 24 Hr. Phone 1607-869-1316

Facility Identification
 Name SENECA ARMY DEPOT ACTIVITY (SEDA)
 Street 5786 State Route 96
 City Romulus County SENECA State NY Zip 14541-5001

BC Code 9199 Don & Bad Number

FOR OFFICIAL USE ONLY
 Date Received

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 96

Check if information below is material to the information submitted last year

Confidential Location Information Sheet

Chem Name	Chem CAS #	Storage Codes and Locations (Confidential)	Storage Locations
BENZENE	71-43-2	B14 B14 B14	Building 120 Building 724 Building 3310
Chlorine	77-82-5	L24 L24	Building 374 Building 2411
Chloropyrifos	2921-88-2	F24	Building 333

Signature: STEPHEN M. Absolon Chief Public Works Date signed _____

Signature _____ Date signed _____

Optional Attachments
 I have attached a site plan
 I have attached a list of the accurate abbreviations
 I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

Page 2 of 5 pages
Form Approved OMB No. 3024-0017

Owner/Operator Name
Name Commander SEDA Phone 607-869-1206
Address 5786 State Rt 9 Romulus, NY 14541

Emergency Contact
Name Joseph Symonds Title FIRE Chief
Phone 607-869-1303 24 Hr. Phone 607-869-1316
Name David Sova Title FIRE Captain
Phone 607-869-1316 24 Hr. Phone 607-869-1316

Facility Identification
Name SENECA ARMY DEPOT ACTIVITY (SEDA)
Street 5786 State Route 96 City Romulus County SENECA State NY Zip 14541-5001

BC Code 9119A Don & Bud Number

Date Received

FOR OFFICIAL USE ONLY

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information by Chemical

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 1996 Check if information below is identical to the information submitted last year

CAS #	Chem Name	Chem Name	Storage Codes and Locations (Confidential)						Optional Attachments
			F1	F2	F3	F4	F5	F6	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Building 333	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Building 333	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Building 333 Building 327	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Attachments
 I have attached a site plan
 I have attached a list of the manifest abbreviations
 I have attached a description of sites and other safeguard measures

Confidentiality (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 pages one through 5, 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.

STEPHEN M. ABSOLON Chief Public Works
Name and official title of manufacturer OR emergency responder's authorized representative
Signature

Date signed

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>SENECA ARMY DEPOT ACTIVITY (SEDA)</u> Street <u>5786 State Route 96</u> City <u>ROBULUS</u> County <u>SENECA</u> State <u>NY</u> Zip <u>14541-5001</u> SIC Code <u>9199</u>		Owner/Operator Name Name <u>Commander SEDA</u> Phone <u>607-869-1206</u> Mail Address <u>5786 State Rt 96 Robulus, NY 14541-5001</u>	
	Date Received <input type="text"/>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>FIRE Chief</u> Phone <u>16071 869-1323</u> 24 Hr. Phone <u>16071 869-1314</u> Name <u>David Sova</u> Title <u>FIRE Captain</u> Phone <u>16071 869-1323</u> 24 Hr. Phone <u>16071 869-1316</u>	
	FOR OFFICIAL USE ONLY Date Received <input type="text"/>			

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 10 96

Check if information being submitted is identical to the information submitted last year.

Confidential Location Information Sheet

CAS #	Chem Name	Storage Type	Storage Location	Storage Codes and Locations (Confidential)	
				Storage Code	Storage Location
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>Ferric Chloride</u>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>Building 343</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>2-Methoxyethanol</u>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>Building 354</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>Sodium Hydroxide</u>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<u>Building 356</u>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration: (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 pages one through 5, 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.

STEPHEN M. Absolom Chief Public Works

Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

38

101:51:10

FEDERAL REGULATIONS

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>SENECA ARMY DEPOT ACTIVITY (SEDA)</u> Street <u>5786 State Route 90</u> City <u>ROCKWELL</u> County <u>SENECA</u> State <u>NY</u> Zip <u>14541-5001</u> SIC Code <u>9199</u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607 869-1206</u> Mail Address <u>5786 State Rt 90 Rockwell, NY 14541</u>
	SIC Code <u>9199</u>	Emergency Contact Name <u>Joseph Symonds</u> Title <u>FIRE Chief</u> Phone <u>16071 869-1313</u> 24 Hr. Phone <u>16071 869-1314</u> Name <u>David Soveri</u> Title <u>FIRE Captain</u> Phone <u>16071 869-1316</u> 24 Hr. Phone <u>16071 869-1316</u>

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 96

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional
CAS # <u>7664</u> <u>93</u> <u>9</u>	Chem Name <u>Sulfuric Acid</u>	<u>Building 343</u>	<input type="checkbox"/>
CAS # <u>108</u> <u>88</u> <u>3</u>	Chem Name <u>Toluene</u>	<u>Building 120</u> <u>Building 721</u>	<input type="checkbox"/>
CAS # <u>75</u> <u>69</u> <u>4</u>	Chem Name <u>Trichlorofluoromethane</u>	<u>Building 333</u>	<input type="checkbox"/>

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 pages one through 5, 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.
STEPHEN M. Absalom Chief Public Works
 Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

Owner/Operator Name
 Name: Commander SEDA Phone: 607-869-1206
 Mail Address: 5184 State St. Binghamton, NY 13901

Emergency Contact
 Name: Joseph Symonds Title: FIRE Chief
 Phone: 607-869-1303 24 Hr. Phone: 607-869-1306

Name: David Sevel Title: FIRE Captain
 Phone: 607-869-1306 24 Hr. Phone: 607-869-1316

Facility Identification
 Name: SENeca ARMY DEPosit ACTIVITY (SEDA)
 Street: 5184 STATE STREET City: ROCHESTER State: NY Zip: 14641-5101

SIC Code: 9199 County: SENeca Don # and Number: 5101

DATE FOR OFFICIAL USE ONLY

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
 Specific Information by Chemical

Important: Read all instructions before completing form. Reporting Period: From January 1 to December 31, 19 96

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Map
CAS #	<u>1330207</u>	Chem Name: <u>Xylene</u>	<u>Bldg 120</u>
CAS #			<u>Bldg 721</u>
CAS #			<u>Bldg 2310</u>
CAS #			
CAS #			
CAS #			
CAS #			
CAS #			
CAS #			
CAS #			

Signature
STEPHEN M. ABSTEIN Chief Public Works
 Name and official title of owner/operator OR owner/operator's authorized representative

Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site
 coordinate abbreviations
 I have attached a description of
 dikes and other safeguard measures

Page 1 of 2 pages
Form Approved OMB No. 2050-0072

Registered June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information by Chemical

Facility Identification
Name: SENECA ARMY DEPOT ACTIVITY (SEDA)
Street: 5786 State Route 96 City: Seneca NY
County: Seneca State: NY Zip: 14881-5001

Owner/Operator Name: Commander SEDA Phone: 1607 869-1200
Mail Address: 5786 State Route 96, Romeus, NY 14881-5001

Emergency Contact
Name: Joseph Symonds Title: FIRE CHIEF
Phone: 1607 869-1313 24 Hr. Phone: 1607 869-1314
Name: David Soya Title: FIRE Captain
Phone: 1607 869-1316 24 Hr. Phone: 1607 869-1316

OSHA ID #: 91199 Date Rec'd: 11/19/91
FOR OFFICIAL USE ONLY

Reporting Period: From January 1 to December 31, 19 91
Check if information below is identical to the information submitted last year:

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)
CAS <u>71432</u> Trade Name <u>BEZENE</u> Chem. Name <u>BEZENE</u> State: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other <input type="checkbox"/> EHS Name: <input type="checkbox"/> P <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> H	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Health Hazard <input type="checkbox"/> Irritant <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Other: <u>Flammable (liquid)</u>	Max. Daily Amount (code): <u>02</u> Avg. Daily Amount (code): <u>02</u> No. of Days On-site (days): <u>365</u>	<u>B114</u> <u>424</u> <u>F24</u>
CAS <u>7782505</u> Trade Name <u>Chlorine</u> Chem. Name <u>Chlorine</u> State: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other <input type="checkbox"/> EHS Name: <input type="checkbox"/> P <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> H	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Health Hazard <input type="checkbox"/> Irritant <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Other: <u>Flammable (gas)</u>	Max. Daily Amount (code): <u>02</u> Avg. Daily Amount (code): <u>02</u> No. of Days On-site (days): <u>365</u>	<u>424</u> <u>F24</u>
CAS <u>2921002</u> Trade Name <u>Chloro pyrifos</u> Chem. Name <u>Chloro pyrifos</u> State: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Other <input type="checkbox"/> EHS Name: <input type="checkbox"/> P <input checked="" type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> H	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Health Hazard <input type="checkbox"/> Irritant <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Other: <u>Flammable (liquid)</u>	Max. Daily Amount (code): <u>00</u> Avg. Daily Amount (code): <u>00</u> No. of Days On-site (days): <u>365</u>	<u>F24</u>

Optional Attachments: I have attached a list of the coordinates abbreviations. I have attached a description of these and other safeguard measures.

Signature: STEPHEN M. Absolem Chief Public Works Date: 12/91

[Sec. 370.41(b)]

Revised June 1990

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p>Specific Information by Chemical</p>	<p>Facility Identification</p> <p>Name <u>SENECA ARMY DEPOT ACTIVITY (SEDA)</u></p> <p>Street <u>5766 State Route 96</u></p> <p>City <u>Romulus</u> County <u>SENECA</u> State <u>NY</u> Zip <u>14541-5001</u></p> <p>BIC Code <u>9199</u> Dan & Brad Number [] [] [] [] [] [] [] [] [] []</p>		<p>Owner/Operator Name</p> <p>Name <u>Commander SEDA</u> Phone <u>607 869-1200</u></p> <p>Mail Address <u>5766 State Route 96, Romulus, NY 14541-5001</u></p>	
	<p>FOR OFFICIAL USE ONLY</p> <p>ID# [] [] [] [] [] [] [] [] [] []</p> <p>Date Received [] [] [] [] [] [] [] [] [] []</p>		<p>Emergency Contact</p> <p>Name <u>JOSEPH SYMONS</u> Title <u>FIRE CHIEF</u></p> <p>Phone <u>607 869-1313</u> 24 Hr. Phone <u>607 869-1316</u></p> <p>Name <u>David Soya</u> Title <u>FIRE CAPTAIN</u></p> <p>Phone <u>607 869-1316</u> 24 Hr. Phone <u>607 869-1316</u></p>	
	<p>Important: Read all instructions before completing form</p> <p>Reporting Period From January 1 to December 31, 19 <u> </u> <input type="checkbox"/> Check if information below is identical to any information submitted last year.</p>			

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)	Optional
<p>CAS [] [] [] <u>333</u> <u>415</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>DIAZINON</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>01</u> Max. Daily Amount (code)</p> <p><u>01</u> Avg. Daily Amount (code)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F14</u></p>	<input type="checkbox"/>
<p>CAS [] [] [] <u>75</u> <u>71</u> <u>93</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Dichlorodifluoroethane</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>01</u> Max. Daily Amount (code)</p> <p><u>02</u> Avg. Daily Amount (code)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F24</u></p>	<input type="checkbox"/>
<p>CAS [] [] [] <u>107</u> <u>211</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Ethylene Glycol</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>04</u> Max. Daily Amount (code)</p> <p><u>04</u> Avg. Daily Amount (code)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F14</u></p> <p><u>D14</u></p>	<input type="checkbox"/>

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 pages one through 5 and that the information on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

STEPHEN M. Absolom Chief Public Works
Name and official title of owner/operator OR owner/operator's authorized representative

Signature _____ Date signed _____

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

[Sec 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Revised June 1990

RIGHT-TO-KNOW REQUIREMENTS

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p> <p>Name <u>SENECA ARMY DEPOT ACTIVITY (SEDA)</u></p> <p>Street <u>5786 State Route 96</u></p> <p>City <u>Romulus</u> County <u>SENECA</u> State <u>NY</u> Zip <u>14541-5001</u></p> <p>SIC Code <u>9199</u> Dun & Brad Number [] [] [] [] [] [] [] [] [] []</p>		<p>Owner/Operator Name</p> <p>Name <u>Commander, SEDA</u> Phone <u>607 869-1200</u></p> <p>Mail Address <u>5786 State Route 96, Romulus, NY 14541-5001</u></p>	
	<p>FOR OFFICIAL USE ONLY</p> <p>DI [] [] [] [] [] [] [] [] [] []</p> <p>Date Received [] [] [] [] [] [] [] [] [] []</p>		<p>Emergency Contact</p> <p>Name <u>Joseph Symonds</u> Title <u>FIRE Chief</u></p> <p>Phone <u>607 869-1313</u> 24 Hr. Phone <u>607 869-1314</u></p> <p>Name <u>David Soya</u> Title <u>FIRE Captain</u></p> <p>Phone <u>607 869-1314</u> 24 Hr. Phone <u>607 869-1314</u></p>	
<p>Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 <u> </u> <input type="checkbox"/> Check if information below is identical to one information submitted last year.</p>				
<p>Chemical Description</p>	<p>Physical and Health Hazards</p> <p><small>(check all that apply)</small></p>	<p>Inventory</p>	<p>Storage Codes and Locations (Non-Confidential)</p> <p><i>Storage Locations</i></p>	<p>Optional</p>
<p>CAS [] [] <u>7705</u> [] [] <u>08</u> [] <u>0</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Ferric Chloride</u></p> <p>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input checked="" type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>02</u> Max. Daily Amount (code)</p> <p><u>02</u> Avg. Daily Amount (code)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>D14</u></p>	<p><input type="checkbox"/></p>
<p>CAS [] [] [] [] <u>109</u> [] [] <u>86</u> [] <u>4</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>2-Methoxyethanol</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input checked="" type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>05</u> Max. Daily Amount (code)</p> <p><u>05</u> Avg. Daily Amount (code)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F14</u></p>	<p><input type="checkbox"/></p>
<p>CAS [] [] <u>1310</u> [] [] <u>73</u> [] <u>2</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Sodium Hydroxide</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input checked="" type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p><u>04</u> Max. Daily Amount (code)</p> <p><u>04</u> Avg. Daily Amount (code)</p> <p><u>365</u> No. of Days On-site (days)</p>	<p><u>F14</u></p>	<p><input type="checkbox"/></p>
<p>Certification <i>(Head and sign after completing all sections)</i></p> <p>I certify under penalty of law that I have personally ascertained and am familiar with the information submitted in pages one through <u>5</u>, and that I am an authorized representative of the individual responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete.</p> <p><u>STEPHEN M. Absolom Chief Public Works</u></p> <p>Name and title of owner/operator or authorized representative _____ Signature _____ Date signed _____</p>				<p>Optional Attachments</p> <p><input type="checkbox"/> I have attached a site plan</p> <p><input type="checkbox"/> I have attached a list of use coordinate abbreviations</p> <p><input type="checkbox"/> I have attached a description of dikes and other safeguard measures</p>

[Sec. 370.41(b)]

Page 4 of 5
Form Approved OMB No. 2050-0072

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name SENECA ARMY DEPT ACTIVITY (SEDA)
 Street 5766 State Route 96 City ROMULUS State NY Zip 14541-5601
 County SENECA
 SIC Code 9199 Don't list Hazardous

FOR OFFICIAL USE ONLY
 Date Received

Owner/Operator Name
 Name Commander SEDA Phone 607 869-1242
 Mail Address 5766 State Route 96, Romulus, NY 14541-5601
 Emergency Contact
 Name JOSEPH STANGAS Title FIRE CHIEF
 Phone 607 869-1313 24 Hr. Phone 607 869-1314
 Name David Seva Title FIRE Captain
 Phone 607 869-1316 24 Hr. Phone 607 869-1316

Important: Read all instructions before completing form

Check if information below is identical to the information furnished last year

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory <small>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)</small>	Storage Codes and Locations <small>(Non-Confidential) Storage Locations</small>	Options
CAS <u>7664939</u> Chem. Name <u>Sulfuric Acid</u> Trade Name <u></u> Check all that apply: Pure <input type="checkbox"/> Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input checked="" type="checkbox"/> EHS Name <u>SULFURIC ACID</u>	Flammable <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Health Hazard <input checked="" type="checkbox"/> Delayed (chronic) <input type="checkbox"/>	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	D14	<input type="checkbox"/>
CAS <u>108883</u> Chem. Name <u>Toluene</u> Trade Name <u></u> Check all that apply: Pure <input type="checkbox"/> Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u></u>	Flammable <input checked="" type="checkbox"/> Corrosive <input type="checkbox"/> Health Hazard <input checked="" type="checkbox"/> Delayed (chronic) <input type="checkbox"/>	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	B14	<input type="checkbox"/>
CAS <u>75694</u> Chem. Name <u>Trichloroethylene</u> Trade Name <u></u> Check all that apply: Pure <input type="checkbox"/> Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u></u>	Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Health Hazard <input checked="" type="checkbox"/> Delayed (chronic) <input checked="" type="checkbox"/>	Max. Daily Amount (code) <u>01</u> Avg. Daily Amount (code) <u>01</u> No. of Days On-site (days) <u>365</u>	F24	<input type="checkbox"/>

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Signature STEPHEN M. Absolon Chief Public Works
 Date 7/1/90

Certification: I read and sign after completing all instructions. I certify under penalty of law that I have personally examined and am familiar with the information reported in pages one through two, 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.

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
Name SENECA ARMY DEPOT ACTIVITY (SEDA)
Street 5766 State Route 96 City Romeus County Seneca State NY Zip 14541
SIC Code 91199 Dun & Bradstreet Number

FOR OFFICIAL USE ONLY
Date Received 01/19/97

Owner/Operator Name
Name Commander SEDA Phone (607) 869-1200
Mtl Address 5766 State Route 96, Romeus, NY 14541
Emergency Contact
Name JOSEPH STAMBS Title FIRE CHIEF
Phone (607) 869-1313 24 Hr. Phone (607) 869-1314
Name David Seva Title FIRE Captain
Phone (607) 869-1316 24 Hr. Phone (607) 869-1316

Important: Read all instructions before completing form

Check if information below is identical to the information furnished last year.

Reporting Period From January 1 to December 31, 19 97

Chemical Description

Physical and Health Hazards

Inventory

Storage Codes and Locations (Non-Confidential)

CAS 11330207 Trade Secret

Chem. Name Xylene

Chem. Formula: Pure Mix Solid Liquid Gas EHS

EHS Name

Fire Sudden Release of Pressure Reactivity Immediate Toxicity Delayed Toxicity

Max. Daily Amount (pounds) 03
Avg. Daily Amount (pounds) 03
No. of Days On-site (days) 365

Control Temperature 314

CAS Trade Secret

Chem. Name

Chem. Formula: Pure Mix Solid Liquid Gas EHS

EHS Name

Fire Sudden Release of Pressure Reactivity Immediate Toxicity Delayed Toxicity

Max. Daily Amount (pounds)
Avg. Daily Amount (pounds)
No. of Days On-site (days)

Control Temperature

CAS Trade Secret

Chem. Name

Chem. Formula: Pure Mix Solid Liquid Gas EHS

EHS Name

Fire Sudden Release of Pressure Reactivity Immediate Toxicity Delayed Toxicity

Max. Daily Amount (pounds)
Avg. Daily Amount (pounds)
No. of Days On-site (days)

Control Temperature

Certification: I read and sign after completing all sections of this form and I am personally sure and am familiar with the information submitted on pages one through 5 and that this is my best effort to ensure that the information is true, accurate, and complete.
STEPHEN M. Absolon Chief Public Affairs
Name and official title of authorized OR representative authorized representative

Signature _____ Date signed _____

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

DOD Hazardous Materials Information System

DoD 6050.5-LR

AS OF July 1995

Proprietary Version - For U.S. Government Use Only

FSC: 6850

NIIN: 002976653

Manufacturer's CAGE: PENNS

Part No. Indicator: A

Part Number/Trade Name: DECONTAMINATING AGENT, STB

=====
General Information
=====

Item Name: DECONTAMINATION AGENT, SUPER TROPICAL BLEACH (STB)

Company's Name: PENNSALT CHEMICAL CORPORATION

Company's Street: COMPANY SHUT DOWN STB PLANT IN 1954

Company's P. O. Box:

Company's City:

Company's State:

Company's Country: US

Company's Zip Code:

Company's Emerg Ph #:

Company's Info Ph #:

Distributor/Vendor # 1:

Distributor/Vendor # 1 Cage:

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code:

Safety Focal Point: D

Record No. For Safety Entry: 001

Tot Safety Entries This Stk#: 005

Status: S

Date MSDS Prepared: 04NOV92

Safety Data Review Date: 04NOV92

Supply Item Manager: CX

MSDS Preparer's Name: DGSC-SSH

Preparer's Company: DEFENSE GENERAL SUPPLY CENTER

Preparer's St Or P. O. Box: 8000 JEFFERSON DAVIS HWY

Preparer's City: RICHMOND

Preparer's State: VA

Preparer's Zip Code: 23297

Other MSDS Number:

MSDS Serial Number: BPFWX

Specification Number: MIL-12468

Spec Type, Grade, Class: NOT APPLICABLE

Hazard Characteristic Code: D2

Unit Of Issue: DR

Unit Of Issue Container Qty: 8 GALLONS

Type Of Container: SPECIAL DRUM

Net Unit Weight: 50 LBS.

Report for NIIN: 002976653

NRC/State License Number: N/R
Net Explosive Weight: N/R
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code: N/R

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: CHLORINATED LIME
Ingredient Sequence Number: 01
Percent: 93.4
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1008716CL
CAS Number:
OSHA PEL: 0.5 PPM (CHLORINE)
ACGIH TLV: 0.5 PPM (CHLORINE)
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: CALCIUM OXIDE
Ingredient Sequence Number: 02
Percent: 6.6
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: EW3100000
CAS Number: 1305-78-8
OSHA PEL: 5 MG/M3
ACGIH TLV: 2 MG/M3; 9293
Other Recommended Limit: NONE RECOMMENDED
=====

Physical/Chemical Characteristics
=====

Appearance And Odor: WHITE POWDER, STRONG CHLORINE ODOR.
Boiling Point: N/R
Melting Point: UNKNOWN
Vapor Pressure (MM Hg/70 F): UNKNOWN
Vapor Density (Air=1): 1.2 (HCL)
Specific Gravity: 0.75
Decomposition Temperature: >120F,>49C
Evaporation Rate And Ref: NOT APPLICABLE
Solubility In Water: APPRECIABLE
Percent Volatiles By Volume: N/R
Viscosity: N/R
pH: BASIC
Radioactivity: N/R
Form (Radioactive Matl):
Magnetism (Milligauss): N/P
Corrosion Rate (IPY): FAST
Autoignition Temperature: NONE

=====
Fire and Explosion Hazard Data
=====

Flash Point: NONE
Flash Point Method: N/P
Lower Explosive Limit: UNKNOWN
Upper Explosive Limit: UNKNOWN
Extinguishing Media: USE WATER, PREFERABLY IN FORM OF SPRAY.
Special Fire Fighting Proc: WEAR A NIOSH APPROVED SELF-CONTAINED BREATHING APPARATUS AND FULL PROTECTIVE EQUIPMENT WHEN FIGHTING FIRES.
Unusual Fire And Expl Hazrds: POWERFUL OXIDIZING MATERIAL. NOT COMBUSTIBLE BUT EVOLVES OXYGEN AT HIGHER TEMPERATURES. READILY IGNITES COMBUSTIBLE OR ORGANIC MATERIALS WHEN IN CONTACT.

=====
Reactivity Data
=====

Stability: NO
Cond To Avoid (Stability): HIGH TEMPERATURES AND MOIST CONDITIONS.
Materials To Avoid: MOISTURE, SOLVENTS, ACIDS, AND ORGANIC MATERIALS.
Hazardous Decomp Products: MAY UNDERGO ACCELERATED DECOMPOSITION WITH EVOLUTION OF HEAT, HYDROGEN CHLORIDE AND CHLORINE GAS.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): NOT APPLICABLE

=====
Health Hazard Data
=====

LD50-LC50 Mixture: ORAL LD50 (RAT) IS 900 MG/KG (HCL)
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: EYE, SKIN & RESPIRATORY TRACT IRRITATION.
Carcinogenicity - NTP: NO
Carcinogenicity - IARC: NO
Carcinogenicity - OSHA: NO
Explanation Carcinogenicity: NONE OF THE COMPOUNDS IN THIS PRODUCT IS LISTED BY IARC, NTP, OR OSHA AS A CARCINOGEN.

Signs/Symptoms Of Overexp: CAN CAUSE BURNS TO EYES AND SKIN. INHALATION OF VAPORS, FUMES AND DUST CAN CAUSE IRRITATION TO MUCOUS MEMBRANES.
Med Cond Aggravated By Exp: OVEREXPOSURE MAY AGGRAVATE EXISTING CHRONIC RESPIRATORY CONDITIONS SUCH AS ASTHMA, BRONCHITIS AND INFLAMMATORY OR FIBROTIC RESPIRATORY DISEASE.
Emergency/First Aid Proc: INHALATION: REMOVE TO FRESH AIR. IF NOT BREATHING, GIVE ARTIFICIAL RESPIRATION. GET MEDICAL ATTENTION. EYES: IMMEDIATELY FLUSH WITH PLENTY OF WATER FOR 15 MINUTES. GET MEDICAL ATTENTION. SKIN: FLUSH WITH WATER. REMOVE CONTAMINATED CLOTHING. INGESTION: POISON! IF CONSCIOUS, GIVE MILK, EGG WHITE, STARCH PASTE OR MILK OF MAGNESIA BY MOUTH. DO NOT INDUCE VOMITING. GET IMMEDIATE MEDICAL ATTENTION.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: ELIMINATE SOURCES OF IGNITION. WEAR NIOSH APPROVED RESPIRATOR OR SCBA, GOGGLES, GLOVES & BOOTS. KEEP AWAY FROM ORGANIC MATERIAL. MIX WITH DRY EARTH OR SAND AND PLACE IN DISPOSAL DRUM.

FLUSH RESIDUE WITH LARGE QUANTITIES WATER.

Neutralizing Agent: DILUTE WITH LARGE AMOUNTS OF WATER

Waste Disposal Method: DISPOSAL SHOULD BE MADE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS.

Precautions-Handling/Storing: STORE IN COOL, DRY PLACE AWAY FROM ALL SOURCES OF HEAT. DO NOT STORE NEAR COMBUSTIBLES, ACIDS OR OTHER ORGANIC MATTER. PROTECT & INSPECT CONTAINERS.

Other Precautions: KEEP CONTAINERS CLOSED WHEN NOT IN USE. PROTECT AGAINST PHYSICAL DAMAGE. DRUMS MAY RUPTURE FROM EXPOSURE TO HEAT. AVOID STORAGE FOR PROLONGED PERIODS, PARTICULARLY AT SUMMER TEMPERATURES.

=====
Control Measures
=====

Respiratory Protection: SELECT A NIOSH APPROVED RESPIRATOR BASED ON CONTAMINATION LEVELS FOUND IN THE WORK PLACE. FOR HIGH LEVELS, A SELF-CONTAINED BREATHING APPARATUS WITH FULL FACEPIECE OPERATED IN PRESSURE DEMAND OR POSITIVE PRESSURE IS RECOMMENDED.

Ventilation: LOCAL EXHAUST WHERE DUST MIGHT OCCUR.

Protective Gloves: RUBBER, NEOPRENE OR PVC

Eye Protection: FACE SHIELD/SAFETY GOGGLE

Other Protective Equipment: EYE WASH STATION AND SAFETY SHOWER.

INDUSTRIAL-TYPE WORK CLOTHING AND APRON AS REQUIRED. SHOULD WEAR SAFETY BOOTS.

Work Hygienic Practices: WASH THOROUGHLY AFTER HANDLING AND BEFORE EATING, DRINKING OR SMOKING. LAUNDRER CONTAMINATED CLOTHING BEFORE REUSE.

Suppl. Safety & Health Data: SUPERTROPICAL BLEACH IS A MIXTURE OF CHLORINATED LIME AND CALCIUM OXIDE IN A WHITE POWDER FORM. WHEN MANUFACTURED IT CONTAINS 30 PERCENT AVAILABLE CHLORINE. STB DECOMPOSES SLOWLY IN STORAGE EASILY RECOGNIZED BY THE CHLORINE LIKE ODOR. IT IS CORROSIVE TO MOST METALS AND INJURIOUS TO MOST FABRICS.

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code [][][][][][] Dun & Brad Number [][][][][][][][][]	Owner/Operator Name Name _____ Phone () _____ Mail Address _____
	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> FOR OFFICIAL USE ONLY </div> ID # _____ Date Received _____	Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 _____	

Confidential Location Information Sheet	Container Type	Temperature	Pressure	Storage Codes and Locations (Confidential)	Optional
CAS # [][][][][][][][][][] Chem. Name _____	[][][][][][][][][][]	[][][][][][][][][][]	[][][][][][][][][][]	Storage Locations _____ _____ _____ _____	[]
CAS # [][][][][][][][][][] Chem. Name _____	[][][][][][][][][][]	[][][][][][][][][][]	[][][][][][][][][][]	Storage Locations _____ _____ _____ _____	[]
CAS # [][][][][][][][][][] Chem. Name _____	[][][][][][][][][][]	[][][][][][][][][][]	[][][][][][][][][][]	Storage Locations _____ _____ _____ _____	[]

Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ 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.	Optional Attachments <input type="checkbox"/> I have attached a site plan I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative _____	Signature _____ Date signed _____

Environment Reporter

[Sec. 370.4(b)]

January 26, 1996

Engineering and
Environmental Division

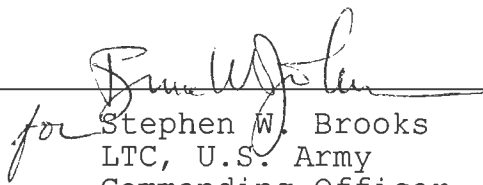
Mr. Charles McCann
LEPC Coordinator
One DiPronio Drive
Waterloo, New York 13165

Dear Mr. McCann:

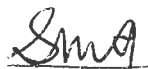
Enclosed is Seneca Army Depot Activity's SARA
Tier II submission for 1996.

For additional information and coordination on
this matter, contact Mr. Michael Stofka at
(607) 869-1532.

Sincerely,


for Stephen W. Brooks
LTC, U.S. Army
Commanding Officer

Enclosure


C/Eng/Env


DIM


CEA

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

ERG Code 9199 Division Number

FOR
OFFICIAL
USE
ONLY

Date Recycled

Owner/Operator Name
Name Commander, SEDA Phone 16071206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact
Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24hr. Phone 16071869-1316

Name David Sova Title Fire Captain
Phone 16071869-1316 24hr. Phone 16071869-1316

Important: Read all instructions before completing form. Reporting Period From January 1 to December 31, 19 Check if information being identified is not confidential for the last year.

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)	Optional
CAS <u> </u> <u>71432</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzene</u> CAS #s that apply: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EHS Name <u> </u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>B</u> Temperature Pressure <u>1 4</u> Storage Locations <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>7782505</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> CAS #s that apply: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> EHS Name <u>Chlorine</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Container Type <u>L</u> Temperature Pressure <u>2 4</u> Storage Locations <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>2921882</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chloropyrifos</u> CAS #s that apply: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EHS Name <u> </u>	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>00</u> Avg. Daily Amount (code) <u>00</u> No. of Days On-site (days) <u>365</u>	Container Type <u>F</u> Temperature Pressure <u>2 4</u> Storage Locations <u> </u>	<input type="checkbox"/>

Certification (Read only after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5 and that based on my knowledge of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.
STEPHEN M. ABSOLOM, C, Eng/Env Div Signature Date signed 25 Jan 96

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate elevations
 I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Owner/Operator Name
 Name: Commander, SEDA Phone: 160711206
 Mail Address: 5786 State Route 96, Romulus, NY 14541
Emergency Contact
 Name: Joseph Symonds Title: Fire Chief
 Phone: 16071869-1313 24 Hr. Phone: 16071869-1316
 Name: David Sovo Title: Fire Captain
 Phone: 16071869-1316 24 Hr. Phone: 16071869-1316

Facility Identification
 Name: Seneca Army Depot Activity
 Street: 5786 State Route 96
 City: Romulus County: Seneca State: NY Zip: 14541
 SIC Code: 91199 Dept. #:
 Date Received:

Important: Read all instructions before completing form. Reporting Period: From January 1 to December 31, 1996. Check all appropriate boxes to describe the facility.

Chem. Name	CAS No.	Form	Liq.	Sol.	Gas	EHS	EHS Name	Chem. Name	CAS No.	Form	Liq.	Sol.	Gas	EHS	EHS Name	Inventory			Physical and Health Hazards	Sudden Release of Pressure	Sudden Release of Pressure	Sudden Release of Pressure	Storage Codes and Locations			
																Max. Daily Amount (pounds)	Avg. Daily Amount (pounds)	No. of Days On-site (days)								
Diazinon	333415							Dichlorodifluoromethane	75718								01	01	365	01	02	365	04	04	365	Inventory (Non-Confidential)
Ethylene Glycol	107211																04	04	365	04	04	365	04	04	365	

Optional Attachments
 I have attached a site plan
 I have attached a list of fire coordinate assignments
 I have attached a description of site and other mitigated measures
 Date signed: 25 Jan 96
 Signature: STEPHEN M. ABSOLOM, C. Eng/Env Div

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541
 SIC Code 9199 Div. & Bldg. Number

Owner/Operator Name 869-
 Name Commander, SEDA Phone 16071206
 Mailing Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact
 Name Joseph Symonds Title Fire Chief
 Phone 16071869-1313 24 Hr. Phone 16071869-1316
 Name David Sova Title Fire Captain
 Phone 16071869-1315 24 Hr. Phone 16071869-1316

FOR OFFICIAL USE ONLY
 Date Received

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if 1 of 2 hazards below is identified by an authorized substitute 1 last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
CAS <u>7705080</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Chloride</u> CAS # of this entry: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	D 1 4		<input type="checkbox"/>
CAS <u>109864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2 - Methoxyethanol</u> CAS # of this entry: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> CAS # of this entry: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	F 1 4		<input type="checkbox"/>

Certification (Read only after completing all entries)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5 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.
STEPHEN M. ABSOLOM, C., Eng/Env Div
 Name and official title of owner, operator or owner/operator's authorized representative
 Signature Date signed 25 Jan 96

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate alterations
 I have attached a description of dikes and other safeguard measures

B-31-90

Published by THE BUREAU OF NATIONAL AFFAIRS, INC., WASHINGTON, D.C. 20037

[Sec. 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dept. Build. Number

FOR
OFFICIAL
USE
ONLY

Eye
Date Recalcd

Owner/Operator Name

Name Commander, SEDA Phone 16071206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24 Hr. Phone 16071869-1316

Name David Sova Title Fire Captain
Phone 16071869-1316 24 Hr. Phone 16071869-1316

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 1996

Check if information being reported is for information only for 1 year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Options
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> CAS # <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Purity: Pure Mix Solid Liquid Gas EHS EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing <input checked="" type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	D 1 4		<input type="checkbox"/>
CAS <u>108883</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> CAS # <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Purity: Pure Mix Solid Liquid Gas EHS EHS Name _____	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	B 1 4		<input type="checkbox"/>
CAS <u>75694</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Trichlorofluoromethane</u> CAS # <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Purity: Pure Mix Solid Liquid Gas EHS EHS Name _____	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>01</u> Avg. Daily Amount (code) <u>01</u> No. of Days On-site (days) <u>365</u>	F 2 4		<input type="checkbox"/>

Certification (read only after completing all sections)
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, 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.
STEPHEN M. ABSOLOM, C., Eng/Env Div
Name and official title of owner/operator or authorized representative

Signature

25 Jan 96
Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate elevations
 I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Page 5 of 5 Form Approved OMB No. 2050-0072

Revised June 1990

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

Operator Name
Name Commander, SEDA Phone 160711206
Mail Address 5786 State Route 96, Romulus, NY 14541

98 Code 9199 Date Rec'd 1/99

Emergency Contact
Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24 Hr. Phone 16071869-1316

FOR OFFICIAL USE ONLY
Date Rec'd

Name David Sovo Title Fire Captain
Phone 16071869-1316 24 Hr. Phone 16071869-1316

Reporting Period
From January 1 to December 31, 19 96

Check if information below is identical to information available last year.

Important: Read all instructions before completing form

Chemical Description

Physical and Health Hazards

Inventory

Storage Codes and Locations (Non-Confidential)

CAS 1330207 Trade Secret
Chem. Name Xylene

CA-118 Pure Mix Solid Liquid Gas EHS

Flammable
Sudden Release of Pressure
Reactivity
Immediate (lethal)
Delayed (lethal)

Max. Daily Amount (ppts) 0.3
Avg. Daily Amount (ppts) 0.3
No. of Days On-site (days) 365

B 1 4

CAS Trade Secret
Chem. Name

CA-118 Pure Mix Solid Liquid Gas EHS

Flammable
Sudden Release of Pressure
Reactivity
Immediate (lethal)
Delayed (lethal)

Max. Daily Amount (ppts)
Avg. Daily Amount (ppts)
No. of Days On-site (days)

CAS Trade Secret
Chem. Name

CA-118 Pure Mix Solid Liquid Gas EHS

Flammable
Sudden Release of Pressure
Reactivity
Immediate (lethal)
Delayed (lethal)

Max. Daily Amount (ppts)
Avg. Daily Amount (ppts)
No. of Days On-site (days)

Signature STEPHEN M. ABSOLOM, C. Eng./Env. Div.
Date signed 25 Jan 96

Optional Attachments
These attached a site plan
These attached a list of site
coordinate elevations
These attached a description of
dikes and other safeguard measures

Verification If you are a signifier, complete all 311-313
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through
and that based
on my knowledge of the individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607,869,1200</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	SIC Code <u>9199</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1316</u> 24 Hr. Phone <u>(607) 869-1313</u>	
	FOR OFFICIAL USE ONLY Date Received <u> </u>			

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type Temperature Pressure	Storage Codes and Locations (Confidential) Storage Locations	Optional																				
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chem. Name	Benzene																					
			<table border="1" style="width: 100%;"> <tr><td>B</td><td>1</td><td>4</td><td>Building 120</td></tr> <tr><td>B</td><td>1</td><td>4</td><td>Building 721</td></tr> <tr><td>B</td><td>1</td><td>4</td><td>Building 2310</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	B	1	4	Building 120	B	1	4	Building 721	B	1	4	Building 2310									<input type="checkbox"/>
B	1	4	Building 120																					
B	1	4	Building 721																					
B	1	4	Building 2310																					
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chem. Name	Chlorine																					
			<table border="1" style="width: 100%;"> <tr><td>L</td><td>2</td><td>4</td><td>Building 374</td></tr> <tr><td>L</td><td>2</td><td>4</td><td>Building 2411</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	L	2	4	Building 374	L	2	4	Building 2411									<input type="checkbox"/>				
L	2	4	Building 374																					
L	2	4	Building 2411																					
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chem. Name	Chloropyrifos																					
			<table border="1" style="width: 100%;"> <tr><td>F</td><td>2</td><td>4</td><td>Building 333</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	F	2	4	Building 333									<input type="checkbox"/>								
F	2	4	Building 333																					

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 pages one through 5, 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.

STEPHEN M. ABSOLOM, Chief, Eng/Env Div \$ 25 Jan 96
Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Brad Number <u> </u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607,8691200</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	FOR OFFICIAL USE ONLY Date Received <u> </u>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>1607, 869-1313</u> 24 Hr. Phone <u>1607,869-1313</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>1607, 869-1316</u> 24 Hr. Phone <u>1607,869-1313</u>	
	Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 <u> </u>	

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional
CAS # <u> </u> <u>933</u> <u>41</u> <u>5</u> Chem Name	Diazinon	F 1 4 Building 333	<input type="checkbox"/>
CAS # <u> </u> <u>75</u> <u>71</u> <u>8</u> Chem Name	Dichlorodifluoromethane	F 2 4 Building 333	<input type="checkbox"/>
CAS # <u> </u> <u>107</u> <u>21</u> <u>1</u> Chem Name	Ethylene Glycol	F 1 4 D 1 4 D 1 4 Building 333 Building 333 Building 327	<input type="checkbox"/>

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 pages one through <u>5</u> , 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures	
Name and official title of owner/operator OR owner/operator's authorized representative <u>STEPHEN M. ABSOLOM, Chief, Eng/Env Div</u>		Signature <u> </u> Date signed <u>25 Jan 96</u>	

Environment Reporter

[Sec. 370.41(b)]

101-5110

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification		Owner/Operator Name	
	Name <u>Seneca Army Depot Activity</u>		Name <u>Commander, SEDA</u> Phone <u>607,869,1200</u>	
	Street <u>5786 State Route 96</u>		Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u>		Emergency Contact	
SIC Code <u>9199</u> Div. & Brad Number [][]-[][]-[][]		Name <u>Joseph Symonds</u> Title <u>Fire Chief</u>		
FOR OFFICIAL USE ONLY		Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u>		
Date Received [][]-[][]-[][]		Name <u>David Sova</u> Title <u>Fire Captain</u>		
		Phone <u>(607) 869-1316</u> 24 Hr. Phone <u>(607) 869-1313</u>		

Important: Read all instructions before completing form | Reporting Period From January 1 to December 31, 1996 | Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet	Container Type	Temperature	Storage Codes and Locations (Confidential)	Optional
CAS #	Chem. Name	Storage Locations		
[][] [7][7][0][5] [0][8][0]	Ferric Chloride	D 1 4	Building 343	<input type="checkbox"/>
[][] [][][] [1][0][9] [8][6][4]	2-Methoxyethanol	F 1 4	Building 356	<input type="checkbox"/>
[][] [][] [1][3][1][0] [7][3][2]	Sodium Hydroxide	F 1 4	Building 356	<input type="checkbox"/>

Certification: (Read and fill in after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>5</u> 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.	<u>\$</u>	<u>25 Jan 96</u>
STEPHEN M. ABSOLOM, Chief, Eng/Env Div <small>Name and official title of owner/operator OR owner/operator's authorized representative</small>	Signature	Date signed
Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a lot of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures		

Environment Reporter

[Sec. 370.41(b)]

FEDERAL REGULATIONS

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Ramulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607,869,1200</u> Mail Address <u>5786 State Route 96, Ramulus, NY 14541</u>	
	Dun & Bradstreet Number <input type="text"/> - <input type="text"/> - <input type="text"/>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>(607) 869-1313</u>	
	FOR OFFICIAL USE ONLY Date Received <input type="text"/>		Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1316</u> 24 Hr. Phone <u>(607) 869-1313</u>	

Important: Read all instructions before completing form. Reporting Period From January 1 to December 31, 19 96. Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type	Temperature	Storage Codes and Locations (Confidential)	Optional
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chem. Name	Sulfuric Acid	Building 343 _____ _____ _____ _____	<input type="checkbox"/>
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chem. Name	Toluene	Building 120 Building 721 _____ _____	<input type="checkbox"/>
CAS #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chem. Name	Trichlorofluoromethane	Building 333 _____ _____ _____	<input type="checkbox"/>

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 pages one through <u>5</u> 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. <u>STEPHEN M. ABSOLOM, Chief, Eng/Env Div</u> Name and official title of owner/operator OR owner/operator's authorized representative	Signature <u>\$</u> Date signed <u>25 Jan 96</u>	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
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Environment Reporter

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Div & Prod Number <input type="text"/> - <input type="text"/> - <input type="text"/>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607,869,1200</u> Mail Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	FOR OFFICIAL USE ONLY Date Received <input type="text"/>		Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>607,869-1313</u> 24 Hr. Phone <u>607,869-1313</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>607,869-1316</u> 24 Hr. Phone <u>607,869-1313</u>	
	Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 <u> </u>	

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Optional																																				
CAS #	Chem Name	Storage Locations																																					
CAS # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	xylene	<table border="1"> <tr><td>B</td><td>1</td><td>4</td><td>Building 120</td></tr> <tr><td>E</td><td>1</td><td>4</td><td>Building 721</td></tr> <tr><td>B</td><td>1</td><td>4</td><td>Building 2310</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	B	1	4	Building 120	E	1	4	Building 721	B	1	4	Building 2310																									<input type="checkbox"/>
B	1	4	Building 120																																				
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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 pages one through <u>5</u> , 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures	
Name and official title of owner/operator OR owner/operator's authorized representative <u>STEPHEN M. ABSOLOM, Chief, Eng/Env Div</u>		Signature <u>\$</u> Date signed <u>25 Jan 96</u>	

Environment Reporter

[Sec. 370.41(b)]

One DiPronio Drive



Telephone: 315-539-5655 Ext. 2060

Waterloo, NY 13165

Fax: 315-539-9479

SENECA COUNTY
LOCAL EMERGENCY PLANNING COMMITTEE

MIKE S
info/action
SWA

Jan 31, 1996

Dear Facility Coordinator:

The regulations as established under SARA Title III requires that annual Tier I or Tier II Chemical Inventory Forms be filed annually by March 1st with the Local Emergency Planning Committee (LEPC), your fire district and New York State, Albany office.

The Seneca County LEPC requires that only Tier II forms be filed and that your fire district be listed on the front of the form. A Tier II form is enclosed for your use; please photocopy if additional forms are required or contact Mr Charles F. McCann, Seneca County Emergency Management Director at (315) 539-5655 ext. 2060.

If you claim the chemical to be a trade secret or its storage location to be confidential, please contact Mr. McCann for additional forms and guidance.

The fire department has requested that all chemicals be listed in alphabetical order on the Tier II forms to facilitate their filing and identification procedures.

Agricultural

Chemicals to be reported by Agriculture are those listed as extremely hazardous substances. No additional chemicals are required since agricultural is exempt from the OSHA Hazard Communication Standard if the farm employs less than 10 full time employees.

It is requested that a hand drawn site plan of the farm, showing the storage area of the chemicals(pesticides and herbicides) be included with the Tier II form. This site plan is not necessary if it has already been submitted; however, an up-dated plan is necessary if the storage location has changed. Please forward all forms to Mr. McCann at the address below.

Industry and Municipalities

Chemicals to be reported by industry and municipalities are the listed extremely hazardous substances and all chemicals classified as hazardous under the OSHA Hazardous Communication Standard and were present at any time in 1995 in excess of 10,000 lbs.

The completed form must be submitted by you to the LEPC, your fire district and New York State, Albany office. The addresses for the LEPC and New York State are listed below:

Mr. Charles F. McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

NYS Department of Environmental Conservation
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, NY 12233

Please contact me if you need additional guidance.

Sincerely,



Charles F. McCann
LEPC Coordinator

CFM/pc

encl.

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
Name _____
Street _____
City _____ County _____ State _____ Zip _____
SIC Code [][][][][][] Dun & Brad Number [][] - [][][][] - [][][][]

**FOR
OFFICIAL
USE
ONLY**

ID # _____
Date Received _____

Owner/Operator Name
Name _____ Phone () _____
Mail Address _____

Emergency Contact
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 _____

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

**Storage Codes and Locations
(Confidential)**
Storage Locations _____
Optional

CAS # [][][][][][][][][][][] Chem. Name _____

Container Type _____
Temperature _____

CAS # [][][][][][][][][][][] Chem. Name _____

Container Type _____
Temperature _____

CAS # [][][][][][][][][][][] Chem. Name _____

Container Type _____
Temperature _____

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 pages one through _____, 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 _____

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Environment Reporter

[Sec. 370.41(b)]

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name _____
Street _____
City _____ County _____ State _____ Zip _____

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

**FOR
OFFICIAL
USE
ONLY**

ID # _____
Date Received _____

Owner/Operator Name

Name _____ Phone () _____
Mail Address _____

Emergency Contact

Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 ____

Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet

**Storage Codes and Locations
(Confidential)**

CAS # [][][][][][][][][][] Chem. Name _____

Container Type _____
Temperature _____

Storage Locations _____

Optional

CAS # [][][][][][][][][][] Chem. Name _____

Container Type _____
Temperature _____

Storage Locations _____

CAS # [][][][][][][][][][] Chem. Name _____

Container Type _____
Temperature _____

Storage Locations _____

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 pages one through _____, 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 _____

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification	Owner/Operator Name	Page <input type="text"/> of <input type="text"/> pages Form Approved OMB No. 2022-0072	
Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Division <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Received <input type="text"/> <input type="text"/>	Name _____ Mail Address _____ Emergency Contact Name _____ Phone _____ Title _____ Phone _____ Title _____ Phone _____ Title _____	Name _____ Mail Address _____ Emergency Contact Name _____ Phone _____ Title _____ Phone _____ Title _____ Phone _____ Title _____	Check if Information below is Material to the Information submitted last year. <input type="checkbox"/> Reporting Period From January 1 to December 31, 19 <input type="text"/>	
Confidential Location Information Sheet		Storage Codes and Locations (Confidential) Storage Locations		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
CAS # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Chem Name _____				
CAS # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Chem Name _____				
CAS # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Chem Name _____				
Important: Read all instructions before completing form		Signature _____ Date signed _____		
Name and official title of owner/operator OR owner/operator's authorized representative		Declaration: (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 pages one through _____, 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.		

[Sec. 370.41(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code [][][][] Dun & Brad Number [][][][][][][][]		Owner/Operator Name Name _____ Phone () _____ Mail Address _____	
	Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____			
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____			

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19____ Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type Temperature Pressure	Storage Codes and Locations (Confidential)	Optional
			Storage Locations	
CAS #	[][][][][][][][][][] Chem. Name			<input type="checkbox"/>
CAS #	[][][][][][][][][][] Chem. Name			<input type="checkbox"/>
CAS #	[][][][][][][][][][] Chem. Name			<input type="checkbox"/>

Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, 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.		Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative _____		Signature _____ Date signed _____

Environment Reporter

[Sec. 370.41(b)]

Revised June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical FOR OFFICIAL USE ONLY	Facility Identification Name <u>Seneca Army Depot Activity</u> Street <u>5786 State Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541</u> SIC Code <u>9199</u> Dun & Bradstreet Number <u> </u> <u> </u> <u> </u> <u> </u>		Owner/Operator Name <u>869-</u> Name <u>Commander, SEDA</u> Phone <u>16071206</u> Mailing Address <u>5786 State Route 96, Romulus, NY 14541</u>	
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>16071869-1313</u> 24 Hr. Phone <u>16071869-1316</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>16071869-1316</u> 24 Hr. Phone <u>16071869-1316</u>		<input type="checkbox"/> Check if information below is identical to the information submitted last year.	
	Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 <u>96</u>	
Chemical Description CAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name _____ CAS # if not apply: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mts Solid Liquid Gas EHS EHS Name _____		Physical and Health Hazards (Check all that apply) <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Inventory <input type="checkbox"/> <u> </u> Max. Daily Amount (code) <input type="checkbox"/> <u> </u> Avg. Daily Amount (code) <input type="checkbox"/> <u> </u> No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Locations _____ Optional <input type="checkbox"/>
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name _____ CAS # if not apply: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mts Solid Liquid Gas EHS EHS Name _____		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <u> </u> Max. Daily Amount (code) <input type="checkbox"/> <u> </u> Avg. Daily Amount (code) <input type="checkbox"/> <u> </u> No. of Days On-site (days)	Storage Locations _____ Optional <input type="checkbox"/>
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name _____ CAS # if not apply: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mts Solid Liquid Gas EHS EHS Name _____		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <u> </u> Max. Daily Amount (code) <input type="checkbox"/> <u> </u> Avg. Daily Amount (code) <input type="checkbox"/> <u> </u> No. of Days On-site (days)	Storage Locations _____ Optional <input type="checkbox"/>
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 pages one through _____ 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.				Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Signature <u>STEPHEN M. ABSOLOM, C, Eng/Env Div</u> Name and official title of owner/operator OR owner/operator's authorized representative			Date signed <u>25 Jan 96</u>	Date signed _____

[Sec. 370.41(b)]

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Bradstreet Number

FOR OFFICIAL USE ONLY
Date Received

Owner/Operator Name 869-

Name Commander, SEDA Phone 16071206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24 hr. Phone 16071869-1316

Name David Sova Title Fire Captain
Phone 16071869-1315 24 hr. Phone 16071869-1316

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations <small>(Non-Confidential)</small> Storage Locations	Optional																																								
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Class of hazard apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> No. of Days On-site (days)	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																															<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>											<input type="checkbox"/>
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STEPHEN M. ABSOLOM, C, Eng/Env Div 25 Jan 96
Name and official title of owner/operator or authorized representative Signature Date signed

Optional Attachments

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

RIGHT-TO-KNOW REQUIREMENTS

S-866
101:5109

[Sec. 370.41(b)]

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name Seneca Army Depot Activity
 Street 5786 State Route 96
 City Romulus County Seneca State NY Zip 14541
 SIC Code 9199 Dun & Bradstreet Number

FOR OFFICIAL USE ONLY
 Date Received

Owner/Operator Name
 Name Commander, SEDA Phone 16071206
 Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact
 Name Joseph Symonds Title Fire Chief
 Phone 16071869-1313 24 hr. Phone 16071869-1316
 Name David Sova Title Fire Captain
 Phone 16071869-1316 24 hr. Phone 16071869-1316

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

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STEPHEN M. ABSOLOM, C. Eng/Env Div 25 Jan 96
 Name and official title of owner/operator or OI owner/operator's authorized representative Signature Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541

SIC Code 9199 Dun & Bradstreet [] [] [] []

FOR
OFFICIAL
USE
ONLY

Date Rec'd
Date Received

Owner/Operator Name
Name Commander, SEDA Phone 16071206
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact
Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24hr. Phone 16071869-1316
Name David Sova Title Fire Captain
Phone 16071869-1316 24hr. Phone 16071869-1316

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 1996

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (All of this apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS [][][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____ CAS #s that apply: [] [] [] [] [] [] Pure [] Mix [] Solid [] Liquid [] Gas [] EHS [] EHS Name _____	<input type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) [][] Avg. Daily Amount (code) [][] No. of Days On-site (days) [][]	[][] [][] [][] [][]	[][] [][] [][] [][] [][] [][]	<input type="checkbox"/>
CAS [][][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____ CAS #s that apply: [] [] [] [] [] [] Pure [] Mix [] Solid [] Liquid [] Gas [] EHS [] EHS Name _____	<input type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) [][] Avg. Daily Amount (code) [][] No. of Days On-site (days) [][]	[][] [][] [][] [][]	[][] [][] [][] [][] [][] [][]	<input type="checkbox"/>
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STEPHEN M. ABSOLOM, C. Eng/Env Div

Name and official title of owner/operator or authorized representative

Signature

25 Jan 96

Date signed

Optional Attachments
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RIGHT-TO-KNOW REQUIREMENTS

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity
Street 5786 State Route 96
City Romulus County Seneca State NY Zip 14541
SIC Code 9199 Dun & Bradstreet Number

Owner/Operator Name

Name Commander, SEDA Phone (607) 1206 869
Mail Address 5786 State Route 96, Romulus, NY 14541

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone (607) 869-1313 24 Hr. Phone (607) 869-1316
Name David Sova Title Fire Captain
Phone (607) 869-1316 24 Hr. Phone (607) 869-1316

FOR
OFFICIAL
USE
ONLY

ID #
Date Received

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional																								
CAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u> </u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																									<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/>
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STEPHEN M. ABSOLOM, C. Eng/Env Div
Name and official title of owner/operator OR owner/operator's authorized representative

 25 Jan 96
Signature Date signed

Optional Attachments
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RIGHT-TO-KNOW REQUIREMENTS

[Sec. 370.41(b)]

Revised June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific
Information
by Chemical

Facility Identification

Name _____
Street _____
City _____ County _____ State _____ Zip _____
SIC Code
Dun & Bradstreet Number

FOR
OFFICIAL
USE
ONLY

EIT # _____
Date Received _____

Owner/Operator Name

Name _____ Phone (____) _____
Mail Address _____

Emergency Contact

Name _____ Title _____
Phone (____) _____ 24 Hr. Phone (____) _____
Name _____ Title _____
Phone (____) _____ 24 Hr. Phone (____) _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19____

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Name and official title of person certifying information is authorized representative

Signature

Date signed

Optional Attachments

I have attached a site plan
I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

[Sec. 370.41(b)]

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by CHEMICAL

Facility Identification

Name _____
Street _____
City _____ County _____ State _____ Zip _____

Owner/Operator Name

Name _____ Phone (____) _____
Mail Address _____

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

FOR OFFICIAL USE ONLY

IE # _____
Date Received _____

Emergency Contact

Name _____ Title _____
Phone (____) _____ 24 Hr. Phone (____) _____

Name _____ Title _____
Phone (____) _____ 24 Hr. Phone (____) _____

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 _____ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																																													
CAS [][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity: Immediate (acute) <input type="checkbox"/> Delayed (chronic) <input type="checkbox"/>	Max. Daily Amount (code) [][] Avg. Daily Amount (code) [][] No. of Days On-site (days) [][][]	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																					<input type="checkbox"/>
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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 pages one through _____ 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 participant or authorized representative _____ Signature _____ Date signed _____

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

[Sec. 370.4(b)]

Printed June 1990

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p> <p>Name _____ Street _____ City _____ State _____ Zip _____ SIC Code _____ County _____ Dun & Bradstreet Number _____</p> <p>FOR OFFICIAL USE ONLY</p> <p>EV _____ Date Received _____</p>	<p>Owner/Operator Name</p> <p>Name _____ Phone _____ Mail Address _____ Emergency Contact Name _____ Phone _____ Title _____ 241h. Phone _____ Title _____ 241h. Phone _____</p>	<p>Reporting Period From January 1 to December 31, 19 _____</p> <p>Important: Read all instructions before completing form</p>
<p>Chemical Description</p> <p>CAS _____ Trade Secret <input type="checkbox"/></p> <p>Chem. Name _____</p> <p>Class of hazard apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/></p> <p>EHS Name _____</p>	<p>Physical and Health Hazards <i>(check all that apply)</i></p> <p>Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) <input type="checkbox"/></p>	<p>Inventories</p> <p>Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____</p>	<p>Storage Codes and Locations <i>(Non-Confidential)</i></p> <p>Container Type _____ Temperature _____ Pressure _____</p>
<p>CAS _____ Trade Secret <input type="checkbox"/></p> <p>Chem. Name _____</p> <p>Class of hazard apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/></p> <p>EHS Name _____</p>	<p>Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) <input type="checkbox"/></p>	<p>Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____</p>	<p>Container Type _____ Temperature _____ Pressure _____</p>
<p>CAS _____ Trade Secret <input type="checkbox"/></p> <p>Chem. Name _____</p> <p>Class of hazard apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/></p> <p>EHS Name _____</p>	<p>Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) <input type="checkbox"/></p>	<p>Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____</p>	<p>Container Type _____ Temperature _____ Pressure _____</p>
<p>Certification <i>(Read and sign after completing all 20:10:2)</i></p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ 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.</p>		<p>Optional Attachments</p> <p><input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures</p>	
<p>Name and official title of participating OIG representative or authorized representative _____ Signature _____</p>		<p>Date signed _____</p>	

[Sec. 370.41(b)]

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification		Owner/Operator Name	
Name _____		Name _____ Phone () _____	
Street _____		Mail Address _____	
City _____ County _____ State _____ Zip _____		Emergency Contact	
SIC Code [][][][][][] Dun & Brad Number [][][][][][][][][]		Name _____ Title _____	
<div style="border: 1px solid black; padding: 2px;"> FOR OFFICIAL USE ONLY ID # _____ Date Received _____ </div>		Phone () _____ 24 Hr. Phone () _____	
		Name _____ Title _____	
		Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 _____

Check if information below is identical to information submitted last year.

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential)		Optional																								
				Storage Locations																										
CAS [][][][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																									_____ _____ _____ _____ _____ _____		<input type="checkbox"/>
CAS [][][][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																									_____ _____ _____ _____ _____ _____		<input type="checkbox"/>
CAS [][][][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																									_____ _____ _____ _____ _____ _____		<input type="checkbox"/>

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 pages one through _____, 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.

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

Name and official title of owner/operator or owner/operator's authorized representative _____ Signature _____ Date typed _____

RIGHT-TO-KNOW REQUIREMENTS

[Sec. 370.41(b)]



DEPARTMENT OF THE ARMY

SENECA ARMY DEPOT ACTIVITY
ROMULUS, NEW YORK 14541-5001

REPLY TO
ATTENTION OF

February 14, 1995

Public Works Branch

Mr. Charles F. McCann
LEPC Coordinator
1 Di Pronio Drive
Waterloo, NY 13165

Dear Mr. McCann:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1995.

For additional information and coordination on this matter, contact Mr. Randall Battaglia, Seneca Army Depot Activity, Building 123, or telephone (607) 869-1450.

Sincerely,

A handwritten signature in cursive script that reads "Stephen M. Absolom".

Stephen M. Absolom
Chief, Public Works

Enclosure
CF:TOAD



DEPARTMENT OF THE ARMY

SENECA ARMY DEPOT ACTIVITY
ROMULUS, NEW YORK 14541-5001

REPLY TO
ATTENTION OF

February 14, 1995

Public Works Branch

NYS Department of Envir. Conser.
Bureau of Spill Prevention and Release
50 Wolf Road, Room 326
Albany, NY 12233

Gentlemen:

Enclosed is Seneca Army Depot Activity's SARA Tier II submission for 1995.

For additional information and coordination on this matter, contact Mr. Randall Battaglia, Seneca Army Depot Activity, Building 123, or telephone (607) 869-1450.

Sincerely,

A handwritten signature in cursive script that reads "Stephen M. Absolom".

Stephen M. Absolom
Chief, Public Works

Enclosure
CF:TOAD

Revised June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity (SEDA)</u> Street <u>Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541-5001</u> SIC Code <u>9199</u> DUN & Bradstreet Number <u> </u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607-186911206</u> Mailing Address <u>Route 96, Romulus, NY 14541-5001</u>
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>(607) 869-1313</u> 24 Hr. Phone <u>607 1869-1316</u>	Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>(607) 869-1316</u> 24 Hr. Phone <u>607 1869-1436</u>
	FOR OFFICIAL USE ONLY Date Received <u> </u>	

Important: Read all instructions before completing form **Reporting Period** From January 1 to December 31, 19 95 Check if information below is hazardous to the environment for 30 days.

Chemical Description	Physical and Health Hazards	Inventory	Container Type, Temperature, Pressure	Storage Codes and Locations (Not Confidential)	Optional
CAS <u> </u> <u>7</u> <u>1</u> <u>4</u> <u>3</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Benzene</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	B L T	Storage Locations: <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>7</u> <u>7</u> <u>8</u> <u>2</u> <u>5</u> <u>0</u> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chlorine</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u>Chlorine</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	L 2 4	Storage Locations: <u> </u>	<input type="checkbox"/>
CAS <u> </u> <u>2</u> <u>0</u> <u>2</u> <u>1</u> <u>8</u> <u>8</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Chloropyrifos</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>01</u> Avg. Daily Amount (code) <u>01</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	F 1 4	Storage Locations: <u> </u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally ascertained and am familiar with the information submitted in pages one through 5 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.

STEPHEN N. ABSOLOM CHIEF, PUBLIC WORKS Signature Date signed

Name and title of owner/operator or authorized representative

Optional Attachments
 I have attached a site plan
 I have attached a list of pre-coordinate observations
 I have attached a description of dikes and other safeguard measures

RIGHT-TO-KNOW REQUIREMENTS

Revised June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity (SEDA)</u> Street <u>Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541-5001</u> SIC Code <u>9199</u> Days & Shift Number	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607-186911206</u> Mailing Address <u>Route 96, Romulus, NY 14541-5001</u>
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>16071869-1313</u> 2411b. Phone <u>6071869-1316</u>	Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>16071869-1316</u> 2411b. Phone <u>6071869-1436</u>
	For OFFICIAL USE ONLY Date Received	

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 95

Check if information below is identical to one submitted previously last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type, Temperature, Pressure	Storage Codes and Locations (Not Confidential)	Options
CAS <u>333415</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diazinon</u> Class of hazard: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	F 1 4	Storage Locations: _____	<input type="checkbox"/>
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Dichlorodifluoromethane</u> Class of hazard: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	F 2 4	Storage Locations: _____	<input type="checkbox"/>
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ethylene Glycol</u> Class of hazard: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>	F 1 4 D 1 4	Storage Locations: _____	<input type="checkbox"/>

Certification (Must be signed after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 8 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.
STEPHEN M. ABSOLOM CHIEF, PUBLIC WORKS
 Name and official title of owner/operator or authorized representative Signature Date of sign

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate addresses
 I have attached a description of dikes and other safeguard measures

[Sec 370.41(b)]

RIGHT-TO-KNOW REQUIREMENTS

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Seneca Army Depot Activity (SEDA)

Street Route 96

City Romulus County Seneca State NY Zip 14541-5001

HS Code 9199 DUN #

Driver/Operator Name

Name Commander, SEDA Phone 607-186911206

Mail Address Route 96, Romulus, NY 14541-5001

Emergency Contact

Name Joseph Symonds Title Fire Chief
Phone 16071869-1313 24 Hr. Phone 6071869-1316

Name David Sova Title Fire Captain
Phone 16071869-1315 24 Hr. Phone 6071869-1436

FOR OFFICIAL USE ONLY

NY

Date Received

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 95

Check if information below is obsolete by one or more subsequent submissions last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Temperature	Storage Codes and Locations (Not Confidential)	Confidential
CAS <u> </u> <u>7706</u> <u>08</u> <u>0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Chloride</u> Class of Material: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u> </u>	<input type="checkbox"/> No <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	D 1 4	<input type="checkbox"/>
CAS <u> </u> <u>109</u> <u>86</u> <u>4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2 - Methoxyethanol</u> Class of Material: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u> </u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>06</u> No. of Days On-site (days) <u>365</u>	F 1 4	<input type="checkbox"/>
CAS <u> </u> <u>71</u> <u>55</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Methylchloroform</u> Class of Material: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u> </u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>01</u> Avg. Daily Amount (code) <u>01</u> No. of Days On-site (days) <u>365</u>	F 2 4	<input type="checkbox"/>

Certification (I read and sign after completing all entries)
 I certify under penalty of law that I have personally examined and am familiar with the information reported in pages one through 5 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.

STEPHEN M. ABSOLOM CHIEF, PUBLIC WORKS
 Name and title of person certifying that information is accurate and complete
 Signature _____ Date signed _____

Optional Attachments

I have attached a site plan

I have attached a list of pre-coordinate alternatives

I have attached a description of dikes and other safeguard measures

RIGHT-TO-KNOW REQUIREMENTS

[Sec. 370.41(b)]

Revised June 1990

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity (SEDA)</u> Street <u>Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541-5001</u> BIC Code <u>9199</u> Day & Night Number <u> </u> <u> </u> <u> </u> <u> </u>		Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607-18691206</u> Mailing Address <u>Route 96, Romulus, NY 14541-5001</u>	
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>16071869-1313</u> 24 Hr. Phone <u>6071869-1316</u>		Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>16071869-1316</u> 24 Hr. Phone <u>6071869-1436</u>	
	For OFFICIAL USE ONLY Date Rec'd <u> </u>			

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 95

Check if facility being inventoried was in operation for at least 1 full year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type, Temperature, Pressure	Storage Codes and Locations (Non-Confidential)	Confidential
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Class of hazard: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>	F 1 4		<input type="checkbox"/>
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sulfuric Acid</u> Class of hazard: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Sulfuric Acid</u>	<input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	F 1 4		<input type="checkbox"/>
CAS <u>108883</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> Class of hazard: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>08</u> Avg. Daily Amount (code) <u>03</u> No. of Days On-site (days) <u>365</u>	F 1 4		<input type="checkbox"/>

Certification (Must be signed after completing all entries)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5 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.

STEPHEN M. ARSOLOM CHIEF, PUBLIC WORKS
 Name and official title of person or DUTY assignee's authorized representative

 Signature

 Date signed

Optional Attachments

I have attached a site plan

I have attached a list of pre-coordinate alternatives

I have attached a description of dikes and other safeguard measures

RIGHT-TO-KNOW REQUIREMENTS

[Sec. 370.41(b)]

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification: Seneca Army Depot Activity (SEDA)

Name: Seneca Army Depot Activity (SEDA)

Street: Route 96

City: Romulus County: Seneca State: NY Zip: 14541

Site Code: 9199 Date Rec'd: 5001

FOR
OFFICIAL
USE
ONLY

Date Rec'd: _____

Operator/Supervisor Name: Commander, SEDA

Main Address: Route 96, Romulus, NY 14541-5001

Phone: 607-1869-1206

Emergency Contact:

Name: Joseph Symonds Title: Fire Chief

Phone: 607-869-1313

Name: David Souza Title: Fire Captain

Phone: 607-869-1316

Instructions: Read all instructions before completing form. Reporting Period: From January 1 to December 31, 19 95

Chem. Name	CAS	Form	Solid	Liquid	Gas	EHS Name	EHS	Physical and Health Hazards	Inventory	Storage Codes and Locations (Not Confidential)	Optional Attachments		
											Max. Daily Amount (pounds)	Avg. Daily Amount (pounds)	No. of Days On-site (days)
1,1,2-Trichloro-1,2,2-Trifluoroethane	76-13-1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trichloroethane	1	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Toxic <input type="checkbox"/> Other	<input type="checkbox"/> 0.1 <input type="checkbox"/> 0.1 <input type="checkbox"/> 365	M 1 4 F 2 4 B 1 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichlorofluoromethane	75-69-4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trichlorofluoromethane	1	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Toxic <input type="checkbox"/> Other	<input type="checkbox"/> 0.2 <input type="checkbox"/> 0.2 <input type="checkbox"/> 365	M 1 4 F 2 4 B 1 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xylene	1330-20-7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Xylene	1	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Toxic <input type="checkbox"/> Other	<input type="checkbox"/> 0.3 <input type="checkbox"/> 0.3 <input type="checkbox"/> 365	M 1 4 F 2 4 B 1 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verification: I (I and our sign after completing all sections) hereby verify that the information provided is true and accurate to the best of my knowledge and belief. I believe that the information is true, accurate, and complete.

Name and Title of Person Responsible for Providing Information: STEPHEN N. ABSOLON, CHIEF, PUBLIC WORKS

Signature: _____ Date: _____

[Sec. 370.41(b)]

Page 1 of 5 pages
Form Approved OMB No. 2024-1012

Ownership/Operator Name
Name: Commander, SEDA
Address: Route 96, Romulus, NY 14541-5001
Phone: 607 1869 11206

Emergency Contact
Name: Joseph Symonds
Title: Fire Chief
Phone: 607 1869 1313
Address: 3115, Phone: 607 1 869 1436

Reporting Period
Name: David Sova
Title: Fire Captain
Phone: 1-607-869-1316
Address: 3115, Phone: 607 1 869 1436

Facility Identification
Name: Seneca Army Depot Activity (SEDA)
Address: Route 96
City: Romulus, County: Seneca, State: NY
ZIP Code: 14541-5001

Specific Information
Form Approved OMB No. 2024-1012

Tier Two
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Specific Information Form Approved by Chemical

Important: Read all instructions before completing form. Reporting Period: From January 1 to December 31, 1995. Available for public release in whole or in part by operation of law.

Confidential Location Information Sheet

Case #	Chem Name	Building	Storage Codes and Locations (Compartments)	Storage Locations
000071432	Benzene	Building 120 Building 721		
000077825	Chlorine	Building 374 Building 2411		
000029218	Chloropyrifos	Building 333		

Optional Attachments

I have attached a site plan
 I have attached a list of the records at this location
 I have attached a description of dikes and other safeguard measures

Name: Stephen M. Absolom
Title: C. Public Works
Signature: _____
Date signed: _____

[Sec. 370.41(b)]

10-5-110

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	Facility Identification		Owner/Operator Name	
	Name <u>Seneca Army Depot Activity (SEDA)</u>		Name <u>Commander, SEDA</u>	
	Street <u>Route 96</u>		Mailing Address <u>Route 96, Romulus, NY 14541-5001</u>	
	City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> ZIP Code <u>14541-5001</u>			
SEC Code <u>9199</u> Dept. Head Number 		Emergency Contact		
		Name <u>Joseph Symonds</u> Title <u>Fire Chief</u>		
		Phone <u>1607 1869-1313</u> M/F Phone <u>607 1869-1316</u>		
		Name <u>David Sova</u> Title <u>Fire Captain</u>		
		Phone <u>1607 1869-1316</u> M/F Phone <u>607 1869-1436</u>		

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 1995 **Do not check this box unless you are submitting this information to the Department of Defense.**

Confidential Location Information Sheet

		Storage Codes and Locations (Confidential)	Storage Locations
CAS # Chem Name <u>Diazinon</u>	F 1 4	<u>Building 333</u>	
CAS # Chem Name <u>Dichlorodifluoromethane</u>	F 2 4	<u>Building 333</u>	
CAS # Chem Name <u>Ethylene Glycol</u>	F 1 4 F 1 4 F 1 4 D 1 4	<u>Building 117</u> <u>Building 327</u> <u>Building 333</u> <u>Building 333</u>	

Declaration: I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, and that based on my best knowledge and belief, the information submitted is true, accurate, and complete.

STEPHEN N. ABSOLON CHIEF, PUBLIC WORKS _____

Signature _____ Date signed _____

Optional Attachments:

I have attached a site plan that shows a list of the coordinate elevations.

I have attached a description of dikes and other safeguard measures.

Environment Report

[Sec. 57b.41(b)]

FEDERAL REGULATIONS

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity (SEDA)</u> Street <u>Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> ZIP <u>14541-5001</u> SIC Code <u>9199</u> Dept. Prod. Number <u> </u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607 869 1206</u> Mail Address <u>Route 96, Romulus, NY 14541-5001</u>
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>1607 1 869-1313</u> Cell Phone <u>607 1 869-1316</u>	Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>1607 1 869-1316</u> Cell Phone <u>607 1 869-1436</u>
	Date Rec'd <u> </u>	Date Rec'd <u> </u>

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 95

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)																
CAS # <u> </u> <u>7705080</u> Chem Name <u>Ferric Chloride</u>		<table border="1"> <tr><td>D</td><td>1</td><td>4</td><td>Building 343</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	D	1	4	Building 343												
D	1	4	Building 343															
CAS # <u> </u> <u>109804</u> Chem Name <u>2 - Methoxyethanol</u>		<table border="1"> <tr><td>F</td><td>1</td><td>4</td><td>Building 301</td></tr> <tr><td>F</td><td>1</td><td>4</td><td>Building 357</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	F	1	4	Building 301	F	1	4	Building 357								
F	1	4	Building 301															
F	1	4	Building 357															
CAS # <u> </u> <u>71556</u> Chem Name <u>Methylchloroform</u>		<table border="1"> <tr><td>F</td><td>2</td><td>4</td><td>Building 117</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	F	2	4	Building 117												
F	2	4	Building 117															

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, and that based on my best knowledge and belief, the information is true, accurate, and complete.

STEPHEN H. ABSOLON CHIEF, PUBLIC WORKS

Name and official title of owner/operator (If owner/operator is authorized representative) Signature Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of the chemicals at the site
- I have attached a description of dikes and other safeguard measures

Environment Reports

[Sec. 57 C. 61(b)]

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification
 Name Seneca Army Depot Activity (SEDA)
 Street Route 96
 City Romulus County Seneca State NY ZIP 14541-5001
 SIC Code 9199 Dept. Ext. Number
 Date Rec'd of

Owner/Operator Name
 Name Commander, SEDA Phone 607 869 1206
 Mailing Address Route 96, Romulus, NY 14541-5001

Emergency Contact
 Name Joseph Symonds Title Fire Chief
 Phone 1607 1 869-1313 24 Hr. Phone 607 1869-1316
 Name David Sova Title Fire Captain
 Phone 1607 1 869-1316 24 Hr. Phone 607 1869-1436

Important: Read all instructions before completing form | Reporting Period From January 1 to December 31, 1995 | Check if this facility has been subject to a federal or state environmental audit

Confidential Location Information Sheet

Storage Codes and Locations (Confidential)

CAS # 1 3 1 0 7 3 2 Chem Name Sodium Hydroxide

F	1	4	Building 301
F	1	4	Building 357

CAS # 7 6 6 4 9 3 9 Chem Name Sulfuric Acid

F	1	4	Building 343

CAS # 1 0 8 8 8 3 Chem Name Toluene

B	1	4	Building 120
B	1	4	Building 721

Declaration
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, and that based on my best knowledge and belief, the information is true, accurate, and complete.
STEPHEN M. ABSOLOM CHIEF, PUBLIC WORKS
 Name and official title of owner/operator OR owner/operator's authorized representative | Signature | Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of the coordinates of the locations
 I have attached a description of dikes and other safeguard measures

Environmental Reports

[Sec. 370.61(b)]

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>Seneca Army Depot Activity (SEDA)</u> Street <u>Route 96</u> City <u>Romulus</u> County <u>Seneca</u> State <u>NY</u> Zip <u>14541-5001</u> SIC Code <u>9199</u> Dept. & Div. Number <u> </u>	Owner/Operator Name Name <u>Commander, SEDA</u> Phone <u>607 869 1206</u> Mail Address <u>Route 96, Romulus, NY 14541-5001</u>
	Emergency Contact Name <u>Joseph Symonds</u> Title <u>Fire Chief</u> Phone <u>1607 1 869-1313</u> Alt. Phone <u>607 1869-1316</u> Name <u>David Sova</u> Title <u>Fire Captain</u> Phone <u>1607 1 869-1316</u> Alt. Phone <u>607 1869-1436</u>	

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 95

Confidential Location Information Sheet		Storage Codes and Locations (Confidential)	Comments
CAS #	Chem Name	Building	
□□□76□□□□	1,1,2 - Trichloro - 1,2,2 - Trifluorethane	M 1 4 Building 343	
CAS #	Chem Name	Building	
□□□75□69□4	Trichlorofluoromethane	F 2 4 Building 333	
CAS #	Chem Name	Building	
□□1330□20□7	Xylene	B 1 4 Building 120 B 1 4 Building 721	

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, and that based on my knowledge and those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

STEPHEN M. ABSOLON CHIEF, PUBLIC WORKS
Name and official title of owner/operator OR owner/operator's authorized representative

Signature _____ Date signed _____

Optional Attachments

I have attached a site plan.

I have attached a list of the immediate alternatives.

I have attached a description of dikes and other safeguard measures.

Environment Reporter

[Spec. 370.41(b)]

10:55:10

FEDERAL REGULATIONS



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

Mike info
124 APR 1995

APR 30 1995

OFFICE OF
PREVENTION, PESTICIDES
AND TOXIC SUBSTANCES

Dear Federal Environmental Manager:

As you probably know, Executive Order 12856 (EO 12856) ~~requires Federal facilities to comply with the requirements of~~ the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA). Your headquarters office has notified the U.S. Environmental Protection Agency (EPA) that your facility may be covered by one or more of the reporting requirements of EO 12856. If your facility meets reporting thresholds you must comply with EPCRA Section 313, Toxic Chemical Release Inventory reporting by completing and filing Form R reports with the EPA and the appropriate state agency. Form R reports for 1994 are due to EPA on July 1, 1995.

If your facility meets the reporting thresholds for reporting under Section 313, we strongly encourage you to submit your Form R reports on magnetic media (diskette). Within the next few weeks, EPA will be sending you a complete Form R reporting package, with instructions for completing Form R reports, and including magnetic media software to use for submitting your reports on diskette. The software contains edits ~~which reduce the possibility of error, and consequently reduce~~ the chances that your facility will receive an error notice from EPA. It also increases the overall accuracy and usability of Toxic Chemical Release Inventory data. Commercial facilities have used this software for several years and found magnetic media reporting to be significantly less burdensome than filling out paper Form R's.

If your facility does not meet Section 313 reporting thresholds, please disregard this letter. If you have any questions about EPA's magnetic media for Form R reports (called Automated Form R or "AFR"), please contact our User Support line at 703-816-4434. If you have questions about Toxic Chemical Release Inventory reporting in general, please contact the EPCRA Hotline at 800-535-0202.

Sincerely,

Douglas W. Sellers, Acting Chief
TRI Information Management Branch

	(71-43-7)	(1330-20-7)	(9664-93-9) X	(9647-01-0)
Benzene				
TP-4	1044 lbs	6595 lbs	656 lbs	
Batheries				45 lbs
Master Plants				
Boiler Plants				
Paint Booths		53 lbs	0 lbs	

Totals 1,649 lbs 6,648 lbs 4,571 lbs 45 lbs

	(71-55-6)	(108-88-3)	(108-10-1)
Boiler			
1,1,1-Trichloroethane			
Dipropylene Glycol			
Boiler Plants	30 lbs		
Paint Booths		53 lbs	159 lbs

Totals 30 lbs 53 lbs 159 lbs

	(71-36-3)
n-Butyl Alcohol	
Paint Booth	151 lbs
Totals	151 lbs

**BULK / COURIER / CONSOLIDATED
MAIL**

PUD?

10 JAN 1995

- ANAD, Anniston, AL
- LBDA, Lexington, KY
- CCAD, Corpus Christi, TX
- LEAD, Chambersburg, PA
- SVDA, Savanna, IL
- NCAD, New Cumberland, PA
- RRAD, Texarkana, TX
- SAAD, Sacramento, CA
- SEAD, Romulus, NY
- SHAD, Lathrop, CA
- SIAD, Herlong, CA
- TOAD, Tobyhanna, PA
- TEAD, Tooele, UT

- FWDA, Gallup, NM
- PUDA, Pueblo, CO
- UMDA, Hermiston, OR
- NADA, Flagstaff, AZ
- MZAD, APO, NY
- HQUSAMC, Alexandria, VA
- AMCCOM, Rock Island, IL
- CECOM, Ft Monmouth, NJ
- MICOM, Redstone Arsenal, AL
- TACOM, Warren, MI
- TROSCOM, St. Louis, MO
- AVSCOM, St. Louis, MO
- PATFA, Lexington, KY

MIKE S
Action
P/S

ATTN: SOSTO-SEI-PE

Sent to legal
by mistake.

AMSDS-IN-E (AMCEN-A/22 Dec 94) 1st End
SUBJECT: Compliance with Executive Order (EO) 12856 at Base Realignment and Closure
(BRAC) Facilities

Commander, U.S. Army Depot System Command, Chambersburg, PA 17201-4170

FOR SEE DISTRIBUTION

05 JAN 1995

1. The purpose of this endorsement is to forward and clarify the basic's TRI reporting guidance. This endorsement contains information which applies to BRAC and non-BRAC installations.

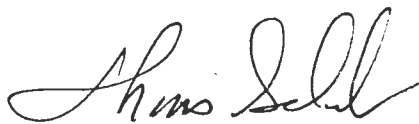
2. **TRI Reporting for BRAC Installations:** All installations (and only those installations) which exceed the TRI reporting threshold for one or more chemicals are required to submit a Form-R. The basic provides limited relief to installations at which all DoD related activities (other than restoration actions) will cease before the end of calendar year 1997. The forwarded guidance allows installations that meet both the closing and reporting threshold criteria to use whatever estimation method is readily available. Accordingly, **Section 3 of the Form R from closing installations should NOT be filled in or signed.** All other installations which exceed the reporting thresholds are required to provide reports that "are accurate based on reasonable estimates..."

3. **Electronic Form R:** The software for preparing an electronic Form R is available from the EPA via the EPCRA Hotline (1-800-535-0202). Your submission to DESCOM and our submissions to AMC will be via 3.5" floppy disk. This will allow us to download your data directly to other databases for any other reports we may wish to garner from the TRI data.

4. ~~Point of contact for this action is Dennis Reed, DSN: 570-9427, FAX 570-8264.~~

FOR THE COMMANDER:

Encl
nc



THOMAS M. SEKULA
Chief, Environmental
Management Division

DISTRIBUTION:
E

Dan's

22 Dec 94

AMCEN-A
SUBJECT: Compliance with Executive Order (EO) 12856 at Base
Realignment and Closure (BRAC) Facilities

DISTRIBUTION: (CONT)

U.S. Army Soldiers Systems Command (Prov), ATTN: SATNC-ZN
(Mr. J. Manning), Natick, MA 01760-5049

U.S. Army Depot System Command, ATTN: AMSDS-IN-E
(Mr. T. Sekula), Chambersburg, PA 17201-4170

U.S. Army Missile Command, ATTN: AMSMI-EMP
(H. Sam Fields), Redstone Arsenal, AL 35898-5340

U.S. Army Test and Evaluation Command, ATTN: AMSTE-EQ
(Mr. J. Butanis), Aberdeen Proving Ground, MD 21005-5055

U.S. Army Chemical and Biological Defense Command, ATTN: AMSCB
(COL F. Boecher), Aberdeen Proving Ground, MD 21010-5423

U.S. Army Communications-Electronics Command, ATTN: AMSEL-SF-REE
(Mr. C. Kencik), Fort Monmouth, NJ 07703-5024

Director, U.S. Army Research Laboratory, ATTN: AMSRL-OP-RK-E
(Mr. K. Mason) Adelphi, MD 20783-1145

CF:
DAIM-ED-P2
AMCEN

DAIM-ED-P2 (200-1a)

SUBJECT: Compliance with Executive Order (EO) 12856 at Base
Realignment and Closure (BRAC) Facilities

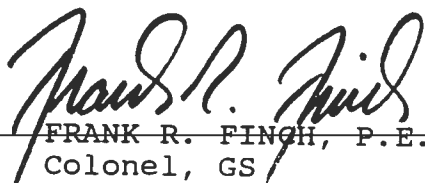
chemicals. DoD and the other services believe that the proposed reporting protocol will be considerably less burdensome than requiring individual facilities to track and report on the use and release of toxic chemicals. Obviously, the proposed protocol will be considerably less accurate than full scale reporting at BRAC facilities. Nevertheless, EPA is willing to accept estimated data.

5. The policy is intended as a minimum acceptable level of effort. If AMC believes that the disadvantages of estimated reporting are outweighed by the accuracy of actual reports or that the additional burden is negligible, AMC may require its BRAC facilities to undertake TRI reporting.

6. The expenditure of BRAC funds is limited to those activities directly associated with closure activities. Compliance with EO 12856 is not such an activity. Therefore, BRAC funds may not be used to support compliance with EO 12856.

7. Point of contact for this action is Andrew Roberts,
(703)696-8813, Fax 696-8821.

FOR THE ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT:



FRANK R. FINCH, P.E.
Colonel, GS

Director, Environmental Programs



DEPARTMENT OF THE ARMY
ASSISTANT CHIEF OF STAFF FOR INSTALLATION MANAGEMENT
600 ARMY PENTAGON
WASHINGTON DC 20310-0600



REPLY TO
ATTENTION OF

DAIM-ED-P2 (200)

8 MAY 1994

*Mike
Stoffa*

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Compliance with the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA)

1. Executive Order (EO) 12856, "Federal Compliance with Right-to-Know Laws and Pollution Prevention Requirements", signed by the President on 3 Aug 93, requires all Federal facilities to comply with sections 302--313 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA). EPCRA requires that facilities participate in local emergency planning, inform local and state officials of the presence of hazardous substances, and report to the Environmental Protection Agency (EPA) on the release or off-site transfer of toxic chemicals.
2. Compliance with the mandates of the EO will require data collection from sources across a wide range of functional areas within a facility. All affected personnel will need to work closely and cooperatively to implement the EO fully.
3. EPCRA contains several different reporting and planning requirements. Whether a facility must comply with a particular section of EPCRA is based on certain thresholds for storage, use, manufacturing, processing or release of listed chemicals. Because each section of EPCRA has discrete thresholds and chemical lists, most facilities are likely to be subject to some sections of EPCRA.
4. To assist facilities in understanding and complying with EPCRA, a joint service document entitled "Getting Started with the Emergency Planning and Community Right-to-Know Act (EPCRA)" has been prepared. The document is enclosed.
5. A companion document is currently in development, and is expected to be ready for distribution by late Summer 94. This document will be a workbook for use by installation personnel to assist them in preparing the requisite reports to comply with EPCRA. This workbook will provide the installations with a uniform guide for preparing the necessary reports and for properly documenting data and assumptions.

DISTRIBUTION LIST FOR EPCRA DOCUMENTS

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OH 45804-1898

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CENTER, MS 39529-7000
NEWPORT ARMY AMMUNITION PLANT, ATTN: SMCNE-EN, P.O. BOX 121,
NEWPORT, IN 47966-0121
RADFORD ARMY AMMUNITION PLANT, ATTN: SMCRA-EN, CALLER SERVICE 2,
RADFORD, VA 24141-0298
SCRANTON ARMY AMMUNITION PLANT, ATTN: SMCSC-EN, 156 CEDAR
AVENUE, SCRANTON, PA 18505-1138
ST. LOUIS ARMY AMMUNITION PLANT, ATTN: SMCSL-COR, C/O COMMANDER,
U.S. ARMY AVIATION AND TROOP COMMAND, 4800 GOODFELLOW
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ALEXANDRIA, VA 22304-6100
US ARMY CENTER FOR PUBLIC WORKS, ATTN: CECPW-ES/ CECPW-EN, 7701
TELEGRAPH ROAD, FOR BELVOIR, VA 22060-5516
US ARMY ENVIRONMENTAL POLICY INSTITUTE, ATTN: (MR. PRAKASH
TEMKAR), P.O BOX 6569, CHAMPAIGN, IL 61826-6569
US ARMY MATERIALS TECHNOLOGY LABORATORY, ATTN: AMSRL-MA,
ARSENAL STREET, WATERTOWN, MA 02172-0001
US ARMY RESEARCH LABORATORY, ATTN: AMSRL-OP-RK-E, 2800 POWDER
MILL ROAD, ADELPHI, MD 20783-1145

PROGRAM MANAGER,
ROCKY MOUNTAIN ARSENAL, ATTN: AMXRM-EC, COMMERCE CITY, CO
80022-2180

SUPERINTENDENT,
US MILITARY ACADEMY, ATTN: MAEN-EV, WEST POINT, NY 10996-1592

CF:
ODASA (ESOH) (MR. HUBER), ASSISTANT SECRETARY OF THE ARMY
(INSTALLATION, LOGISTICS AND ENVIRONMENT), 110 ARMY PENTAGON,
WASHINGTON, DC 20310-0110

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ADDENDUM TO
GETTING STARTED WITH THE EMERGENCY PLANNING
AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

The chemical lists provided in this document are from the 1992 version of 40 CFR, parts 300-399. As the 40 CFR is updated annually, be sure to use the most current version and relevant chemical lists.

Please note the following **changes** to this document:

Page B-1, EPCRA Requirements Timeline, item 7, emergency planning information to LEPC due. The date should be 3 August 1994.

Page I-2, the number for the RCRA Superfund Hotline should be (800) 424-9346.

Page I-2, the number listed for the United States Environmental Protection Agency is actually the number for the EPCRA Hotline.

Fuels & Related Items

1) Turbine Fuel (JP-4)
(Benzene) 71-43-2
used 25,367 Gals

(0.3±.02%)
(??%)



2) Gasoline, Automotive

(Benzene) (71-43-2)

(Toluene) 108-88-3

(Xylenes) 1330-20-7

used 56,431 gal.

(up to 2%)

(up to 3%)

(up to 5%)

Exemption
motor vehicles operated
by facility

3) Ethylene Glycol Antifreeze

(Ethylene Glycol) 107-21-1

(90-95%)

Exemption
motor vehicles operated
by facility

4) Lead-Acid Battery

(Lead) 7439-92-1 (60%)

(Antimony) 7440-36-0 (2%)

(Arsenic) 7440-38-2 (0.2%)

Article exemption

5) Case free Rech. Batt.

(Lead) 7439-92-1 (??%)

(Sulfuric Acid) 7664-93-9 (??%)

Article exemption

6) Battery
(Sulfuric Acid) 7664-93-9 (35%) article exemption

7) GC1245-1B Gel / Cell Batt. Article exemption
(Sulfuric Acid) 7664-93-9 (??%)
(Phosphoric Acid) 7664-38-2 (??%)
(Lead) 7439-92-1 (??%)

8) Lead Acid Batt. Article exemption
(Lead) 7439-92-1 (60%)
(Antimony) 7440-36-0 (2%)
(Arsenic) 7440-38-2 (0.2%)
(Sulfuric Acid) 7664-93-9 (10-3%)

9) Battery Fluid, Acid 169 gal. used 1994 @ 10.5 lbs/gal
(Sulfuric Acid) 7664-93-9 (37%) $(169)(10.5) = (1774.5)(.37) = 656.165$

10) SKC-NF/ZC-7 Cleaner Remover Inspection Penetrant Remover
(Methyl Chloroform (1,1,1-Trichloroethane) 71-55-6 (97%) Did not use in 1994
used for metal crack Inspection

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

FSC: 9130
NIIN: 002568613
Manufacturer's CAGE: 58326
Part No. Indicator: A
Part Number/Trade Name: JP-4

=====
Nuclear Water Data
=====

This is not a Nuclear Water Chemical NIIN.
=====

General Information
=====

Item Name: TURBINE FUEL, AVIATION, JP-4 F40
Manufacturer's Name: CONOCO INC.
Manufacturer's Street: 1000 S PINE
Manufacturer's P. O. Box: 1267
Manufacturer's City: PONCA CITY
Manufacturer's State: OK
Manufacturer's Country: US
Manufacturer's Zip Code: 74603
Manufacturer's Emerg Ph #:
Manufacturer's Info Ph #:
Distributor/Vendor # 1:
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 027
Tot Safety Entries This Stk#: 039 *
Status: SE
Date MSDS Prepared: 00DEC88
Safety Data Review Date: 06JUL89

SP. Grav = 0.78

$(0.78)(8.3) = 6.5 \text{ lbs/gal}$

$(6.5)(25.367) = 164,886 \text{ lbs}$

Benzene = 1%

$(164886)(0.01) = 1649 \text{ lbs}$

Xylenes = 4%

$(164886)(0.04) = 6595 \text{ lbs}$

Supply Item Manager: KY
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BGWXS
Specification Number: MIL-T-5624
Spec Type, Grade, Class: GRADE JP-4
Hazard Characteristic Code: F3
Unit Of Issue: GL
Unit Of Issue Container Qty:
Type Of Container: BULK
Net Unit Weight:

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: JET FUEL JP-4 (CONTAINING THE FOLLOWING COMPONENTS)
Ingredient Sequence Number: 01
Percent: 100
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: NY9340000
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: USAF 8HR TWA 200 PPM

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 02
Percent: <1
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL;1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit:

Proprietary: NO
Ingredient: XYLENES (O-,M-,P- ISOMERS) (SARA III)
Ingredient Sequence Number: 03
Percent: <4
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: ZE2100000
CAS Number: 1330-20-7
OSHA PEL: 100 PPM/150 STEL
ACGIH TLV: 100 PPM/150STEL;9192
Other Recommended Limit:

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: CLEAR COLORLESS TO AMBER LIQUID, KEROSENE ODOR.
Boiling Point: 60-518F
Melting Point: N/K
Vapor Pressure (MM Hg/70 F): 75 MM
Vapor Density (Air=1): >1
Specific Gravity: 0.78
Decomposition Temperature: N/K
Evaporation Rate And Ref: N/K
Solubility In Water: NEGLIGIBLE
Percent Volatiles By Volume: 50
Viscosity:
pH: N/K

Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY):
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: AS LOW AS -50F
Flash Point Method: TCC
Lower Explosive Limit: <1
Upper Explosive Limit: 8
Extinguishing Media: FOAM,CARBON DIOXIDE,DRY CHEMICAL,WATER FOG. WATER MAY
BE INEFFECTIVE AND MAY SPREAD FIRE IF IMPROPERLY USED.
Special Fire Fighting Proc: USE SELF CONTAINED BREATHING APPARATUS,
ESPECIALLY IN ENCLOSED AREAS. WATER SPRAY MAY BE USED TO COOL FIRE EXPOSED
CONTAINERS AND EQUIPMENT.
Unusual Fire And Expl Hazrds: VAPORS MAY FORM EXPLOSIVE MIXTURES WITH AIR.
~~SATURATED NEWSPAPER,RAGS,ETC. MAY UNDERGO SPONTANEOUS COMBUSTION.~~

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): HEAT,IGNITION SOURCES.
Materials To Avoid: STRONG OXIDIZERS.
Hazardous Decomp Products: CARBON DIOXIDE,CARBON MONOXIDE.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): N/R

=====
Health Hazard Data
=====

LD50-LC50 Mixture: N/K
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: NO
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: PRODUCT IS A MILD IRRITANT. MOST HAZARDOUS
EXPOSURE IS TO AIRBORN MIST OR OTHER ASPIRATION OF LIQUID INTO LUNGS.
PROLONGED/REPEATED OVEREXPOSURE MAY CAUSE LIVER OR KIDNEY DAMAGE.
Carcinogenicity - NTP: YES
Carcinogenicity - IARC: YES
Carcinogenicity - OSHA: YES
Explanation Carcinogenicity: API HAS DONE STUDIES INDICATING THAT REPEATED
OVER EXPOSURES MAY CAUSE CANCER IN MICE. PRODUCT CONTAINS BENZENE.
Signs/Symptoms Of Overexp: EYE:MILD IRRITATION. SKIN:DRYING,DEFATTING WITH
PROLONGED/REPEATED CONTACT. INHALED:HEADACHE,NAUSEA,CONFUSION, DROWSINESS.
ASPIRATION OF LIQUID MAY CAUSE CHEMICAL PNEUMONITIS. INGESTED: G/I
IRRITATION,NAUSEA,POSSIBLE VOMITING.
Med Cond Aggravated By Exp: NONE EXPECTED.
Emergency/First Aid Proc: EYE:FLUSH WITH WATER 15 MIN. SKIN:REMOVE
CONTAMINATED CLOTHING.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill:
Neutralizing Agent: NONE
Waste Disposal Method: DISPOSE I/A/W FEDERAL,STATE,LOCAL REGULATIONS.
INCINERATION IS RECOMMENDED FOR DISPOSAL.

Precautions-Handling/Storing: STORE IN COOL AREA AWAY FROM OXIDIZERS.

Other Precautions:

=====
Control Measures
=====

Respiratory Protection: NOT EXPECTED TO BE NECESSARY.
Ventilation: USE LOCAL EXHAUST TO MAINTAIN EXPOSURE BELOW TLV/PEL IF
NORMAL ROOM VENTILATION IS IN SUFFICIENT.
Protective Gloves: RUBBER, PLASTIC OR OTHER IMPERVIOUS.
Eye Protection: SAFETY GLASSES OR SPLASH GOGGLES.
Other Protective Equipment: PROTECTIVE CLOTHING TO PREVENT PROLONGED/
REPEATED CONTACT.
Work Hygienic Practices: USE GOOD INDUSTRIAL HYGIENE PRACTICE. AVOID
UNNECESSARY CONTACT.
Suppl. Safety & Health Data: MSDS NO GASC0180.

=====
Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 89187
DOT PSN Code: GNJ
DOT Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
DOT Class: FLAMMABLE LIQUID
DOT Label: FLAMMABLE LIQUID
Limited Quantity: NO
DOT Mode Indicator:
Identification Number: UN1863
Reportable Qty - Trans File:
DOT/DoD Exemption Number:
IMO PSN Code: HNV
IMO Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
IMO Regulations Page Number: 3271
IMO UN Number: 1863
IMO UN Class: 3.2
IMO Subsidiary Risk Label: -
IATA PSN Code: MMA
IATA UN ID Number: 1863
~~IATA Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE~~
IATA UN Class: 3
IATA Subsidiary Risk Class:
IATA Label: FLAMMABLE LIQUID
AFR 71-4 PSN Code: EOX
AFR 71-4 Prop. Shipping Name: FUEL, AVIATION, TURBINE ENGINE
AFR 71-4 Class: FLAMMABLE LIQUID
AFR 71-4 Label: FLAMMABLE LIQUID
AFR 71-4 ID Number: UN1863
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

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Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:

Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES

Date of Technical Review:

Label Date:

Manufacturer's Label No.:

Label Status: E

Common Name of Product:

Chronic Hazard:

Signal Word:

Acute Health Hazard-None:

Acute Health Hazard-Slight:

Acute Health Hazard-Moderate:

Acute Health Hazard-Severe:

Contact Hazard-None:

Contact Hazard-Slight:

Contact Hazard-Moderate:

Contact Hazard-Severe:

Fire Hazard-None:

Fire Hazard-Slight:

Fire Hazard-Moderate:

Fire Hazard-Severe:

Reactivity Hazard-None:

Reactivity Hazard-Slight:

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: MAY BE POISONOUS IF INHALED OR ABSORBED THROUGH SKIN. VAPORS MAY CAUSE DIZZINESS OR SUFFOCATION. CONTACT MAY IRRITATE OR BURN SKIN AND EYES. FIRE MAY PRODUCE IRRITATING OR POISONOUS GASES. RUNOFF FROM FIRE CONTROL OR DILUTION WATER MAY CAUSE POLLUTION.

Protect Eye:

Protect Skin:

Protect Respiratory:

Mfg's Name From Label: CONOCO INC

Mfg's Street From Label: 1000 S PINE

Mfg's P.O. Box From Label: 1267

Mfg's City From Label: PONCA CITY

Mfg's State From Label: OK

Mfg's Zip Code From Label: 74603

Mfg's Country From Label: US

Emergency Ph. No. From Label:

Year Procured:



Conoco Inc.

GASC0180

Revised 07-Oct-91

Printed 15-Oct-91

JP-4, Jet B, MIL-T-5624M, Jet Fuel

MATERIAL IDENTIFICATION

Manufacturer/Distributor	Conoco, Inc. P.O. Box 2197 Houston, TX 77252	
Phone Numbers	General Information	1-(713)293-5550
	Transport Emergency	1-(800)424-9300
	Medical Emergency	1-(800)441-3637
Chemical Family	Mixed petroleum hydrocarbons	
Trade Names and Synonyms	1534	
CAS Number	Mixture	
TSCA Inventory Status	See Regulatory Information	
NFPA Ratings	Health:	1
	Flammability:	3
	Reactivity:	0
NPCA-HMIS Ratings	Health:	1
	Flammability:	3
	Reactivity:	0
	Personal Protection rating to be supplied by user depending on use conditions.	
WHMIS Classification	Not Determined.	

OSHA HAZARD DETERMINATION

Hazardous Ingredients	CAS Number	Percent
Hydrocarbons (Aromatic & Paraffinic)	MIXTURE	> 50
*Benzene	71-43-2	< 1
*Xylenes	1330-20-7	< 4

* Regulated as a Toxic Chemical under Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR part 372.

(continued)

PHYSICAL DATA

Boiling Point	80 to 518°F
Vapor Pressure	75 mm Hg at 68°F
% Volatiles	(by volume) Approximately 50
Water Solubility	Very slightly soluble
Odor	Slight paraffinic
Form	Liquid
Color	Clear, water white
Specific Gravity	0.78 (Water = 1)

HAZARDOUS REACTIVITY

Instability	Stable.
Incompatibility	Incompatible with oxidizing materials. Avoid heat and flame.
Decomposition	Carbon monoxide may be formed from incomplete combustion.
Polymerization	Polymerization will not occur.

FIRE AND EXPLOSION DATA

Flash Point	As low as -50 F
Method	ICC
Flammable Limits in Air, % by Volume	LEL < 1 UEL 8
Fire and Explosion Hazards	Class IA Flammable Liquid (NFPA).
Extinguishing Media	Foam. Dry Chemical. CO ₂ .
Special Fire Fighting Instructions	Special Fire Fighting Procedures: Water may be ineffective to extinguish, but water should be used to keep fire-exposed containers cool. If a leak or spill has not ignited, use water spray to disperse the vapors and to protect personnel attempting to stop a leak. Water spray may be used to flush spills away from areas of potential ignition. Unusual Fire and Explosion Hazards: Highly Flammable. Products of combustion may contain carbon monoxide, carbon dioxide and other toxic materials. Do not enter enclosed or confined space without proper protective equipment including respiratory protection.

(continued)

HEALTH HAZARD INFORMATION

Primary Routes of Exposure/Entry: Skin, Inhalation.

Signs and Symptoms of Exposure/Medical Conditions

Aggravated by Exposure:

A few studies have indicated that workers exposed many years to high concentrations of benzene have a slightly higher incidence of leukemia. Benzene can also be toxic to the blood and blood-forming tissues.

One published study on xylene reports limited data suggesting high oral doses caused an increase in malignant tumors in rats. However, other more extensive animal studies have demonstrated no evidence of carcinogenicity. Developmental toxicity was observed but only at concentrations that were maternally toxic. Xylene does not have selective toxicity for the developing fetus.

Studies with mice or rats have shown that some petroleum distillates have caused either damage or tumors of the kidneys or tumors of the liver. However, kidney effects were not seen in similar studies involving guinea pigs, dogs or monkeys. Also, the significance of the liver tumors in rodents is highly speculative.

Mouse skin painting studies have shown that petroleum middle distillates (boiling range of 100-700 deg F; naphtha, jet fuel, diesel fuel, kerosene, etc.) can cause skin cancer when repeatedly applied and never washed from the animal's skin. The relative significance of this to human health is uncertain since the petroleum distillates were not washed from the skin and resulting skin effects (irritation, cell damage, etc.) may play a role in the tumorigenic response. A few studies have shown that washing the animal's skin with soap and water between treatments greatly reduces the carcinogenic effect of some petroleum oils.

The product contains petroleum hydrocarbons which may cause irritation to eyes, skin and lungs after prolonged or repeated exposure. Extreme exposure or aspiration into the lungs may cause pneumonia. Overexposure may cause weakness, headache, nausea, confusion, blurred vision, drowsiness and other nervous system effects; greater exposure may cause dizziness, slurred speech, flushed face, unconsciousness or convulsions.

Carcinogenicity

The following components are listed by IARC, NTP, OSHA, or ACGIH as carcinogens. A 'P' indicates a Proposed Carcinogen.

Material
Benzene

IARC NTP OSHA ACGIH
X X X X

Du Pont controls the following materials as potential carcinogens:
Benzene.

(continued)

HEALTH HAZARD INFORMATION (continued)**Exposure Limits**

JP-4, Jet B, MIL-T-5624M, Jet Fuel

TLV (ACGIH)	None Established
PEL (OSHA)	None Established
Other	Exposure Limits for Petroleum Distillate PFI : 400 ppm; 1600 mg/m ³

Other Applicable Exposure Limits

Benzene

AEL* (Du Pont)	1 ppm - 8 & 12 Hr. TWA 5 ppm - 15 Min. TWA
TLV (ACGIH)	10 ppm, A2; 32 mg/m ³ . A2 - 8 Hr TWA See Notice of Intended Changes (1991-92)
PEL (OSHA)	0.1 ppm, 0.3 mg/m ³ - 8 hr TWA, skin, A1 1 ppm - 8 Hr. TWA 5 ppm - (Short term exposure limit) 0.5 ppm - Action level

Xylenes

AEL* (Du Pont)	100 ppm - 8 Hr. TWA 150 ppm - 15 Min. TWA
TLV (ACGIH)	100 ppm, 434 mg/m ³ - 8 Hr TWA STEL 150 ppm, 651 mg/m ³
PEL (OSHA)	100 ppm, 435 mg/m ³ - 8 Hr TWA STEL 150 ppm, 655 mg/m ³

* AEL is Du Pont's Acceptable Exposure Limit. Where governmentally imposed occupational exposure limits which are lower than the AEL are in effect, such limits shall take precedence.

Safety Precautions

Avoid breathing vapors or mist. Avoid contact with eyes, skin, or clothing. Wash thoroughly after handling. Wash clothing after use.

FIRST AID

Inhalation	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician.
Skin Contact	In case of contact, immediately wash skin with soap and water. Wash contaminated clothing before reuse. If irritation develops, consult a physician.
Eye Contact	In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Call a physician.
Ingestion	If swallowed, do not induce vomiting. Immediately give two glasses of water. Never give anything by mouth to an unconscious person. Call a physician.
Notes to Physician	Activated charcoal slurry may be administered. To prepare activated charcoal slurry, suspend 50 grams activated charcoal in 400mL water and mix thoroughly. Administer 5ml /kg. or 350mL for an average adult.

(continued)

PROTECTION INFORMATION

Generally Applicable Control Measures and Precautions

Ventilation: Use sufficient ventilation to maintain atmospheric concentrations below permissible exposure limits. Avoid sparking and explosive mixtures.

Personal Protective Equipment

Respiratory Protection: Select appropriate NIOSH-approved respiratory protection where necessary to maintain exposure below acceptable limits in the Health Hazard Section. Proper respirator selection should be determined by adequately trained personnel and based on the contaminant(s), the degree of potential exposure and published respirator protection factors.

Protective Gloves: Should be worn when the potential exists for prolonged or repeated skin exposure. NBR or neoprene recommended.

Eye Protection: Goggles or face shield for spray/mists or if splashing is probable.

Other Protective Equipment: Sufficient protective clothing to minimize skin exposure. Launder contaminated clothing before reuse.

SPILL, LEAK AND DISPOSAL INFORMATION

Spill, Leak, or Release

NOTE: Review FIRE AND EXPLOSION HAZARDS and SAFETY PRECAUTIONS before proceeding with clean up. Use appropriate PERSONAL PROTECTIVE EQUIPMENT during clean up. Dike spill. Prevent liquid from entering sewers, waterways or low areas. Soak up with sawdust, sand, oil dry or other absorbent material. Shovel or sweep up.

Remove source of heat, sparks, flame, impact, friction or electric including combustion engines and power tools. If equipment is used for spill cleanup, it must be explosion proof and suitable for flammable liquid and vapor.

NOTE: Vapors released from the spill may create an explosive atmosphere.

Waste Disposal

Treatment, storage, transportation and disposal must be in accordance with applicable Federal, State/Provincial, and Local regulations. Do not flush to surface water or sanitary sewer system.

By itself, the liquid is expected to be a RCRA ignitable hazardous waste.

SHIPPING INFORMATION

DOT

Proper Shipping Name

Fuel, aviation, turbine engine

Hazard Class

Flammable liquid

(continued)

SHIPPING INFORMATION (continued)

UN/NA No.	UN 1863
DOT Labels(s)	Flammable liquid
DOT Placard	Flammable
IATA/IMO	
Proper Shipping Name	Fuel, aviation, turbine engine
Hazard Class	3 (IMO 3.2)
UN No.	UN 1863
IMO/ICAO Label	Flammable liquid
Packaging Group	II

STORAGE CONDITIONS

Store in accordance with National Fire Protection Assn regulations.

TITLE III HAZARD CLASSIFICATIONS

Acute	Yes
Chronic	Yes
Fire	Yes
Reactivity	No
Pressure	No

REGULATORY INFORMATION**OSHA HAZARD DETERMINATION**

The material is hazardous as defined by OSHA's Hazard Communication Standard, 29 CFR 1910.1200.

EPA DETERMINATIONS

COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION, & LIABILITY ACT, (CERCLA/SUPERFUND), 40 CFR 302
Not Applicable

SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986, TITLE III (SARA) - SECTION 302/304 - Extremely Hazardous Substances, 40 CFR 355

The material is not known to contain extremely hazardous substances at greater than 1.0% concentration; however, it is possible that this material may contain extremely hazardous substances at a lower concentration so that a large enough spill could warrant an Emergency Release Report under Section 304.

(continued)

REGULATORY INFORMATION (continued)

TOXIC SUBSTANCES CONTROL ACT (TSCA), 40 CFR 710
The material is a mixture as defined by TSCA. The chemical ingredients in this material are in the Section 8(b) Chemical Substance Inventory and/or are otherwise in compliance with TSCA. In the case of ingredients obtained from other manufacturers, Conoco relies on the assurance of responsible third parties in providing this statement.

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA), 40 CFR 261, SUBPART C AND D
The material, when discarded or disposed of, is not specifically listed as a hazardous waste in Federal regulations; however, it could be considered hazardous if it meets criteria for being toxic, corrosive, ignitable or reactive according to U.S. EPA definitions (40 CFR 261). This material could also become a hazardous waste if it is mixed with or comes in contact with a listed hazardous waste. If it is a hazardous waste, regulations 40 CFR 262-266 and 268 may apply.

FEDERAL WATER POLLUTION CONTROL ACT, CLEAN WATER ACT, 40 CFR 116.4A, Section 311
The material contains the following ingredient(s) which is considered hazardous if spilled in navigable waters.

Ingredient	Reportable Quantity
Petroleum Hydrocarbon	Film or sheen upon or discoloration of the water surface or adjoining shoreline

HAZARDOUS MATERIALS TRANSPORTATION REGULATIONS, 49 CFR 171-178.
Not Applicable

STATE REGULATIONS

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986 ("PROPOSITION 65")
The material contains the following ingredient(s) known to the State of California to cause cancer, birth defects or other reproductive harm. Read and follow label directions and use care when handling or using all petroleum products

Ingredient:
Benzene

PENNSYLVANIA WORKER AND COMMUNITY RIGHT TO KNOW ACT
The material contains the following hazardous substance Categories: H - Hazardous substance (- or > 1.0%)
S - Special Hazardous Substance (- or > 0.01%)
E - Environmental Hazard (- or > 1.0%)

Ingredient	CAS #	Category
Aromatic and Paraffinic Hydrocarbons	Mixture	H
Benzene	71-43-2	E,S
Xylene	1330-20-7	E

Non-hazardous ingredient(s) information is withheld as trade secret in accordance with Section 11 of Pennsylvania Worker and Community Right to Know Act.

(continued)

The above data are based on tests, experience, and other information which Conoco believes reliable and are supplied for informational purposes only. However, some ingredients may have been purchased or obtained from third-party manufactures. In these instances, Conoco, in good faith, relies on information provided by those third parties. Since conditions of use are outside our control, CONOCO DISCLAIMS ANY LIABILITY FOR DAMAGE OR INJURY WHICH RESULTS FROM USE OF THE ABOVE DATA. NOTHING CONTAINED HEREIN SHALL CONSTITUTE A GUARANTEE, WARRANTY (INCLUDING WARRANTY OF MERCHANTABILITY) OR REPRESENTATION (INCLUDING FREEDOM FROM PATENT LIABILITY) BY CONOCO WITH RESPECT TO THE DATA, THE MATERIAL DESCRIBED, OR ITS USE FOR ANY SPECIFIC PURPOSE, EVEN IF THAT PURPOSE IS KNOWN TO CONOCO.

Responsibility for MSDS:

SHEA
Conoco Inc.
PO Box 2197
Houston, TX 77252
713-293-5550

End of MSDS

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

FSC: 9130
NIIN: 002568613
Manufacturer's CAGE: 6W100
Part No. Indicator: A
Part Number/Trade Name: TURBINE FUEL, AVIATION GRADE, JP-4

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Nuclear Water Data
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This is not a Nuclear Water Chemical NIIN.
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General Information
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Item Name: TURBINE FUEL, AVIATION
Manufacturer's Name: MOTOR OIL HELLAS-CORINTH REFINERIES SA
Manufacturer's Street: 2 KARAGEORGI SEERVIAS ST
Manufacturer's P. O. Box:
Manufacturer's City: ATENS AND EUB
Manufacturer's State:
Manufacturer's Country: GR
Manufacturer's Zip Code: GREECE
Manufacturer's Emerg Ph #:
Manufacturer's Info Ph #:
Distributor/Vendor # 1:
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 030
Tot Safety Entries This Stk#: 039 *
Status: SMU
Date MSDS Prepared: 01OCT91
~~Safety Data Review Date: 23JUN92~~
Supply Item Manager: KY
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BMZSD
Specification Number: MIL-T-5624
Spec Type, Grade, Class:
Hazard Characteristic Code: F2
Unit Of Issue:
Unit Of Issue Container Qty:
Type Of Container:
Net Unit Weight:

NRC/State License Number:
Net Explosive Weight:
Net Propellant Weight-Ammo:
Coast Guard Ammunition Code:

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Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: TOLUENE (SARA III)
Ingredient Sequence Number: 01
Percent: 2.0 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: XS5250000
CAS Number: 108-88-3
OSHA PEL: 50 PPM; 9293
ACGIH TLV: 100 PPM/150 STEL
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: XYLENES (O-,M-,P- ISOMERS) (SARA III)
Ingredient Sequence Number: 02
Percent: 2.0 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: ZE2100000
CAS Number: 1330-20-7
OSHA PEL: 100 PPM/150 STEL
ACGIH TLV: 100 PPM/150 STEL; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 03
Percent: 0.7 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL; 1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: ETHYL BENZENE (SARA III)
Ingredient Sequence Number: 04
Percent: 0.9 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: DAO700000
CAS Number: 100-41-4
OSHA PEL: 100 PPM/125 STEL
ACGIH TLV: 100 PPM/125 STEL 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: NAPHTHALENE (SARA III)

Ingredient Sequence Number: 05
Percent: 0.1 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: QJ0525000
CAS Number: 91-20-3
OSHA PEL: 10 PPM/15 STEL
ACGIH TLV: 10 PPM/15 STEL; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: CUMENE (SARA III)
Ingredient Sequence Number: 06
Percent: 0.3 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: GR8575000
CAS Number: 98-82-8
OSHA PEL: S, 50 PPM
ACGIH TLV: S, 50 PPM; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: CYCLOHEXANE (SARA III)
Ingredient Sequence Number: 07
Percent: 0.5 %
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: GU6300000
CAS Number: 110-82-7
OSHA PEL: 300 PPM
ACGIH TLV: 300 PPM, 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: PETROLEUM HYDROCARBONS
Ingredient Sequence Number: 08
Percent: BALANCE
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1000099PH
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

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Physical/Chemical Characteristics

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Appearance And Odor: PALE YELLOW, STRAW COLORED LIQUID, PETROLEUM NAPHTHA
ODOR
Boiling Point: 57 -274C
Melting Point: -72F, -58C
Vapor Pressure (MM Hg/70 F): 2.0 - 3.0
Vapor Density (Air=1): NOT GIVEN
Specific Gravity: 0.751 - 0.802
Decomposition Temperature: UNKNOWN
Evaporation Rate And Ref: NOT GIVEN

Solubility In Water: NEGLIGIBLE
Percent Volatiles By Volume: 100 %
Viscosity:
pH: N/K
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): UNKNOWN
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: 14F,-10C
Flash Point Method: N/K
Lower Explosive Limit: 1.3 %
Upper Explosive Limit: 8 %
Extinguishing Media: DRY POWDER, FOAM, BCF, CARBON DIOXIDE, WATER FOG
Special Fire Fighting Proc: USE BREATHING APPARATUS IN ENCLOSED SPACES.
COOL TANKS AND CONTAINERS EXPOSED TO FIRE WITH WATER BUT ENSURE WATER DOES NOT SPREAD FIRE OVER LARGE AREA.
Unusual Fire And Expl Hazrds: LIQUID EVAPORATES RAPIDLY, EVEN AT LOW TEMPERATURES AND FORMS VAPOR WHICH CAN IGNITE WITH EXPLOSIVE VIOLENCE.

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): IGNITION SOURCES, SPARKS, OPEN FLAMES
Materials To Avoid: STRONG OXIDIZING AGENTS
Hazardous Decomp Products: CARBON MONOXIDE, CARBON DIOXIDE, HYDROCARBONS
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): NONE. WILL NOT OCCUR.

=====
Health Hazard Data
=====

LD50-LC50 Mixture: NOT SPECIFIED BY MANUFACTURER.
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: YES
~~Health Haz Acute And Chronic: INHALATION MAY CAUSE NOSE/THROAT/LUNG IRRITATION, CENTRAL NERVOUS SYSTEM DISTURBANCES, COMA, DEATH. EYE CONTACT MAY BE IRRITATING. PROLONGED SKIN CONTACT MAY CAUSE DERMATITIS. INGESTION MAY IRRITATE MOUTH/THROAT/STOMACH, CAUSE GASTROINTESTINAL DISTURBANCES. ASPIRATION HAZARD.~~
Carcinogenicity - NTP: N/K
Carcinogenicity - IARC: N/K
Carcinogenicity - OSHA: N/K
Explanation Carcinogenicity: NOT REPORTED ON MSDS, HOWEVER, PRODUCT CONTAINS BENZENE WHICH IS LISTED AS A CARCINOGEN BY NTP, IARC AND OSHA.
Signs/Symptoms Of Overexp: NOSE/THROAT/LUNG IRRITATION, HEADACHE, DROWSINESS, DIZZINESS, LOSS OF COORDINATION, COMA, DEATH, EYE IRRITATION, DERMATITIS, MOUTH/STOMACH IRRITATION, VOMITING, DIARRHEA, CHEMICAL PNEUMONIA, POTENTIAL REPRODUCTIVE HAZARD.
Med Cond Aggravated By Exp: PRE-EXISTING SKIN, RESPIRATORY CONDITIONS
Emergency/First Aid Proc: INHALATION: REMOVE TO FRESH AIR. SEEK MEDICAL ATTENTION IF SYMPTOMS PERSIST. EYES: FLUSH WITH LOW PRESSURE WATER, ENSURING EYELIDS KEPT OPEN. SEEK MEDICAL ADVICE IF REDNESS OR PAIN DEVELOPS AND PERSISTS. SKIN: WASH WITH SOAP AND WATER AFTER CONTACT. REMOVE

CONTAMINATED CLOTHING. INGESTION: RINSE MOUTH THOROUGHLY WITH WATER.. IF SWALLOWED, SEEK MEDICAL ADVICE. DO NOT INDUCE VOMITING.

=====
Precautions for Safe Handling and Use
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Steps If Matl Released/Spill: ISOLATE THE SPILLAGE FROM ALL IGNITION SOURCES AND AS APPROPRIATE, PROHIBIT ANY ROAD TRAFFIC FROM THE IMMEDIATE AND POTENTIALLY VAPOR EFFECTED AREAS. VAPORS ARE HEAVIER THAN AIR AND MAY TRAVEL TO REMOTE IGNITION SOURCES.

Neutralizing Agent: NONE SPECIFIED BY MANUFACTURER.

Waste Disposal Method: PREVENT WASTE FROM CONTAMINATING SURROUNDING ENVIRONMENT. DISCARD ANY PRODUCT, RESIDUE, DISPOSAL CONTAINER OR LINER IN ACCORDANCE WITH ALL FEDERAL, STATE AND LOCAL REGULATIONS.

Precautions-Handling/Storing: STORE AND DISPEENSE ONLY IN WELL-VENTILATED AREAS AWAY FROM HEAT OR SOURCES OF IGNITION. SAMPLE CONTAINERS MUST BE PROPERLY LABELLED AND CLOSED.

Other Precautions: ALL ELECTRICAL EQUIPMENT IN AREAS WHERE PRODUCT IS STORED/HANDLED MUST BE INSTALLED IN ACCORDANCE WITH APPLICABLE REQUIREMENTS OF THE NATIONAL SAFETY CODES. EMPTY CONTAINERS RETAIN SOME LIQUID/VAPOR AND ALL PRECAUTIONS MUST BE OBSERVED.

=====
Control Measures
=====

Respiratory Protection: NOT REQUIRED UNDER NORMAL WORKING CONDITIONS

Ventilation: SUFFICIENT VENTILATION MUST BE PROVIDED TO MAINTAIN CONCENTRATIONS BELOW PEL/TLV'S AND TO PREVENT EXPLOSIVE MIXTURES.

Protective Gloves: OIL IMPERVIOUS GLOVES

Eye Protection: FACE SHIELD OR GOGGLES

Other Protective Equipment: EMERGENCY EYE WASH STATION AND SHOWER SHOULD BE ACCESSIBLE.

Work Hygienic Practices: WASH WITH SOAP AND WATER AFTER HANDLING PRODUCT AND BEFORE EATING DRINKING OR SMOKING.

Suppl. Safety & Health Data: PRODUCT SHOULD NOT BE USED AS A SOLVENT OR CLEANING AGENT. ANY MATERIALS CONTAMINATED WITH THIS PRODUCT MUST BE TRTREATED AS FLAMMABLE. NEVER ENTER STORAGE TANKS WITHOUT BREATHING APPARATUS. AVOID STATIC ELECTRICAL DISCHARGE BY GROUNDING OR BONDING EQUIPMENT USED.

=====
Transportation Data
=====

Transportation Action Code:

Transportation Focal Point:

Trans Data Review Date:

DOT PSN Code:

DOT Proper Shipping Name:

DOT Class:

DOT Label:

Limited Quantity:

DOT Mode Indicator:

Identification Number:

Reportable Qty - Trans File:

DOT/DoD Exemption Number:

IMO PSN Code:

IMO Proper Shipping Name:

IMO Regulations Page Number:

IMO UN Number:

IMO UN Class:

IMO Subsidiary Risk Label:
IATA PSN Code:
IATA UN ID Number:
IATA Proper Shipping Name:
IATA UN Class:
IATA Subsidiary Risk Class:
IATA Label:
AFR 71-4 PSN Code:
AFR 71-4 Prop. Shipping Name:
AFR 71-4 Class:
AFR 71-4 Label:
AFR 71-4 ID Number:
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code Unused:
1st EPA Haz Wst Name Unused:
1st EPA Haz Wst Char Unused:
1st EPA Acute Hazard Unused:
2nd EPA Haz Wst Code Unused:
2nd EPA Haz Wst Name Unused:
2nd EPA Haz Wst Char Unused:
2nd EPA Acute Hazard Unused:
3rd EPA Haz Wst Code Unused:
3rd EPA Haz Wst Name Unused:
3rd EPA Haz Wst Char Unused:
3rd EPA Acute Hazard Unused:

=====
Label Data
=====

Label Required: YES
Date of Technical Review: 23JUN92
Label Date: UNKNOWN
Manufacturer's Label No.: NONE
Label Status: D
Common Name of Product: TURBINE FUEL, AVIATION GRADE, JP-4
Chronic Hazard: YES
Signal Word: WARNING!
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate: X
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight: X
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:

Fire Hazard-Slight:

Fire Hazard-Moderate: X

Fire Hazard-Severe:

Reactivity Hazard-None: X

Reactivity Hazard-Slight:

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: STORE AND DISPENSE ONLY IN WELL-VENTILATED AREAS AWAY FROM HEAT OR SOURCES OF IGNITION. SAMPLE CONTAINERS MUST BE PROPERLY LABELLED AND CLOSED. FIRST AID: INHALATION: REMOVE TO FRESH AIR. SEEK MEDICAL ATTENTION IF SYMPTOMS PERSIST. EYES: FLUSH WITH LOW PRESSURE WATER, ENSURING EYELIDS KEPT OPEN. SEEK MEDICAL ADVICE IF REDNESS OR PAIN DEVELOPS AND PERSISTS. SKIN: WASH WITH SOAP AND WATER AFTER CONTACT. REMOVE CONTAMINATED CLOTHING. INGESTION: RINSE MOUTH THOROUGHLY WITH WATER. IF SWALLOWED, SEEK MEDICAL ADVICE. DO NOT INDUCE VOMITING.

Protect Eye: X

Protect Skin: X

Protect Respiratory:

Mfg's Name From Label: MOTOR OIL HELLAS-CORINTH REFINERIES SA

Mfg's Street From Label: 2 KARAGEORGI SEERVIAS ST

Mfg's P.O. Box From Label:

Mfg's City From Label: ATENS AND EUB

Mfg's State From Label:

Mfg's Zip Code From Label: GREECE

Mfg's Country From Label: GR

Emergency Ph. No. From Label:

Year Procured:

DOD Hazardous Materials Information System

DoD 6050.5-L

AS OF November 1992

FSC: 9130

NIIN: 002568613

Manufacturer's CAGE: 29700

Part No. Indicator: A

Part Number/Trade Name: JET FUEL GRADE JP-4 W/FSII ADD,124001-00077

=====
Nuclear Water Data
=====

=====
This is not a Nuclear Water Chemical NIIN.
=====

=====
General Information
=====

Item Name: TURBINE FUEL,AVIATION *

Manufacturer's Name: EXXON COMPANY, USA, A DIV OF EXXON CORP. *

Manufacturer's Street: 800 BELL ST *

Manufacturer's P. O. Box: 2180 *

Manufacturer's City: HOUSTON *

Manufacturer's State: TX *

Manufacturer's Country: US *

Manufacturer's Zip Code: 77252-2180 *

Manufacturer's Emerg Ph #: 713-656-3424/2443 (MEDICAL) *

Manufacturer's Info Ph #: 713-656-5949 FAX: 713-656-3631 *

Distributor/Vendor # 1: EXXON COMPANY,USA *

Distributor/Vendor # 1 Cage: 2F871 *

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code: C

Safety Focal Point: D

Record No. For Safety Entry: 017

Tot Safety Entries This Stk#: 039 *

Status: SE *

Date MSDS Prepared: 12MAR92 *

Safety Data Review Date: 24OCT92 *

Supply Item Manager: KY *

MSDS Preparer's Name:

Preparer's Company:

Preparer's St Or P. O. Box:

Preparer's City:

Preparer's State:

Preparer's Zip Code:

Other MSDS Number:

MSDS Serial Number: BDPGQ

Specification Number: MIL-T-5624 *

Spec Type, Grade, Class: GR JP-4 *

Hazard Characteristic Code: F2 *

Unit Of Issue: GL *

Unit Of Issue Container Qty: BULK *

Type Of Container: N/K *

Net Unit Weight: N/K *

NRC/State License Number: N/R *
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R *
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: NAPHTHA, HYDROTREATED LIGHT (SEE OTHER INGREDIENTS OF THIS MIXTURE TOTAL - 100%) *
Ingredient Sequence Number: 01
Percent: 100 %
Ingredient Action Code: C
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1005734NH
CAS Number: 64742-49-0
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: 100 PPM 8-HR

Proprietary: NO
Ingredient: HYDROTREATED HEAVY NAPHTHA
Ingredient Sequence Number: 02
Percent: SEE #1
Ingredient Action Code: C
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1002859HN
CAS Number: 64742-48-9
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: HYDROTREATED LIGHT PETROLEUM DISTILLATE
Ingredient Sequence Number: 03
Percent: SEE #1
Ingredient Action Code: C
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1002846HL
CAS Number: 64742-47-8
OSHA PEL: 100 PPM
ACGIH TLV: 100 PPM
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: ANTIOXIDANT, ANTI-STATIC, METAL DEACTIVATOR, AND CORROSION INHIBITOR ADDITIVES *
Ingredient Sequence Number: 04
Percent: PPM
Ingredient Action Code: C
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1005735AI
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: 2-METHOXYETHANOL (EGME) (SARA III)
Ingredient Sequence Number: 05
Percent: .10-.15
Ingredient Action Code: C
Ingredient Focal Point: D
NIOSH (RTECS) Number: KL5775000
CAS Number: 109-86-4
OSHA PEL: S, 25 PPM
ACGIH TLV: S, 5 PPM; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 06
Percent: 1
Ingredient Action Code: C
Ingredient Focal Point: D

NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL;1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit: NONE SPECIFIED
=====

Physical/Chemical Characteristics

=====

Appearance And Odor: CLEAR LIQUID, PETROLEUM HYDROCARBON ODOR *

Boiling Point: 130F,54C *

Melting Point: -72F,-58C *

Vapor Pressure (MM Hg/70 F): 103 @100F *

Vapor Density (Air=1): >5 AIR=1 *

Specific Gravity: 0.751-0.802 *

Decomposition Temperature: UNKNOWN *

Evaporation Rate And Ref: 1-5 (N-BUTYL ACETATE=1) *

Solubility In Water: NEGLIGIBLE *

Percent Volatiles By Volume: 100 % *

Viscosity: 1 CST @20C *

pH: N/R *

Radioactivity:

Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): UNKNOWN *
Autoignition Temperature: 464F *

Fire and Explosion Hazard Data

=====

Flash Point: <-10F,<-23C *

Flash Point Method: TCC *

Lower Explosive Limit: 0.9 % *

Upper Explosive Limit: 8 % *

Extinguishing Media: WATER SPRAY, CO2, FOAM/DRY CHEMICAL. WATER SPRAY MAY BE USED TO KEEP FIRE EXPOSED CONTAINERS COOL & FLUSH SPILLS AWAY. *

Special Fire Fighting Proc: WEAR FULL PROTECTIVE CLOTHING AND NIOSH-APPROVED SELF-CONTAINED BREATHING APPARATUS WITH FULL FACEPIECE OPERATED IN THE POSITIVE PRESSURE MODE. *

Unusual Fire And Expl Hazrds: FIRE OR EXCESSIVE HEAT MAY CAUSE PRODUCTION OF HAZARDOUS DECOMPOSITION PRODUCTS. MATERIAL IS EXTREMELY VOLATILE AND

FLAMMABLE. VAPORS CAN TRAVEL AND EXPLODE. *

=====
Reactivity Data
=====

Stability: YES *

Cond To Avoid (Stability): HIGH TEMPERATURES, SPARKS, PILOT LIGHTS, STATIC ELECTRICITY, AND OPEN FLAMES *

Materials To Avoid: STRONG OXIDIZING AGENTS *

Hazardous Decomp Products: BY FIRE: CARBON MONOXIDE, CARBON DIOXIDE, ALDEHYDES AND OTHER DECOMPOSITION PRODUCTS. *

Hazardous Poly Occur: NO *

Conditions To Avoid (Poly): NONE. WILL NOT OCCUR. *

=====
Health Hazard Data
=====

LD50-LC50 Mixture: LD50 (ORAL RAT) IS ESTIMATED > 5 G/KG *

Route Of Entry - Inhalation: YES *

Route Of Entry - Skin: YES *

Route Of Entry - Ingestion: NO *

Health Haz Acute And Chronic: ACUTE- HIGH VAPOR CONCENTRATIONS ARE IRRITATING TO THE EYES & RESPIRATORY SYSTEM. MAY CAUSE HEADACHE, DIZZINESS, ANESTHESIA, DROWSINESS, UNCONSCIOUSNESS & DEATH. PROLONGED/REPEATED SKIN CONTACT LEADS TO IRRITATION & DERMATITIS. LIQUID CAN IRRITATE EYES. CHRONIC- CAN CAUSE DERMATITIS. *

Carcinogenicity - NTP: YES *

Carcinogenicity - IARC: YES *

Carcinogenicity - OSHA: YES *

Explanation Carcinogenicity: THIS PRODUCT CONTAINS APPROX. 1% BENZENE, A CARCINOGEN ALSO LINKED TO BLOOD, KIDNEY, AND NERVOUS SYSTEM DISORDERS. *

Signs/Symptoms Of Overexp: HIGH VAPOR CONCENTRATIONS ARE IRRITATING TO THE EYES & RESPIRATORY SYSTEM. MAY CAUSE HEADACHE, DIZZINESS, ANESTHESIA, DROWSINESS, UNCONSCIOUSNESS & DEATH. PROLONGED/REPEATED SKIN CONTACT LEADS TO IRRITATION & DERMATITIS. LIQUID CAN IRRITATE EYES. *

Med Cond Aggravated By Exp: IN CASE OF BENZENE, INDIVIDUALS WITH LIVER DISEASE; IN CASE OF PETROLEUM SOLVENTS, INDIVIDUALS WITH PRE-EXISTING SKIN DISORDERS; IN CASE OF HEXANE, THOSE WITH NEUROLOGICAL DISEASES SHOULD AVOID EXPOSURE. *

Emergency/First Aid Proc: GET MEDICAL ATTENTION IF SYMPTOMS PERSIST.

SKIN: WASH WITH SOAP & WATER. EYE: FLUSH WITH WATER FOR 15 MINUTES, HOLDING EYELIDS OPEN. INHALED: REMOVE TO FRESH AIR & PROVIDE OXYGEN/CPR IF NEEDED.

ORAL: DO NOT INDUCE VOMITING. GET IMMEDIATE MEDICAL ATTENTION. *

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: WEAR PROTECTIVE EQUIPMENTS. SHUT OFF & REMOVE IGNITION SOURCES. VENTILATE AREA. RECOVER FREE PRODUCT. ADD SAND, EARTH/OTHER SUITABLE ABSORBENT AND REMOVE FOR DISPOSAL. KEEP PRODUCT OUT OF SEWERS AND WATERCOURSES. ADVISE AUTHORITIES IF ENTERED SEWERS. *

Neutralizing Agent: N/R *

Waste Disposal Method: INCINERATE IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS. *

Precautions-Handling/Storing: STORAGE- STORE IN COOL, VENTILATED AREA, IN TIGHTLY CLOSED CONTAINERS, AWAY FROM HEAT, FLAMES & OXIDIZERS. *

Other Precautions: AVOID BREATHING OF VAPORS. EMPTY CONTAINERS RETAIN RESIDUE (LIQUID AND/OR VAPOR) AND CAN BE DANGEROUS. DO NOT PRESSURIZE, CUT, WELD, BRAZE, SOLDER, DRILL, GRIND OR EXPOSE SUCH CONTAINERS TO HEAT, FLAME, SPARKS -- THEY MAY EXPLODE. *

=====
Control Measures
=====

Respiratory Protection: WEAR A NIOSH-APPROVED ORGANIC RESPIRATOR IF VENTILATION DOES NOT MAINTAIN INHALATION EXPOSURES BELOW PEL/TLV. WEAR SELF-CONTAINED BREATHING APPARATUS IF REQUIRED FOR HIGH LEVELS OF CONTAMINATES. *

Ventilation: MECHANICAL (GENERAL AND/OR LOCAL EXHAUST, EXPLOSION-PROOF) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S). *

Protective Gloves: NEOPRENE OR NATURAL RUBBER GLOVES *

Eye Protection: SPLASH GOGGLES OR FACE SHIELD *

Other Protective Equipment: EYE WASH STATION, QUICK DRENCH SHOWER AND IMPERVIOUS CLOTHING *

Work Hygienic Practices: USE WITH ADEQUATE VENTILATION. AVOID BREATHING MIST. AVOID CONTACT WITH SKIN & EYES. WASH HANDS AFTER USE. *

Suppl. Safety & Health Data: KEEP CONTAINER CLOSED WHEN NOT IN USE. TRANSFER ONLY TO APPROVED CONTAINERS WITH COMPLETE AND APPROPRIATE LABELING. DO NOT TAKE INTERNALLY. *

=====
Transportation Data
=====

Transportation Action Code: C
Transportation Focal Point: D
Trans Data Review Date: 92298
DOT PSN Code: GIX
DOT Proper Shipping Name: FLAMMABLE LIQUID, N.O.S. *
DOT Class: FLAMMABLE LIQUID *
DOT Label: FLAMMABLE LIQUID *
Limited Quantity: NO
DOT Mode Indicator:
Identification Number: UN1993 *
Reportable Qty - Trans File:
DOT/DoD Exemption Number:
IMO PSN Code: HIM
IMO Proper Shipping Name: FLAMMABLE LIQUIDS,N.O.S. *
IMO Regulations Page Number: 3126 *
IMO UN Number: 1993 *
IMO UN Class: 3.1 *
~~IMO Subsidiary Risk Label:~~
IATA PSN Code: MBQ
IATA UN ID Number: 1993 *
IATA Proper Shipping Name: FLAMMABLE LIQUIDS,N.O.S. *
IATA UN Class: 3 *
IATA Subsidiary Risk Class:
IATA Label: FLAMMABLE LIQUID *
AFR 71-4 PSN Code: ELB
AFR 71-4 Prop. Shipping Name: FLAMMABLE LIQUID,N.O.S. *
AFR 71-4 Class: FLAMMABLE LIQUID *
AFR 71-4 Label: FLAMMABLE LIQUID *
AFR 71-4 ID Number: UN1993 *
AF MMAC Code:
Tech Entry NOS Shipping Name: CONTAINS NAPHTHA (PETROLEUM) AND BENZENE (1%). *
Additional Trans Data:

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES *
Date of Technical Review: 24OCT92 *
Label Date: 12MAR92 *
Manufacturer's Label No.: UNKNOWN *
Label Status: C *
Common Name of Product: JET FUEL GRADE JP-4 W/FSII ADD,124001-00077 *
Chronic Hazard: X *
Signal Word: DANGER! *
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe: X *
Contact Hazard-None:
~~Contact Hazard-Slight:~~
Contact Hazard-Moderate: X *
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe: X *
Reactivity Hazard-None: X *
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: ACUTE- HIGH VAPOR CONCENTRATIONS ARE IRRITATING TO THE EYES & RESPIRATORY SYSTEM. MAY CAUSE HEADACHE, DIZZINESS, ANESTHESIA, DROWSINESS, UNCONSCIOUSNESS & DEATH. PROLONGED/REPEATED SKIN CONTACT LEADS TO IRRITATION & DERMATITIS. LIQUID CAN IRRITATE EYES. CHRONIC- CAN CAUSE DERMATITIS. STORAGE- STORE IN COOL, VENTILATED AREA, IN TIGHTLY CLOSED CONTAINERS, AWAY FROM HEAT, FLAMES & OXIDIZERS. FIRST AID- GET MEDICAL ATTENTION IF SYMPTOMS PERSIST. SKIN:WASH WITH SOAP & WATER. EYE:FLUSH WITH WATER FOR 15 MINUTES, HOLDING EYELIDS OPEN. INHALED:REMOVE

TO FRESH AIR & PROVIDE OXYGEN/CPR IF NEEDED. ORAL:DO NOT INDUCE VOMITING.

GET IMMEDIATE MEDICAL HELP. *

Protect Eye: X *

Protect Skin: X *

Protect Respiratory: X *

Mfg's Name From Label: EXXON COMPANY, USA, A DIV OF EXXON CORP. *

Mfg's Street From Label: 800 BELL ST *

Mfg's P.O. Box From Label: 2180 *

Mfg's City From Label: HOUSTON *

Mfg's State From Label: TX *

Mfg's Zip Code From Label: 77252-2180 *

Mfg's Country From Label: US *

Emergency Ph. No. From Label: 713-656-3424/2443 (MEDICAL) *

Year Procured:

DOD Hazardous Materials Information System

DoD 6050.5-L

AS OF November 1992

FSC: 9130

NIIN: 002568613

Manufacturer's CAGE: 86961

Part No. Indicator: A

Part Number/Trade Name: SHELL JP-4

=====
Nuclear Water Data
=====

This is not a Nuclear Water Chemical NIIN.

=====
General Information
=====

Item Name: TURBINE FUEL,AVIATION,JP-4 F40

Manufacturer's Name: SHELL OIL CO.

Manufacturer's Street: 1 SHELL PLAZA

Manufacturer's P. O. Box: 2463

Manufacturer's City: HOUSTON

Manufacturer's State: TX

Manufacturer's Country:

Manufacturer's Zip Code: 77001

Manufacturer's Emerg Ph #: 713-473-9461

Manufacturer's Info Ph #: 713-241-4819

Distributor/Vendor # 1:

Distributor/Vendor # 1 Cage:

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code:

Safety Focal Point: D

Record No. For Safety Entry: 036

Tot Safety Entries This Stk#: 039 *

Status: SE

Date MSDS Prepared: 22FEB88

Safety Data Review Date: 07JUL89

Supply Item Manager: KY

MSDS Preparer's Name: JOHN P. SEPESI

Preparer's Company:

Preparer's St Or P. O. Box:

Preparer's City:

Preparer's State:

Preparer's Zip Code:

Other MSDS Number:

MSDS Serial Number: BGWXV

Specification Number: MIL-T-5624

Spec Type, Grade, Class: GRADE JP-4

Hazard Characteristic Code: F3

Unit Of Issue: GL

Unit Of Issue Container Qty:

Type Of Container: BULK

Net Unit Weight:

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: JET FUEL JP-4 (CONTAINING THE FOLLOWING COMPONENTS)
Ingredient Sequence Number: 01
Percent: 100
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: NY9340000
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: USAF 8HR TWA 200 PPM

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 02
Percent: <2.5
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL;1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit:

Proprietary: NO
Ingredient: HYDROTREATED NAPHTHA,HEAVY
Ingredient Sequence Number: 03
Percent: 88-95
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1002859HR
~~CAS Number: 64742-48-9~~
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit:

Proprietary: NO
Ingredient: NAPHTHA,LIGHT
Ingredient Sequence Number: 04
Percent: 5-12
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1002859HN
CAS Number: 64741-46-4
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit:

Proprietary: NO
Ingredient: ADDITIVES

Ingredient Sequence Number: 05
Percent: <0.5
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1000144AD
CAS Number:
OSHA PEL: N/K
ACGIH TLV: N/K
Other Recommended Limit:

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: CLEAR,COLORLESS TO AMBER LIQUID, KEROSENE ODOR.
Boiling Point: >100F/38C
Melting Point: -72F/-59C
Vapor Pressure (MM Hg/70 F): 14-21 PSIA
Vapor Density (Air=1): 3.5
Specific Gravity: 0.7796

Decomposition Temperature: N/K
Evaporation Rate And Ref: N/K
Solubility In Water: NEGLIGIBLE
Percent Volatiles By Volume: 100
Viscosity:
pH: N/K
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY):
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: -10;+30F/-1;-23C
Flash Point Method:
Lower Explosive Limit: 1.3
Upper Explosive Limit: 8.0
Extinguishing Media: FOAM,CARBON DIOXIDE,DRY CHEMICAL,WATER FOG. WATER MAY
BE IN EFFECTIVE AND MAY SPREAD FIRE IF IMPROPERLY USED.
~~Special Fire Fighting Proc: USE SELF CONTAINED BREATHING APPARATUS,~~
ESPECIALLY IN ENCLOSED AREAS. WATER SPRAY MAY BE USED TO COOL FIRE EXPOSED
CONTAINERS AND EQUIPMENT.
Unusual Fire And Expl Hazrds: VAPORS MAY FORM EXPLOSIVE MIXTURES WITH AIR.
SATURATED NEWSPAPERS,RAGS,ETC. MAY UNDERGO SPONTANEOUS COMBUSTION.

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): HEAT,IGNITION SOURCES.
Materials To Avoid: STRONG OXIDIZERS.
Hazardous Decomp Products: CARBON DIOXIDE,CARBON MONOXIDE.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): N/R

=====
Health Hazard Data
=====

LD50-LC50 Mixture: N/K
Route Of Entry - Inhalation: YES

Route Of Entry - Skin: NO
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: PRODUCT IS A MILD IRRITANT. MOST HAZARDOUS EXPOSURE IS TO AIRBORN MIST OR OTHER ASPIRATION OF LIQUID INTO LUNGS. PROLONGED/REPEATED OVEREXPOSURE MAY CAUSE LIVER OR KIDNEY DAMAGE.
Carcinogenicity - NTP: YES
Carcinogenicity - IARC: YES
Carcinogenicity - OSHA: YES
Explanation Carcinogenicity: API HAS DONE STUDIES INDICATING THAT REPEATED OVEREXPOSURE MAY CAUSE CANCER IN MICE. CONTAINS BENZENE.
Signs/Symptoms Of Overexp: EYE:MILD IRRITATION. SKIN:DRYING,DEFATTING WITH PROLONGED/REPEATED CONTACT. INHALED:HEADACHE,NAUSEA,CONFUSION, DROWSINESS. ASPIRATION OF LIQUID MAY CAUSE CHEMICAL PNEUMONITIS. INGESTED: G/I IRRITATION,NAUSEA,POSSIBLE VOMITING.
Med Cond Aggravated By Exp: NONE EXPECTED.
Emergency/First Aid Proc: EYE:FLUSH WITH WATER 15 MIN. SKIN:REMOVE CONTAMINATED CLOTHING (LAUNDER BEFORE REUSE) AND THOROUGHLY WASH AREA OF CONTACT WITH SOAP AND WATER. INHALED:REMOVE FROM EXPOSURE. RESUSCITATE OR GIVE OXYGEN IF NEEDED,THEN GET MEDICAL ATTENTION. INGESTION:DO NOT INDUCE VOMITING. GET MEDICAL ATTENTION. IF ANY IRRITATION PERSISTS OR IS SEVERE, GET MEDICAL CARE.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: ELIMINATE IGNITION SOURCES. USE APPROPRIATE PROTECTIVE EQUIPMENT. CONTAIN LEAK. PREVENT LEAK FROM ENTERING SEWER, WATERWAYS,ETC. RECOVER AS LIQUID. REPORT SPILL IF APPROPRIATE.
Neutralizing Agent: NONE
Waste Disposal Method: DISPOSE I/A/W FEDERAL,STATE,LOCAL REGULATIONS. INCINERATION IS RECOMMENDED FOR DISPOSAL.
Precautions-Handling/Storing: STORE IN COOL AREA AWAY FROM OXIDIZERS AND IGNITION SOURCES. DETACHED STORAGE PREFERRED. GROUND CONTAINERS DURING TRANSFER.
Other Precautions: "EMPTY" CONTAINERS MAY CONTAIN RESIDUE AND/OR FUMES WHICH ARE EXPLOSIVE. DO NOT CUT,WELD,ETC. JP3 HAS AN EXPLOSION HAZARD SIMILAR TO GASOLINE.

=====
Control Measures
=====

Respiratory Protection: NOT EXPECTED TO BE NECESSARY. USE NIOSH/MSHA RESPIRATOR IF PRODUCT IS MISTED OR IF TLV/PEL IS EXCEEDED.
Ventilation: USE LOCAL EXHAUST TO MAINTAIN EXPOSURE BELOW TLV IF NORMAL ROOM VENTILATION IS IN SUFFICIENT.
Protective Gloves: RUBBER,PLASTIC OR OTHER IMPERVIOUS.
Eye Protection: SAFETY GLASSES OR SPLASH GOGGLES.
Other Protective Equipment: WEAR PROTECTIVE CLOTHING AS NEEDED TO PREVENT PROLONGED/REPEATED CONTACT.
Work Hygienic Practices: USE GOOD INDUSTRIAL HYGIENE PRACTICES. AVOID UNNECESSARY CONTACT.
Suppl. Safety & Health Data: MSDS NO 52,304-1 SHELL CODE 23130.

=====
Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 89188
DOT PSN Code: GNJ

DOT Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
DOT Class: FLAMMABLE LIQUID
DOT Label: FLAMMABLE LIQUID
Limited Quantity: NO
DOT Mode Indicator:
Identification Number: UN1863
Reportable Qty - Trans File:
DOT/DoD Exemption Number:
IMO PSN Code: HNV
IMO Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
IMO Regulations Page Number: 3271
IMO UN Number: 1863
IMO UN Class: 3.2
IMO Subsidiary Risk Label: -
IATA PSN Code: MMA
IATA UN ID Number: 1863
IATA Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
IATA UN Class: 3

IATA Subsidiary Risk Class:
IATA Label: FLAMMABLE LIQUID
AFR 71-4 PSN Code: EOX
AFR 71-4 Prop. Shipping Name: FUEL, AVIATION, TURBINE ENGINE
AFR 71-4 Class: FLAMMABLE LIQUID
AFR 71-4 Label: FLAMMABLE LIQUID
AFR 71-4 ID Number: UN1863
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
~~1st EPA Haz Wst Code UnUsed:~~
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review:
Label Date:
Manufacturer's Label No.:

Label Status: E

Common Name of Product:

Chronic Hazard:

Signal Word:

Acute Health Hazard-None:

Acute Health Hazard-Slight:

Acute Health Hazard-Moderate:

Acute Health Hazard-Severe:

Contact Hazard-None:

Contact Hazard-Slight:

Contact Hazard-Moderate:

Contact Hazard-Severe:

Fire Hazard-None:

Fire Hazard-Slight:

Fire Hazard-Moderate:

Fire Hazard-Severe:

Reactivity Hazard-None:

Reactivity Hazard-Slight:

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: MAY BE POISONOUS IF INHALED OR ABSORBED THROUGH SKIN. VAPORS MAY CAUSE DIZZINESS OR SUFFOCATION. CONTACT MAY IRRITATE OR BURN SKIN AND EYES. FIRE MAY PRODUCE IRRITATING OR POISONOUS GASES. RUNOFF FROM FIRE CONTROL OR DILUTION WATER MAY CAUSE POLLUTION.

Protect Eye:

Protect Skin:

Protect Respiratory:

Mfg's Name From Label: SHELL CHEMICAL COMPANY A DIV. OF SHELL OIL CO.

Mfg's Street From Label: 1 SHELL PLAZA

Mfg's P.O. Box From Label: 2463

Mfg's City From Label: HOUSTON

Mfg's State From Label: TX

Mfg's Zip Code From Label: 77001

Mfg's Country From Label: US

Emergency Ph. No. From Label: 713-473-9461

Year Procured:

DOD Hazardous Materials Information System

DoD 6050.5-L

AS OF November 1992

FSC: 9130

NIIN: 002568613

Manufacturer's CAGE: 07218

Part No. Indicator: A

Part Number/Trade Name: TURBINE FUEL,AVIATION,WIDE CUT (JP-4)

=====
Nuclear Water Data
=====

=====
This is not a Nuclear Water Chemical NIIN.
=====

=====
General Information
=====

Item Name: TURBINE FUEL,AVIATION,JP-4

Manufacturer's Name: ESSO PETROLEUM CANADA, DIV IMPERIAL OIL LTD.

Manufacturer's Street: 111 SAINT CLAIR AVENUE WEST

Manufacturer's P. O. Box:

Manufacturer's City: TORONTO

Manufacturer's State: ON

Manufacturer's Country: CA

Manufacturer's Zip Code: M4V1N5

Manufacturer's Emerg Ph #: 416-969-5114

Manufacturer's Info Ph #: 416-969-5114

Distributor/Vendor # 1:

Distributor/Vendor # 1 Cage:

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code:

Safety Focal Point: D

Record No. For Safety Entry: 011

Tot Safety Entries This Stk#: 039 *

Status: SE

Date MSDS Prepared: 17JUL89

Safety Data Review Date: 26SEP91

Supply Item Manager: KY

MSDS Preparer's Name:

Preparer's Company:

Preparer's St Or P. O. Box:

Preparer's City:

Preparer's State:

Preparer's Zip Code:

Other MSDS Number:

MSDS Serial Number: BKSKY

Specification Number: MIL-T-5624

Spec Type, Grade, Class: JP-4

Hazard Characteristic Code: F3

Unit Of Issue: GL

Unit Of Issue Container Qty: BULK

Type Of Container:

Net Unit Weight:

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: DISTILLATES,STREIGHT RUN MIDDLE ***MFR RECOMMENDED TLV FOR
COMPOUND IS 100 PPM***
Ingredient Sequence Number: 01
Percent: 0-40
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: LX3296000
CAS Number: 64741-44-2
OSHA PEL: 50 PPM (HEXANE)
ACGIH TLV: 50 PPM (HEXANE)
Other Recommended Limit: MFR: 100 PPM/FORMULA

Proprietary: NO
Ingredient: NAPHTHA
Ingredient Sequence Number: 02
Percent: 0-70
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1007042PE
CAS Number: 64741-42-0
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: REFORMATE NAPHTHA
Ingredient Sequence Number: 03
Percent: 0-40
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1007043PE
CAS Number: 68919-37-8
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 04
Percent: UNKNOWN
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL;1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO

Ingredient: JP-4 AIRCRAFT TURBINE FUEL
Ingredient Sequence Number: 05
Percent:
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: NY9340000
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: USAF:200 PPM,STEL300

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: CLEAR TO PALE YELLOW LIQUID, PETROLEUM ODOR
Boiling Point: >104F,>40C
Melting Point: UNKNOWN
Vapor Pressure (MM Hg/70 F): UNKNOWN
Vapor Density (Air=1): UNKNOWN
Specific Gravity: 0.78
Decomposition Temperature: UNKNOWN
Evaporation Rate And Ref: UNKNOWN
Solubility In Water: NEGLIGIBLE
Percent Volatiles By Volume: N/K
Viscosity:
pH: UNKNON
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): UNKNOWN
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: -0F,-18C
Flash Point Method: D-92
Lower Explosive Limit: 0.6
Upper Explosive Limit: 8.0
Extinguishing Media: USE FOAM, OR DRY CHEMICAL. WATER MAY PROVE
~~INEFFECTIVE, CAUSING FROTHING.~~
Special Fire Fighting Proc: WEAR FIRE FIGHTING PROTECTIVE EQUIPMENT AND A
FULL FACED SELF CONTAINED BREATHING APPARATUS. EVACUATE AREA. COOL FIRE
EXPOSED CONTAINERS WITH WATER SPRAY.
Unusual Fire And Expl Hazrds: COMBUSTION OR HEAT OF FIRE MAY PRODUCE
HAZARDOUS DECOMPOSITION PRODUCTS AND VAPORS.

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): HIGH HEAT, OPEN FLAMES AND OTHER SOURCES OF
IGNITION
Materials To Avoid: STRONG OXIDIZING AGENTS
Hazardous Decomp Products: SMOKE, CARBON MONOXIDE, CARBON DIOXIDE AND
OTHER HYDROCARBON COMPOUNDS DURING COMBUSTION.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): NOT APPLICABLE

=====
Health Hazard Data
=====

LD50-LC50 Mixture: ORAL LD50 (RAT) IS UNKNOWN

Route Of Entry - Inhalation: YES

Route Of Entry - Skin: YES

Route Of Entry - Ingestion: YES

Health Haz Acute And Chronic: PRODUCT IS MILDLY IRRITATING TO BODY TISSUES. BREATHING VAPORS MAY PRODUCE CENTRAL NERVOUS SYSTEM DEPRESSION, AND PROLONGED AND/OR REPEATED SKIN CONTACT MAY CAUSE DERMATITIS.

Carcinogenicity - NTP: YES

Carcinogenicity - IARC: YES

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity: MFR CITES BENZENE AS A COMPONENT WHICH IS LISTED AS A CARCINOGEN. IT IS NOT LISTED AS AN INGREDIENT WITH ANY % FIGURE.

Signs/Symptoms Of Overexp: EYE:IRRITATION, SKIN:MILD IRRITATION, POSSIBLE DERMATITIS WITH PROLONGED/REPEATED CONTACT. INHALED:RESPIRATORY IRRITATION,

NAUSEA, DIZZINESS, HEADACHE. ASPIRATION OF LIQUID INTO LUNGS MAY CAUSE CHEMICAL PNEUMONIA. INGESTED:G/I IRRITATION, NAUSEA, VOMITING.

Med Cond Aggravated By Exp: PEOPLE WITH A SKIN DISORDER SHOULD USE EXTRA CAUTION TO AVOID SKIN CONTACT WHEN HANDLING OR USING THIS PRODUCT.

Emergency/First Aid Proc: EYE:FLUSH W/WATER 15 MIN, HOLD LIDS OPEN.

SKIN:WASH WITH SOAP & WATER. REMOVE CONTAMINATED CLOTHING AND LAUNDRER BEFORE REUSE. INHALED:REMOVE TO FRESH AIR. RESTORE BREATHING IF NECESSARY. INGESTED:DO NOT INDUCE VOMITING. GIVE 2 LARGE GLASSES OF MILK OR WATER AND GET IMMEDIATE MEDICAL CARE. GIVE NOTHING BY MOUTH IF UNCONSCIOUS. IF IRRITATION PERSISTS OR IS SEVERE,SEE A DOCTOR.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: ELIMINATE SOURCES OF IGNITION. MINOR: ABSORB MATERIAL WITH CLAY, VERMICULITE, OR SIMILAR ABSORBENT MATERIAL. PLACE IN DISPOSAL CONTAINERS. MAJOR: DIKE & CONTAIN SPILL. SHUT OFF LEAKS. REMOVE LIQUID BY VACUUM OR ABSORBENT.

Neutralizing Agent: NOT APPLICABLE

Waste Disposal Method: DISPOSE I/A/W ALL FEDERAL, STATE AND LOCAL REGULATIONS. MANUFACTURER MAKES NO SUGGESTION AS TO DISPOSAL METHOD. HMIS SUGGESTS THAT DISPOSAL MAY BE DONE BY INCINERATION.

Precautions-Handling/Storing: USE EXPLOSION PROOF ELECTRICAL EQUIPMENT. STORE IN A COOL, VENTILATED WORK AREA. KEEP CONTAINERS CLOSED. DETACHED STORAGE IS PREFERABLE.

Other Precautions: 'EMPTY' CONTAINERS MAY CONTAIN RESIDUE OR VAPOR. TREAT THEM WITH THE RESPECT DUE FULL ONES. DO NOT CUT,WELD,ETC. ON THEM. GROUND CONTAINERS BEFORE TRANSFERRING LIQUID. AVOID HAVING OPEN ELECTRICAL EQUIPMENT IN VAPOR AREAS.

=====
Control Measures
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Respiratory Protection: RESPIRATOR WILL NOT NORMALLY BE NECESSARY. USE NIOSH/MSHA APPROVED AIR SUPPLIED RESPIRATOR OR RESPIRATOR FOR ORGANIC VAPOR IF EXPOSURE IS ABOVE THE TLV/PEL. SEE 29 CFR 1910.134 FOR REGULATIONS PERTAINING TO RESPIRATOR USE.

Ventilation: LOCAL AND MECHANICAL EXHAUST RECOMMENDED.

Protective Gloves: NEOPRENE, NITRILE, OR POLYVINYL ALCOHOL

Eye Protection: USE CHEMICAL SAFETY GOGGLES & FACESHIELD

Other Protective Equipment: EYE WASH STATION & SAFETY SHOWER. WORK

CLOTHING AS NECESSARY TO PREVENT PROLONGED OR REPEATED CONTACT.
Work Hygienic Practices: USE GOOD CHEMICAL HYGIENE PRACTICES. AVOID
PROLONGED/REPEATED CONTACT. DO NOT EAT, DRINK OR SMOKE IN WORK AREA.
Suppl. Safety & Health Data: MSDS NO. 000110

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Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 91269
DOT PSN Code: GNJ
DOT Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
DOT Class: FLAMMABLE LIQUID
DOT Label: FLAMMABLE LIQUID
Limited Quantity: NO
DOT Mode Indicator:
Identification Number: UN1863
Reportable Qty - Trans File: YES
DOT/DoD Exemption Number:
IMO PSN Code: HNV
IMO Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
IMO Regulations Page Number: 3271
IMO UN Number: 1863
IMO UN Class: 3.2
IMO Subsidiary Risk Label: -
IATA PSN Code: MMA
IATA UN ID Number: 1863
IATA Proper Shipping Name: FUEL, AVIATION, TURBINE ENGINE
IATA UN Class: 3
IATA Subsidiary Risk Class:
IATA Label: FLAMMABLE LIQUID
AFR 71-4 PSN Code: EOX
AFR 71-4 Prop. Shipping Name: FUEL, AVIATION, TURBINE ENGINE
AFR 71-4 Class: FLAMMABLE LIQUID
AFR 71-4 Label: FLAMMABLE LIQUID
AFR 71-4 ID Number: UN1863
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

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Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code Unused:
1st EPA Haz Wst Name Unused:
1st EPA Haz Wst Char Unused:
1st EPA Acute Hazard Unused:
2nd EPA Haz Wst Code Unused:
2nd EPA Haz Wst Name Unused:
2nd EPA Haz Wst Char Unused:
2nd EPA Acute Hazard Unused:

3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

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Label Data
=====

Label Required: YES
Date of Technical Review: 26SEP91
Label Date: UNDATED
Manufacturer's Label No.: NONE
Label Status: D
Common Name of Product: TURBINE FUEL,AVIATION,WIDE CUT (JP-4)
Chronic Hazard:
Signal Word: DANGER!
Acute Health Hazard-None:
Acute Health Hazard-Slight: X
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight: X
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe: X
Reactivity Hazard-None: X
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: EXTREMELY FLAMMABLE LIQUID AND VAPOR. HIGHLY
VOLATILE. VAPOR MAY CAUSE FLASH FIRE. VAPORS MAY SPREAD LONG DISTANCES AND
IGNITE. KEEP AWAY FROM HEAT, SPARKS, AND FLAME. KEEP CONTAINER CLOSED. USE
WITH ADEQUATE VENTILATION. IN CASE OF FIRE, USE WATER, DRY CHEMICAL, CO2 OR
ALCOHOL FOAM.
Protect Eye: X
Protect Skin:
Protect Respiratory:
Mfg's Name From Label: ESSO PETROLEUM CANADA, DIV IMPERIAL OIL LTD.
Mfg's Street From Label: 111 SAINT CLAIR AVENUE WEST
Mfg's P.O. Box From Label:
Mfg's City From Label: TORONTO
Mfg's State From Label: ON
Mfg's Zip Code From Label: M4V1N5
Mfg's Country From Label: CA
Emergency Ph. No. From Label: 416-969-5114
Year Procured: 1991

DOD Hazardous Materials Information System

DoD 6050.5-L

AS OF November 1992



FSC: 9130
NIIN: 001487103
Manufacturer's CAGE: OGYU1
Part No. Indicator: A
Part Number/Trade Name: GASOLINE

Nuclear Water Data

This is not a Nuclear Water Chemical NIIN.

General Information

Item Name: GASOLINE, AUTOMOTIVE
Manufacturer's Name: LOUIS DREYFUS ENERGY CORP
Manufacturer's Street: 5 LAKE FANNY ROAD
Manufacturer's P. O. Box: 111
Manufacturer's City: BEL AIR
Manufacturer's State: MD
Manufacturer's Country: US
Manufacturer's Zip Code: 21014
Manufacturer's Emerg Ph #: 800-368-4646
Manufacturer's Info Ph #: 301-879-4315 OR 800-343-1283
Distributor/Vendor # 1:
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 008
Tot Safety Entries This Stk#: 058 *
Status: SE
Date MSDS Prepared: 01MAY86
Safety Data Review Date: 30SEP91
Supply Item Manager: KY
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BKSHR
Specification Number: VV-G-1690
Spec Type, Grade, Class: N/R
Hazard Characteristic Code: F2
Unit Of Issue: GL
Unit Of Issue Container Qty:
Type Of Container: BULK
Net Unit Weight:

(56, 431941) (\$98) = 334,636 lbs

Benzene - up to 2% 6692 lbs

Toluene - up to 3% 10,039 lbs

Xylenes up to 5% 16732 lbs

NRC/State License Number: N/R
Net Explosive Weight: N/R
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code: N/R

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 01
Percent: UP TO 2
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL;1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: TOLUENE (SARA III)
Ingredient Sequence Number: 02
Percent: UP TO 3
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: XS5250000
CAS Number: 108-88-3
OSHA PEL: 50 PPM; 9293
ACGIH TLV: 100 PPM/150 STEL
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: XYLENES (O-,M-,P- ISOMERS) (SARA III)
Ingredient Sequence Number: 03
Percent: UP TO 5
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: ZE2100000
CAS Number: 1330-20-7
OSHA PEL: 100 PPM/150 STEL
ACGIH TLV: 100 PPM/150STEL;9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: TETRETHYL LEAD
Ingredient Sequence Number: 04
Percent: 0.1
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1007066TL
CAS Number: UNKNOWN
OSHA PEL: .075 MG/M3 (SKIN)
ACGIH TLV: .1 MG/M3
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: GASOLINE

Ingredient Sequence Number: 05
Percent: 100
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: LX3300000
CAS Number: 8006-61-9
OSHA PEL: 300 PPM/500 STEL
ACGIH TLV: 300 PPM/500STEL;9192
Other Recommended Limit: NONE SPECIFIED

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: CLEAR, STRAW COLORES BRONZE, OR PINKISH IN COLOR.
GASOLINE.

Boiling Point: 70.0F,21.1C

Melting Point: N/R

Vapor Pressure (MM Hg/70 F): 325-525

Vapor Density (Air=1): 3-4

Specific Gravity: 0.70-0.73

Decomposition Temperature: UNKNOWN

Evaporation Rate And Ref: ESTIMATED 1.5

Solubility In Water: NEGLIGIBLE

Percent Volatiles By Volume: 100

Viscosity: N/R

pH: N/R

Radioactivity: N/R

Form (Radioactive Matl): N/R

Magnetism (Milligauss): N/R

Corrosion Rate (IPY): UNKNOWN

Autoignition Temperature: 536F
=====

Fire and Explosion Hazard Data
=====

Flash Point: -45F,-43C

Flash Point Method: TCC

Lower Explosive Limit: UNKNOWN

Upper Explosive Limit: UNKNOWN

Extinguishing Media: USE CARBON DIOXIDE, FOAM, OR DRY CHEMICAL.

Special Fire Fighting Proc: WATER STREAM MAY SPREAD FIRE; USE WATER SPRAY ONLY TO COOL FIRE EXPOSED CONTAINERS. IF LEAK OR SPILL HAS NOT IGNITED, USE WATER SPRAY TO DISPERSE THE VAPORS.

Unusual Fire And Expl Hazrds: CAN FORM FLAMMABLE MIXTURES WITH AIR & FLASH AT ROOM TEMPERATURE. EXPLOSION HAZARD IN NEAR FIRE. VAPOR IS HEAVIER THAN AIR & CAN TRAVEL, IGNITE & FLASH BACK.
=====

Reactivity Data
=====

Stability: YES

Cond To Avoid (Stability): HEAT, SPARKS, FLAMES AND STATIC ELECTRICITY.

Materials To Avoid: NONE SPECIFIED BY MANUFACTURER.

Hazardous Decomp Products: INCOMPLETE COMBUSTION CAN YIELD CARBON MONOXIDE, CARBON DIOXIDE, LEAD OXIDE AND VARIOUS HYDROCARBONS.

Hazardous Poly Occur: NO

Conditions To Avoid (Poly): NOT APPLICABLE

$$\frac{0.70 + 0.73}{2} = (0.715)(8.3) = 5.93 \text{ g/gal}$$

=====
Health Hazard Data
=====

LD50-LC50 Mixture: LD50 (ORAL RAT) IS UNKNOWN

Route Of Entry - Inhalation: YES

Route Of Entry - Skin: YES

Route Of Entry - Ingestion: YES

Health Haz Acute And Chronic: LIQUID IS IRRITATING TO EYES. VAPOR MAY CAUSE EYE IRRITATION. LIQUID IS SLIGHTLY IRRITATING TO SKIN. PROLONGED OR REPEATED CONTACT CAN RESULT IN DERMATITIS. VAPORS MAY BE IRRITATING TO NOSE, THROAT & RESPIRATORY TRACT. INGESTION OF PRODUCT MAY RESULT IN VOMITING. ASPIRATION OF VOMITUS INTO LUNGS MAY CAUSE PNEUMONITIS.

Carcinogenicity - NTP: NO

Carcinogenicity - IARC: NO

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity: THIS COMPOUND CONTAINS NO INGREDIENTS AT CONCENTRATIONS OF 0.1% OR GREATER THAT ARE CARCINOGENS OR SUSPECT CARCINOGENS.

Signs/Symptoms Of Overexp: INHALE/INGEST-HEADACHE, NASAL & RESPIRATORY IRRITATION, DROWSINESS, FATIGUE, PNEUMONITIS, PULMONARY EDEMA, CNS DEPRESSION & KIDNEY DAMAGE. SKIN-SKIN DEFATTING. ASPIRATION INTO LUNGS WILL CAUSE CHEMICAL PNEUMONIA.

Med Cond Aggravated By Exp: PERSONS WITH PRE-EXISTING SKIN DISORDERS, IMPAIRED LIVER OR KIDNEY FUNCTIONS, OR CENTRAL NERVOUS SYSTEM & CHRONIC RESPIRATORY DISEASE SHOULD AVOID EXPOSURE TO THIS MATERIAL.

Emergency/First Aid Proc: EYES: FLUSH WITH RUNNING WATER FOR 15 MINUTES WHILE HOLDING EYELIDS OPEN. GET MEDICAL ATTENTION. SKIN: WASH WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING. GET MEDICAL ADVICE. INHALE: REMOVE TO FRESH AIR. GIVE AIR, OXYGEN OR ADMINISTER CPR, IF NOT BREATHING. GET MEDICAL ADVICE. INGEST: DO NOT INDUCE VOMITING, SINCE ASPIRATION INTO THE LUNGS WILL CAUSE CHEMICAL PNEUMONIA. SEEK MEDICAL ADVICE.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: NOTIFY EMERGENCY RESPONSE PERSONNEL. REMOVE IGNITION SOURCES. DIKE TO CONTAIN FLOW. REMOVE FREE LIQUID, DO NOT FLUSH INTO SEWER/WATER WAYS. BLANKET WITH FOAM OR USE WATER FOG TO DISPERSE VAPORS. PICK UP WITH PADS & ABSORBENT MATERIALS.

Neutralizing Agent: NOT APPLICABLE

Waste Disposal Method: MAXIMIZE PRODUCT RECOVERY FOR REUSE OR RECYCLING. USE APPROVED TREATMENT, TRANSPORTERS & DISPOSAL SITES IN COMPLIANCE WITH ALL LAWS. A POTENTIAL DISPOSAL METHOD IS INCINERATION AND LAND DISPOSAL, IF PERMITTED.

Precautions-Handling/Storing: DO NOT STORE IN CLOSED VEHICLE. KEEP CONTAINERS CLOSED. DO NOT STORE WITH STRONG ACIDS OR OXIDIZERS. STORE AS AN OSHA CLASS 1B FLAMMABLE LIQUID.

Other Precautions: CONTAINERS SHOULD BE ABLE TO WITHSTAND PRESSURES EXPECTED FROM WARMING OR COOLING IN STORAGE. USE ELECTRICAL GROUNDING ON HANDLING/TRANSPORTATION EQUIPMENT.

=====
Control Measures
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Respiratory Protection: USE NIOSH/MSHA APPROVED RESPIRATOR WHEN EXPOSURE LIMITS ARE EXCEEDED. UP TO 1000 PPM, HALF-MASK ORGANIC VAPOR; UP TO 5000 PPM, FULL-FACED ORGANIC VAPOR OR FULL-FACED AIR SUPPLIED; >5000, FIRE FIGHTER OR UNKNOWN CONC. POSITIVE PRESSURE SCBA

Ventilation: MAINTAIN LOCAL/DILUTION VENTILATION TO KEEP AIR LEVELS BELOW

300 PPM. KEEP UPWIND IF LOADING, UNLOADING, TANK GAUGING.
Protective Gloves: NEOPRENE OR NITRILE RUBBER GLOVES
Eye Protection: SAFETY GLASSES - CHEMICAL SPLASH GOGGLES
Other Protective Equipment: WEAR APRON, BOOTS & FACIAL PROTECTION MADE OF NITRILE OR NEOPRENE. HAVE EMERGENCY EYE WASH AND SAFETY SHOWER AVAILABLE.
Work Hygienic Practices: WASH THOROUGHLY AFTER HANDLING AND BEFORE EATING, DRINKING OR SMOKING. LAUNDER CONTAMINATED CLOTHING BEFORE REUSE.
Suppl. Safety & Health Data: AVOID PROLONGED OR REPEATED EXPOSURE. DO NOT GET ON SKIN OR IN EYES. DO NOT BREATHE VAPORS OR MIST. DO NOT INGEST.
***KEEP AWAY FROM HEAT, SPARKS & OPEN FLAMES! GROUND ALL DRUMS & TRANSFER VESSELS WHEN HANDLING. EMPTY CONTAINERS RETAIN LIQUID/VAPOR RESIDUES;
OBSERVE HAZARD PRECAUTIONS WHEN HANDLING.

=====
Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 91273
DOT PSN Code: GUD
DOT Proper Shipping Name: GASOLINE
DOT Class: FLAMMABLE LIQUID
DOT Label: FLAMMABLE LIQUID
Limited Quantity: YES
DOT Mode Indicator:
Identification Number: UN1203
Reportable Qty - Trans File: NO
DOT/DoD Exemption Number: N/R
IMO PSN Code: HRV
IMO Proper Shipping Name: GASOLINE
IMO Regulations Page Number: 3141
IMO UN Number: 1203
IMO UN Class: 3.1
IMO Subsidiary Risk Label: -
IATA PSN Code: RMF
IATA UN ID Number: 1203
IATA Proper Shipping Name: MOTOR SPIRIT (INCLUDING GASOLINE OR PETROL)
IATA UN Class: 3
IATA Subsidiary Risk Class:
IATA Label: FLAMMABLE LIQUID
AFR 71-4 PSN Code: ETR
AFR 71-4 Prop. Shipping Name: GASOLINE
AFR 71-4 Class: FLAMMABLE LIQUID
AFR 71-4 Label: FLAMMABLE LIQUID
AFR 71-4 ID Number: UN1203
AF MMAC Code: NR
Tech Entry NOS Shipping Name: GASOLINE
Additional Trans Data:

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:

1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review: 30SEP91
Label Date: UNDATED

Manufacturer's Label No.: N/R
Label Status: D
Common Name of Product: GASOLINE
Chronic Hazard: X
Signal Word: WARNING!
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe: X
Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate: X
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe: X
Reactivity Hazard-None: X
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:

Special Hazard Precautions: DO NOT STORE IN CLOSED VEHICLE. KEEP CONTAINERS CLOSED. DO NOT STORE WITH STRONG ACIDS OR OXIDIZERS. STORE AS AN OSHA CLASS 1B FLAMMABLE LIQUID. FIRST AID: EYES: FLUSH WITH RUNNING WATER FOR 15 MINUTES WHILE HOLDING EYELIDS OPEN. GET MEDICAL ATTENTION. SKIN: WASH WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING. GET MEDICAL ADVICE. INHALE: REMOVE TO FRESH AIR. GIVE AIR, OXYGEN OR ADMINISTER CPR, IF NOT BREATHING. GET MEDICAL ADVICE. INGEST: DO NOT INDUCE VOMITING, SINCE ASPIRATION INTO THE LUNGS WILL CAUSE CHEMICAL PNEUMONIA. SEEK MEDICAL ADVICE.

Protect Eye: X
Protect Skin: X
Protect Respiratory: X
Mfg's Name From Label: LOUIS DREYFUS ENERGY CORP
Mfg's Street From Label: 5 LAKE FANNY ROAD
Mfg's P.O. Box From Label: 111
Mfg's City From Label: BEL AIR
Mfg's State From Label: MD
Mfg's Zip Code From Label: 21014

Mfg's Country From Label: US
Emergency Ph. No. From Label: 800-368-4646
Year Procured:

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992



FSC: 6850
NIIN: 001817940
Manufacturer's CAGE: OFGA3
Part No. Indicator: A
Part Number/Trade Name: ETHYLENE GLYCOL ANTIFREEZE & SUMMER COOLANT

=====
Nuclear Water Data
=====

This is not a Nuclear Water Chemical NIIN.

=====
General Information
=====

Item Name: ANTIFREEZE
Manufacturer's Name: OLD WORLD AUTOMOTIVE PRODUCTS INC
Manufacturer's Street: 9 N BROADWAY ST
Manufacturer's P. O. Box:
Manufacturer's City: DES PLAINES
Manufacturer's State: IL
Manufacturer's Country: US
Manufacturer's Zip Code: 60016
Manufacturer's Emerg Ph #: 708-559-2000, CHEMTREC 800-424-9300
Manufacturer's Info Ph #: 708-559-2000
Distributor/Vendor # 1: HI-PORT SERVICES; DIVISION OF HI-PORT IN
Distributor/Vendor # 1 Cage: 9N129
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 001
Tot Safety Entries This Stk#: 012
Status: SM
Date MSDS Prepared: 01JUL91
Safety Data Review Date: 30DEC91
Supply Item Manager: CX
MSDS Preparer's Name: MICHAEL BUSCHAK
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BJYFK
Specification Number: MIL-A-46153
Spec Type, Grade, Class: N/R
Hazard Characteristic Code: N1
Unit Of Issue: DR
Unit Of Issue Container Qty: 55 GALLONS
Type Of Container: DRUM
Net Unit Weight: 513 LBS

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: ETHYLENE GLYCOL (SARA III)
Ingredient Sequence Number: 01
Percent: 90-95
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: KW2975000
CAS Number: 107-21-1
OSHA PEL: C 50 PPM
ACGIH TLV: C 50 PPM,VAPOR; 9192
Other Recommended Limit: N/R

=====
Proprietary: NO
Ingredient: DIETHYLENE GLYCOL
Ingredient Sequence Number: 02
Percent: 0-5
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: ID5950000
CAS Number: 111-46-6
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE ESTABLISHED

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: GREEN LIQUID, MILD ODOR.
Boiling Point: 339-398F
Melting Point: N/K
Vapor Pressure (MM Hg/70 F): 0.4
Vapor Density (Air=1): 2.1
~~Specific Gravity: 1.12~~
Decomposition Temperature: N/K
Evaporation Rate And Ref: N/K
Solubility In Water: COMPLETE
Percent Volatiles By Volume: 97
Viscosity:
pH: N/K
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): N/K
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: 245F/118C
Flash Point Method: TCC
Lower Explosive Limit: 1.5
Upper Explosive Limit: N/K

Extinguishing Media: USE NFPA CLASS B EXTINGUISHERS FOR CLASS III B LIQUID FIRES.

Special Fire Fighting Proc: WEAR SELF-CONTAINED BREATHING APPARATUS. WATER SPRAY MAY BE INEFFECTIVE ON FIRE BUT CAN PROTECT FIRE FIGHTERS & COOL CLOSED CONTAINERS.

Unusual Fire And Expl Hazrds: CLOSED CONTAINERS MAY EXPLODE IF EXPOSED TO EXTREME HEAT. APPLYING TO HOT SURFACE REQUIRES SPECIAL PRECAUTIONS. EMPTY CONTAINERS VERY HAZARDOUS.

=====
Reactivity Data
=====

Stability: YES

Cond To Avoid (Stability): ISOLATE FROM HEAT AND OPEN FLAMES.

Materials To Avoid: AVOID OXIDIZERS SUCH AS PERMANGANES, CHROMATES, & PEROXIDES.

Hazardous Decomp Products: CARBON MONOXIDE, CARBON DIOXIDE FROM BURNING.

Hazardous Poly Occur: NO

Conditions To Avoid (Poly): NONE STATED.

=====
Health Hazard Data
=====

LD50-LC50 Mixture: LD50 = 5840 MG/KG (RAT)

Route Of Entry - Inhalation: YES

Route Of Entry - Skin: NO

Route Of Entry - Ingestion: NO

Health Haz Acute And Chronic: PRIMARY IRRITATION TO SKIN, DEFFATING, DERMATITIS. PRIMARY IRRITATION TO EYES, REDNESS, TEARING BLURRED VISION. ABSORPTION THRU SKIN INCREASES EXPOSURE. SWALLOWING MAY BE HARMFUL OR FATAL, AND CAUSES ABDOMINAL IRRITATION, NAUSEA, VOMITING AND DIARRHEA.

Carcinogenicity - NTP: NO

Carcinogenicity - IARC: NO

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity: N/R

Signs/Symptoms Of Overexp: SEE "HEALTH HAZARDS".

Med Cond Aggravated By Exp: NONE STATED.

Emergency/First Aid Proc: SKIN: FLUSH WITH PLENTY OF WATER; EYE: FLUSH WITH PLENTY OF WATER FOR 15 MINUTES & GET MEDICAL ATTENTION; INHALE: REMOVE TO FRESH AIR. IF BREATHING IS DIFFECULT, GIVE OXYGEN. OF BREATHING HAS STOPPED, GIVE ARTIFICIAL RESPIRATION; INGEST: CALL A PHYSICIAN IMMEDIATELY. INDUCE VOMITING PROMPTLY FOLLOWING PHYSICIAN'S INSTRUCTIONS OR BY HAVING PATIENT STICK FINGER DOWN THROAT. NOTHING FOR UNCONSCIOUS PE

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: SMALL SPILLS: MOP UP WITH ABSORBENT MATERIAL & TRANSFER TO HOOD. FOR LARGE SPILLS: ISOLATE FROM OXIDIZERS, HEAT & OPEN FLAME. PERSONS WITHOUT PROPER PROTECTION SHOULD BE KEPT FROM AN AREA UNTIL CLEANED UP.

Neutralizing Agent: NONE STATED.

Waste Disposal Method: SMALL: EVAPORATE UNTIL ALL VAPORS ARE GONE. LARGE: RECYCLE OR INCINERATE OBSERVING LOCAL, STATE & FEDERAL HEALTH, SAFETY & POLLUTION. TO COMPLY WITH LOCAL, STATE AND FEDERAL REGULATIONS.

Precautions-Handling/Storing: AVOID FREE FALL OF LIQUID. GROUND CONTAINERS WHEN TRANSFERRING. DO NOT CUT, BRAZE OR WELD. EMPTY CONTAINER VERY HAZARDOUS. FOLLOW ALL LABEL PRECAUTION

Other Precautions: NONE STATED.

=====
Control Measures
=====

Respiratory Protection: IF OVER TLV, USE A NIOSH APPROVED POSITIVE-
PRESSURE SELF-CONTAINED BREATHING APPARATUS.
Ventilation: NORMAL VENTILATION.
Protective Gloves: RECOMMENDED
Eye Protection: SAFETY GLASSES.
Other Protective Equipment: NONE STATED.
Work Hygienic Practices:
Suppl. Safety & Health Data:
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=====
Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 91122
DOT PSN Code: ZZZ

DOT Proper Shipping Name: NOT REGULATED FOR THIS MODE OF TRANSPORTATION

DOT Class: N/R

DOT Label: N/R

Limited Quantity:

DOT Mode Indicator:

Identification Number: N/R

Reportable Qty - Trans File: NO

DOT/DoD Exemption Number:

IMO PSN Code: ZZZ

IMO Proper Shipping Name: NOT REGULATED FOR THIS MODE OF TRANSPORTATION

IMO Regulations Page Number: N/R

IMO UN Number: N/R

IMO UN Class: N/R

IMO Subsidiary Risk Label: N/R

IATA PSN Code: ZZZ

IATA UN ID Number: N/R

IATA Proper Shipping Name: NOT REGULATED BY THIS MODE OF TRANSPORTATION

IATA UN Class: N/R

IATA Subsidiary Risk Class: N/R

IATA Label: N/R

AFR 71-4 PSN Code: ZZZ

AFR 71-4 Prop. Shipping Name: NOT REGULATED FOR THIS MODE OF
TRANSPORTATION

AFR 71-4 Class: N/R

AFR 71-4 Label: N/R

AFR 71-4 ID Number: N/R

AF MMAC Code:

Tech Entry NOS Shipping Name:

Additional Trans Data:
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=====
Disposal Data
=====

Disposal Data Action Code:

Disposal Data Focal Point:

Disposal Data Review Date:

Rec # For This Disp Entry:

Tot Disp Entries This Stock#:

Landfill Ban Item:

Disposal Supplemental Data:

1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review: 30DEC91
Label Date: 01AUG88

Manufacturer's Label No.: NONE
Label Status:

Common Name of Product: ETHYLENE GLYCOL ANTIFREEZE & SUMMER COOLANT

Chronic Hazard: NO

Signal Word: CAUTION!

Acute Health Hazard-None:

Acute Health Hazard-Slight: X

Acute Health Hazard-Moderate:

Acute Health Hazard-Severe:

Contact Hazard-None: X

Contact Hazard-Slight:

Contact Hazard-Moderate:

Contact Hazard-Severe:

Fire Hazard-None:

Fire Hazard-Slight: X

Fire Hazard-Moderate:

Fire Hazard-Severe:

Reactivity Hazard-None:

Reactivity Hazard-Slight: X

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: PRIMARY IRRITATION TO SKIN, DEFFATING, DERMATITIS. PRIMARY IRRITATION TO EYES, REDNESS, TEARING BLURRED VISION. ABSORPTION THRU SKIN INCREASES EXPOSURE. SWALLOWING MAY BE HARMFUL OR FATAL, AND CAUSES ABDOMINAL IRRITATION, NAUSEA, VOMITING AND DIARRHEA. AVOID FREE FALL OF LIQUID. GROUND CONTAINERS WHEN TRANSFERRING. DO NOT CUT, BRAZE OR WELD. EMPTY CONTAINER VERY HAZARDOUS. FOLLOW ALL LABEL PRECAUTION FIRST AID: SKIN: FLUSH WITH PLENTY OF WATER; EYE: FLUSH WITH PLENTY OF WATER FOR 15 MINUTES; INHALE: REMOVE TO FRESH AIR. IF BREATHING IS DIFFECULT, GIVE OXYGEN. OF BREATHING HAS STOPPED, GIVE ARTIFICIAL RESPIRATION; INGEST: INDUCE VOMITING.

Protect Eye: X

Protect Skin: X

Protect Respiratory:

Mfg's Name From Label: OLD WORLD AUTOMOTIVE PRODUCTS INC

Mfg's Street From Label: 9 N BROADWAY ST

Mfg's P.O. Box From Label:

Mfg's City From Label: DES PLAINES

Mfg's State From Label: IL

Mfg's Zip Code From Label: 60016

Mfg's Country From Label: US

Emergency Ph. No. From Label: 708-559-2000, CHEMTREC 800-424-9300

Year Procured: 1992

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992



FSC: 6140
NIIN: 009177283
Manufacturer's CAGE: 20038
Part No. Indicator: A
Part Number/Trade Name: LEAD-ACID BATTERY

=====
Nuclear Water Data
=====

This is not a Nuclear Water Chemical NIIN.

=====
General Information
=====

Item Name: BATTERY, STORAGE
Manufacturer's Name: EXIDE CORP
Manufacturer's Street: 645 PENN ST
Manufacturer's P. O. Box:
Manufacturer's City: READING
Manufacturer's State: PA
Manufacturer's Country: US
Manufacturer's Zip Code: 19612-4205
Manufacturer's Emerg Ph #: 215-378-0798
Manufacturer's Info Ph #: 215-378-0798
Distributor/Vendor # 1: CLARK EQUIPMENT CO
Distributor/Vendor # 1 Cage: 12603
Distributor/Vendor # 2: NAPA RICHMOND DISTRIBUTING CENTER
Distributor/Vendor # 2 Cage: 3E286
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code: A
Safety Focal Point: D
Record No. For Safety Entry: 001
Tot Safety Entries This Stk#: 001 *
Status: SE
Date MSDS Prepared: 01MAY91
~~Safety Data Review Date: 14NOV92~~
Supply Item Manager: CX
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BPHNW
Specification Number: UNKNOWN
Spec Type, Grade, Class: UNKNOWN
Hazard Characteristic Code: J6
Unit Of Issue: EA
Unit Of Issue Container Qty: 1
Type Of Container: BATTERY
Net Unit Weight: UNKNOWN

NRC/State License Number: N/R
Net Explosive Weight: N/R
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code: N/R

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: LEAD (SARA III)
Ingredient Sequence Number: 01
Percent: 60
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: OF7525000
CAS Number: 7439-92-1
OSHA PEL: 0.05 MG/M3;1910.1025
ACGIH TLV: 0.15 MG/M3;DUST 9293
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: ANTIMONY (SARA III)
Ingredient Sequence Number: 02
Percent: 2
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: CC4025000
CAS Number: 7440-36-0
OSHA PEL: 0.5 MG/M3
ACGIH TLV: 0.5 MG SB/M3; 9293
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: ARSENIC (SARA III)
Ingredient Sequence Number: 03
Percent: 0.2
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: CG0525000
CAS Number: 7440-38-2
OSHA PEL: 0.01 MG/M3 (AS)
ACGIH TLV: 0.2 MG/M3; 9293
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: CALCIUM, METAL
Ingredient Sequence Number: 04
Percent: 0.2
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: EV8040000
CAS Number: 7440-70-2
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: TIN

Ingredient Sequence Number: 05
Percent: 0.2
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: XP7320000
CAS Number: 7440-31-5
OSHA PEL: 2 MG/M3
ACGIH TLV: 2 MG/M3; 9293
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: SULFURIC ACID (SARA III)
Ingredient Sequence Number: 06
Percent: 10-30
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: WS5600000
CAS Number: 7664-93-9

OSHA PEL: 1 MG/M3
ACGIH TLV: 1 MG/M3; 9293
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: POLYPROPYLENE
Ingredient Sequence Number: 07
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: TR5000000
CAS Number: 9003-07-0
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: POLYSTYRENE
Ingredient Sequence Number: 08
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: WL6475000
CAS Number: 9003-53-6
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: STYRENE ACRYLONITRILE
Ingredient Sequence Number: 09
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004508SA
CAS Number: 9003-54-7
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: ACRYLONITRILE BUTADIENE STYRENE
Ingredient Sequence Number: 10
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004408AB
CAS Number: 9003-56-9
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: ACRYLONITRILE BUTADIENE STYRENE
Ingredient Sequence Number: 11
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004408AB
CAS Number: 9003-56-9
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: POLYVINYL CHLORIDE RESIN
Ingredient Sequence Number: 12
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1003209PC
CAS Number: 9002-86-2
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: ~~POLYCARBONATE~~
Ingredient Sequence Number: 13
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1003847PC
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE RECOMMENDED

Proprietary: NO
Ingredient: HARD RUBBER
Ingredient Sequence Number: 14
Percent: 5-10
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1002899HR
CAS Number: UNKNOWN

OSHA PEL: UNKNOWN
ACGIH TLV: UNKNOWN
Other Recommended Limit: NONE RECOMMENDED

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: NO ODOR. BATTERY CASE IS SEALED. ELECTROLYTE IS CLEAR OILY LIQUID.

Boiling Point: 203F,95C

Melting Point: UNKNOWN

Vapor Pressure (MM Hg/70 F): 10 MM HG

Vapor Density (Air=1): >1 (AIR=1)

Specific Gravity: 1.23-1.35

Decomposition Temperature: UNKNOWN

Evaporation Rate And Ref: <1 (N-BUTYL ACETATE=1)

Solubility In Water: COMPLETE (ACID)

Percent Volatiles By Volume: N/R

Viscosity:

pH: N/R

Radioactivity: N/R

Form (Radioactive Matl): N/R

Magnetism (Milligauss): N/R

Corrosion Rate (IPY): UNKNOWN

Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: NOT APPLICABLE

Flash Point Method: N/R

Lower Explosive Limit: UNKNOWN

Upper Explosive Limit: UNKNOWN

Extinguishing Media: USE DRY CHEMICAL, CARBON DIOXIDE, FOAM, HALOGEN.

Special Fire Fighting Proc: USE OF WATER IN EXTINGUISHING BURNING

BATTERIES MAY CAUSE SPATTERING DUE TO THE PRESENCE OF MOLTEN LEAD. WEAR SCBA AND FULL PROTECTIVE GEAR.

Unusual Fire And Expl Hazrds: AFTER ELECTROLYTE IS ADDED AND BATTERY IS BEING CHARGED, HYDROGEN GAS IS PRODUCED. BATTERY MAY EXPLODE IF HYDROGEN GAS TRAPPED INSIDE THE CASE SHOULD IGNITE.

=====
Reactivity Data
=====

Stability: YES

Cond To Avoid (Stability): OVERCHARGING, SOURCES OF IGNITION

Materials To Avoid: CONTACT OF ELECTROLYTE WITH ORGANIC MATERIAL AND COMBUSTIBLES, STRONG ALKALIS, REDUCING AGENTS, STRONG OXIDIZING AGENTS

Hazardous Decomp Products: SULFURIC ACID MIST, SULFUR DIOXIDE AND CARBON MONOXIDE MAY BE RELEASED WHEN ELECTROLYTE DECOMPOSES.

Hazardous Poly Occur: NO

Conditions To Avoid (Poly): NOT APPLICABLE

=====
Health Hazard Data
=====

LD50-LC50 Mixture: LD50 (ORAL RAT) IS 2140 MG/KG (H2SO4)

Route Of Entry - Inhalation: YES

Route Of Entry - Skin: YES

Route Of Entry - Ingestion: YES

Health Haz Acute And Chronic: ACUTE: MAY CAUSE IRRITATION OF RESPIRATORY

TRACT, EYES, SKIN OR GI TRACT. MAY CAUSE BURNS OF SKIN, EYES, OR GI TRACT. MAY CAUSE CORNEAL DAMAGE OR BLINDNESS. CHRONIC: TOOTH EROSION, INFLAMMATION OF NOSE, THROAT AND BRONCHIAL TUBES.

Carcinogenicity - NTP: NO

Carcinogenicity - IARC: NO

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity: THE ELECTROLYTE IS NOT LISTED BY IARC, NTP, OR OSHA AS A CARCINOGEN.

Signs/Symptoms Of Overexp: INHALATION: BURNING SENSATION IN NOSE, THROAT AND LUNGS, COUGHING, WHEEZING, SHORTNESS OF BREATH. EYES: REDNESS, TEARING, BLURRED VISION, BURNS, SEVERE PAIN. SKIN: SEVERE PAIN, BURNS, REDNESS, RASH, ITCHING. INGESTION: BURNS OF MOUTH, THROAT, AND ESOPHAGUS, SEVERE STOMACH PAIN, NAUSEA, VOMITING.

Med Cond Aggravated By Exp: PERSONS WITH A HISTORY OF AILMENTS OR WITH A PRE-EXISTING DISEASE INVOLVING THE RESPIRATORY TRACT OR TEETH MAY BE AT INCREASED RISK FROM EXPOSURE.

Emergency/First Aid Proc: INHALATION: REMOVE TO FRESH AIR. RESUSCITATE IF NOT BREATHING. GET MEDICAL ATTENTION. EYES: IMMEDIATELY FLUSH WITH PLENTY OF WATER FOR 15 MINUTES HOLDING EYELIDS OPEN. GET PROMPT MEDICAL ATTENTION. SKIN: REMOVE CONTAMINATED CLOTHING. WASH WITH PLENTY OF WATER FOR 15 MINUTES. GET MEDICAL ADVICE. INGESTION: DO NOT INDUCE VOMITING. GIVE NOTHING BY MOUTH IF UNCONSCIOUS. GET IMMEDIATE MEDICAL ATTENTION.

=====
Precautions for Safe Handling and Use
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Steps If Matl Released/Spill: SHOULD A BATTERY BREAK OPEN, ISOLATE AREA. ELECTROLYTE SHOULD BE ABSORBED WITH A NON-ORGANIC TYPE ABSORBENT SUCH AS DRY SAND OR EARTH. AVOID DILUTION WITH WATER. LEAD SPILLED FROM THE BATTERY SHOULD BE VACUUMED, DO NOT SWEEP OR USE COMPRESSED AIR.

Neutralizing Agent: USE SODA ASH OR BAKING SODA TO NEUTRALIZE THE ELECTROLYTE.

Waste Disposal Method: BOTH ELECTROLYTE AND SCRAP BATTERIES ARE REGULATED HAZARDOUS WASTE. SCRAP BATTERIES CONTAIN MATERIALS WHICH ARE RECYCLABLE AND MUST BE RETURNED TO AUTHORIZED RECYCLER. ELECTROLYTE SHOULD BE HAULED TO A PERMITTED TREATMENT FACILITY.

Precautions-Handling/Storing: AVOID THE USE OF UNINSULATED TOOLS. IF THEY ARE REQUIRED, TAKE CARE NOT TO ELECTRICALLY SHORT THE TERMINALS. REMOVE METAL JEWELRY BEFORE SERVICING.

Other Precautions: UNDER NORMAL CONDITIONS OF USE, EXPOSURE TO LEAD OR LEAD CONTAINING COMPOUNDS DOES NOT OCCUR. SHOULD A BATTERY BREAK OPEN AND A LEAD SPILL OCCUR, PRECAUTIONS SHOULD BE TAKEN TO PREVENT LEAD DUST FROM BECOMING AIR BORNE.

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Control Measures
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Respiratory Protection: UNDER NORMAL CONDITIONS OF USE, RESPIRATORY PROTECTION IS NOT REQUIRED. HOWEVER, IF CONDITIONS ARISE THAT REQUIRE THEIR USE, USE ONLY NIOSH/MSHA RESPIRATORS APPROVED FOR DUST, FUME AND MIST.

Ventilation: BATTERY CHARGING AREAS MUST BE ADEQUATELY VENTILATED TO PREVENT HAZARDOUS CONCENTRATIONS OF FLAMMABLE GAS OR ACID MIST.

Protective Gloves: RUBBER GLOVES APPROVED FOR SULFURIC ACID

Eye Protection: CHEMICAL SPLASH GOGGLES AND FACE SHIELD

Other Protective Equipment: EYE WASH STATION AND SAFETY SHOWER.

INDUSTRIAL-TYPE IMPERVIOUS WORK CLOTHING, BOOTS AND APRON AS REQUIRED.

Work Hygienic Practices: OBSERVE GOOD PERSONAL HYGIENE PRACTICES AND RECOMMENDED PROCEDURES. LAUNDER CONTAMINATED CLOTHING BEFORE REUSE.

Suppl. Safety & Health Data: RQ FOR CERCLA AND SARA III IS 1000 LBS

(ELECTROLYTE). MSDS WRITTEN FOR ELECTROLYTE- IT IS THE PRIMARY HAZARD DURING NORMAL USE AND HANDLING. INGREDIENTS FROM A LAUNDRY LIST FROM MFR: POLYPROPYLENE IS MOST LIKELY INGREDIENT FOR CASE. INGREDIENT 1-5 IS ELECTRODE; 6 IS ELECTROLYTE; REST ARE FOR CASE.

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Transportation Data
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Transportation Action Code: A
Transportation Focal Point: D
Trans Data Review Date: 92319
DOT PSN Code: BQZ
DOT Proper Shipping Name: BATTERY, ELECTRIC STORAGE, WET, FILLED WITH ACID
DOT Class: CORROSIVE MATERIAL
DOT Label: CORROSIVE
Limited Quantity:
DOT Mode Indicator:
Identification Number: UN2794
Reportable Qty - Trans File:

DOT/DoD Exemption Number: N/R
IMO PSN Code: BWD
IMO Proper Shipping Name: BATTERIES,WET,FILLED WITH ACID
IMO Regulations Page Number: 8120
IMO UN Number: 2794
IMO UN Class: 8
IMO Subsidiary Risk Label: -
IATA PSN Code: CZM
IATA UN ID Number: 2794
IATA Proper Shipping Name: BATTERIES,WET,FILLED WITH ACID
IATA UN Class: 8
IATA Subsidiary Risk Class:
IATA Label: CORROSIVE
AFR 71-4 PSN Code: BJB
AFR 71-4 Prop. Shipping Name: BATTERY,WET,FILLED WITH ACID
AFR 71-4 Class: CORROSIVE MATERIAL
AFR 71-4 Label: CORROSIVE
AFR 71-4 ID Number: UN2794
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data: UN2974

Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:

3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

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Label Data
=====

Label Required: YES *
Date of Technical Review:
Label Date:
Manufacturer's Label No.:
Label Status: G *
Common Name of Product: LEAD-ACID BATTERY *
Chronic Hazard:
Signal Word:
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe:
Reactivity Hazard-None:
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: ACUTE: MAY CAUSE IRRITATION OF RESPIRATORY TRACT, EYES, SKIN OR GI TRACT. MAY CAUSE BURNS OF SKIN, EYES, OR GI TRACT. MAY CAUSE CORNEAL DAMAGE OR BLINDNESS. CHRONIC: TOOTH EROSION, INFLAMMATION OF NOSE, THROAT AND BRONCHIAL TUBES. INHALATION: BURNING SENSATION IN NOSE, THROAT AND LUNGS, COUGHING, WHEEZING, SHORTNESS OF BREATH. EYES: REDNESS, TEARING, BLURRED VISION, BURNS, SEVERE PAIN. SKIN: SEVERE PAIN, BURNS, REDNESS, RASH, ITCHING. INGESTION: BURNS OF MOUTH, THROAT, AND ESOPHAGUS, SEVERE STOMACH PAIN, NAUSEA, VOMITING. *
Protect Eye:
Protect Skin:
Protect Respiratory:
Mfg's Name From Label: EXIDE CORP *
Mfg's Street From Label: 645 PENN ST *
Mfg's P.O. Box From Label:
Mfg's City From Label: READING *
Mfg's State From Label: PA *
Mfg's Zip Code From Label: 19612-4205 *
Mfg's Country From Label: US *
Emergency Ph. No. From Label: 215-378-0798 *
Year Procured:

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992



FSC: 6140
NIIN: 001931709
Manufacturer's CAGE: 9H651
Part No. Indicator: A
Part Number/Trade Name: CAREFREE RECHARGEABLE BATTERY

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Nuclear Water Data
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This is not a Nuclear Water Chemical NIIN.

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General Information
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Item Name: BATTERY, STORAGE
Manufacturer's Name: EAGLE PICHER INDUSTRIES
Manufacturer's Street: BETHEL RD
Manufacturer's P. O. Box: 130
Manufacturer's City: SENECA
Manufacturer's State: MO
Manufacturer's Country: US
Manufacturer's Zip Code: 64865
Manufacturer's Emerg Ph #: 417-776-2256
Manufacturer's Info Ph #: 417-776-2256
Distributor/Vendor # 1: EAGLE-PICHER IND. JOPLIN, MO 417-623-8000
Distributor/Vendor # 1 Cage: 81855
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 003
Tot Safety Entries This Stk#: 003
Status: SE
Date MSDS Prepared: 21OCT88
~~Safety Data Review Date: 02AUG91~~
Supply Item Manager: CX
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BKLHW
Specification Number:
Spec Type, Grade, Class:
Hazard Characteristic Code: J6
Unit Of Issue: EA
Unit Of Issue Container Qty: 1
Type Of Container:
Net Unit Weight:

NR/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

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Ingredients/Identity Information
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Proprietary: NO
Ingredient: LEAD (SARA III)
Ingredient Sequence Number: 01
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: OF7525000
CAS Number: 7439-92-1
OSHA PEL: 0.05 MG/M3;1910.1025
ACGIH TLV: 0.15 MG/M3;DUST 9192
Other Recommended Limit: NONE SPECIFIED

=====
Proprietary: NO
Ingredient: SULFURIC ACID (SARA III)
Ingredient Sequence Number: 02
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: WS5600000
CAS Number: 7664-93-9
OSHA PEL: 1 MG/M3
ACGIH TLV: 1 MG/M3; 9192
Other Recommended Limit: NONE SPECIFIED

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Physical/Chemical Characteristics
=====

Appearance And Odor: LEAD/ACID BATTERY WITH PLASTIC CASE
Boiling Point: N/R
Melting Point: N/R
Vapor Pressure (MM Hg/70 F): N/R
Vapor Density (Air=1): N/R
~~Specific Gravity: N/R~~
Decomposition Temperature: UNKNOWN
Evaporation Rate And Ref: N/R
Solubility In Water: N/R
Percent Volatiles By Volume: N/R
Viscosity:
pH: N/K
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): UNKNOWN
Autoignition Temperature: N/R

=====
Fire and Explosion Hazard Data
=====

Flash Point: N/R
Flash Point Method: N/R
Lower Explosive Limit: N/R
Upper Explosive Limit: N/R

Extinguishing Media: WATER, FOAM OR DRY CHEMICALS.
Special Fire Fighting Proc: WEAR FIRE FIGHTING PROTECTIVE EQUIPMENT AND A FULL FACED SELF CONTAINED BREATHING APPARATUS. EVACUATE AREA. COOL FIRE EXPOSED CONTAINERS WITH WATER SPRAY.
Unusual Fire And Expl Hazrds: COMBUSTION OR HEAT OF FIRE MAY PRODUCE HAZARDOUS DECOMPOSITION PRODUCTS AND VAPORS. WILL GENERATE HYDROGEN AND SULFURIC ACID MIST ON OVERCHARGE.

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Reactivity Data
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Stability: YES
Cond To Avoid (Stability): HIGH HEAT, OPEN FLAMES AND OTHER SOURCES OF IGNITION. EXPLOSION WILL RESULT FROM OVER CHARGING IN GAS TIGHT BATTERY.
Materials To Avoid: SOLVENTS
Hazardous Decomp Products: MAY PRODUCE OXIDES OF SULFUR AND HYDROGEN GAS.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): NOT APPLICABLE
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Health Hazard Data
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LD50-LC50 Mixture: ORAL LD50 (RAT) IS UNKNOWN
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: ACUTE: SULFURIC ACID MAY CAUSE IRRITATION OF EYES, NOSE AND THROAT. PROLONGED CONTACT MAY CAUSE SEVERE BURNS. CHRONIC: REPEATED CONTACT CAUSES IRRITATION AND SKIN BURNS. REPEATED EXPOSURE TO MIST MAY CAUSE EROSION OF TEETH, CHRONIC EYE IRRITATION AND/OR CHRONIC INFLAMMATION OF THE NOSE, THROAT AND BRONCHIAL TUBES.
Carcinogenicity - NTP: NO
Carcinogenicity - IARC: NO
Carcinogenicity - OSHA: NO
Explanation Carcinogenicity:
Signs/Symptoms Of Overexp: ACID CONTACT MAY CAUSE IRRITATION OF EYES, NOSE AND THROAT. BREATHING OF MIST MAY PRODUCE RESPIRATORY DIFFICULTY. CONTACT WITH EYES AND SKIN CAUSES IRRITATION AND SKIN BURNS. SULFURIC ACID IS A CORROSIVE CHEMICAL. OVEREXPOSURE TO LEAD MAY CAUSE LOSS OF APPETITE, FATIGUE, ANEMIA, DAMAGE TO KIDNEYS AND NERVOUS SYSTEM.
~~Med Cond Aggravated By Exp: PULMONARY EDEMA, BRONCHITIS, EMPHYSEMA, DENTAL EROSION AND TRACHEOBRONCHITIS.~~
Emergency/First Aid Proc: 1). FLUSH CONTACTED AREA WITH LARGE AMOUNTS OF WATER FOR AT LEAST 15 MINUTES. REMOVE CONTAMINATED CLOTHING AND GET MEDICAL ATTENTION. 2). IF SWALLOWED, GIVE LARGE VOLUMES OF WATER. DO NOT INDUCE VOMITING, OBTAIN MEDICAL ATTENTION. 3). EYEWASH AND SHOWER STATIONS SHOULD BE AVAILABLE.
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Precautions for Safe Handling and Use
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Steps If Matl Released/Spill: SPILL-DILUTE SPILL CAUTIOUSLY WITH FIVE TO SIX VOLUMES OF WATER AND GRADUALLY NEUTRALIZE WITH SODIUM BICARBONATE, SODA ASH OR LIME. WHEN EXPOSURE LEVEL IS NOT KNOWN, WEAR NIOSH APPROVED SELF-CONTAINED RESPIRATOR.
Neutralizing Agent: SODIUM BICARBONATE, SODA ASH OR LIME.
Waste Disposal Method: PLACE IN ACID-RESISTANT CONTAINERS. DISPOSAL MUST BE IN ACCORDANCE WITH APPLICABLE GOVERNMENT REGULATIONS.
Precautions-Handling/Storing: STORAGE-STORE AWAY FROM REACTIVE MATERIALS, OPEN FLAMES AND SOURCES OF IGNITION.

Other Precautions: SODIUM BICARBONATE, SODA ASH, SAND OR LIME SHOULD BE KEPT IN SAME GENERAL AREA FOR EMERGENCY USE. WASH HANDS THOROUGHLY AFTER HANDLING LEAD TERMINALS INORDER TO AVOID INGESTION OF LEAD/LEAD COMPOUNDS.

=====
Control Measures
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Respiratory Protection: ACIS GAS RESPIRATOR REQUIRED WHEN PEL IS EXCEEDED OR EMPLOYEE WITNESSES RESPIRATORY IRRITATION.
Ventilation: WHEN PEL IS EXCEEDED LOCAL EXHAUST IS PREFERRED. USE ADEQUATE VENTILATION TO MAINTAIN EXPOSURE BELOW PEL.
Protective Gloves: ACID RESISTANT
Eye Protection: CHEMICAL SAFETY GOGGLES/FACE SHIELD
Other Protective Equipment: ACIS-RESISTANT APRONS, BOOTS AND PROTECTIVE CLOTHING.
Work Hygienic Practices: GOOD PERSONAL HYGIENE AND WORK PRACTICES ARE MANDATORY.
Suppl. Safety & Health Data: AVOID PROLONGED OVERCHARGE IN CONFINED AREAS.
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Transportation Data
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Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 91214
DOT PSN Code: ZZZ
DOT Proper Shipping Name: NOT REGULATED FOR THIS MODE OF TRANSPORTATION
DOT Class: N/R
DOT Label: N/R
Limited Quantity: YES
DOT Mode Indicator:
Identification Number: N/R
Reportable Qty - Trans File: NO
DOT/DoD Exemption Number:
IMO PSN Code: ZZZ
IMO Proper Shipping Name: NOT REGULATED FOR THIS MODE OF TRANSPORTATION
IMO Regulations Page Number: N/R
IMO UN Number: N/R
IMO UN Class: N/R
IMO Subsidiary Risk Label: N/R
~~IATA PSN Code: ZZZ~~
IATA UN ID Number: N/R
IATA Proper Shipping Name: NOT REGULATED BY THIS MODE OF TRANSPORTATION
IATA UN Class: N/R
IATA Subsidiary Risk Class: N/R
IATA Label: N/R
AFR 71-4 PSN Code: ZZZ
AFR 71-4 Prop. Shipping Name: NOT REGULATED FOR THIS MODE OF TRANSPORTATION
AFR 71-4 Class: N/R
AFR 71-4 Label: N/R
AFR 71-4 ID Number: N/R
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

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Disposal Data
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Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

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Label Data
=====

Label Required: YES
Date of Technical Review: 02AUG91
Label Date: UNKNOWN
Manufacturer's Label No.: UNKNOWN
Label Status: D
Common Name of Product: CAREFREE RECHARGEABLE BATTERY
Chronic Hazard: YES
Signal Word: CAUTION!
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate: X
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate: X
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight: X
Fire Hazard-Moderate:
Fire Hazard-Severe:
Reactivity Hazard-None: X
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: ACUTE: SULFURIC ACID MAY CAUSE IRRITATION OF EYES, NOSE AND THROAT. PROLONGED CONTACT MAY CAUSE SEVERE BURNS. CHRONIC: REPEATED CONTACT CAUSES IRRITATION AND SKIN BURNS. REPEATED EXPOSURE TO MIST MAY CAUSE EROSION OF TEETH, CHRONIC EYE IRRITATION AND/OR CHRONIC INFLAMMATION OF THE NOSE, THROAT AND BRONCHIAL TUBES. STORAGE-STORE AWAY FROM REACTIVE MATERIALS, OPEN FLAMES AND SOURCES OF IGNITION. FIRST AID: FLUSH CONTACTED AREA WITH LARGE AMOUNTS OF WATER FOR AT LEAST 15 MINUTES. REMOVE CONTAMINATED CLOTHING. GET MEDICAL ATTENTION. IF SWALLOWED, GIVE

LARGE VOLUMES OF WATER. DO NOT INDUCE VOMITING, GET MEDICAL HELP.

Protect Eye: X

Protect Skin: X

Protect Respiratory: X

Mfg's Name From Label: EAGLE PICHER INDUSTRIES

Mfg's Street From Label: BETHEL RD

Mfg's P.O. Box From Label: 130

Mfg's City From Label: SENECA

Mfg's State From Label: MO

Mfg's Zip Code From Label: 64865

Mfg's Country From Label: US

Emergency Ph. No. From Label: 417-776-2256

Year Procured:

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

X

FSC: 6140
NIIN: 00D002723
Manufacturer's CAGE: 25244
Part No. Indicator: A
Part Number/Trade Name: BATTERY

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Nuclear Water Data
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This is not a Nuclear Water Chemical NIIN.

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General Information
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Item Name: BATTERY, STORAGE
Manufacturer's Name: JOHNSON CONTROLS INC, GLOBE BATTERY DIV
Manufacturer's Street: 5757 N GREEN BAY AVE
Manufacturer's P. O. Box: 591
Manufacturer's City: MILWAUKEE
Manufacturer's State: WI
Manufacturer's Country: US
Manufacturer's Zip Code: 53201
Manufacturer's Emerg Ph #: 414-228-3139 (WORKING HOURS)
Manufacturer's Info Ph #: 414-228-1200
Distributor/Vendor # 1: CARTER MACHINERY CO INC (804-730-1810)
Distributor/Vendor # 1 Cage: 8V586
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 001
Tot Safety Entries This Stk#: 001
Status: SE
Date MSDS Prepared: 01DEC84
Safety Data Review Date: 20FEB92
Supply Item Manager: CX
MSDS Preparer's Name: ALBERTA L SCHUMACHER
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BLZCY
Specification Number: NONE
Spec Type, Grade, Class: NOT APPLICABLE
Hazard Characteristic Code: C1
Unit Of Issue: EA
Unit Of Issue Container Qty: 1
Type Of Container: STD COML PKG
Net Unit Weight: UNKNOWN

NRC/State License Number: N/R
Net Explosive Weight: N/R
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code: N/R

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Ingredients/Identity Information
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Proprietary: NO
Ingredient: SULFURIC ACID (SARA III)
Ingredient Sequence Number: 01
Percent: 35
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: WS5600000
CAS Number: 7664-93-9
OSHA PEL: 1 MG/M3
ACGIH TLV: 1 MG/M3; 9192
Other Recommended Limit: NONE SPECIFIED

=====
Proprietary: NO
Ingredient: WATER
Ingredient Sequence Number: 02
Percent: 65
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: ZC0110000
CAS Number: 7732-18-5
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

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Physical/Chemical Characteristics
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Appearance And Odor: ELECTROLYTE IS A CLEAR OILY LIQUID WITH NO ODOR.
BATTERY CASE IS 11X20.8X10.9 IN
Boiling Point: 203F,95C
Melting Point: N/R
Vapor Pressure (MM Hg/70 F): 10
Vapor Density (Air=1): >1
Specific Gravity: 1.23-1.35
Decomposition Temperature: >200F,>93C
Evaporation Rate And Ref: <1
Solubility In Water: COMPLETE
Percent Volatiles By Volume: N/R
Viscosity: UNKNOWN
pH: 1
Radioactivity: N/R
Form (Radioactive Matl): N/R
Magnetism (Milligauss): N/R
Corrosion Rate (IPY): UNKNOWN
Autoignition Temperature: NONE

=====
Fire and Explosion Hazard Data
=====

Flash Point: NONE
Flash Point Method: N/R
Lower Explosive Limit: 4.1 H2 GAS

Upper Explosive Limit: 74.2 H2 GAS
Extinguishing Media: CO2; FOAM; DRY CHEMICAL; HALOGEN
Special Fire Fighting Proc: IF BATTERIES ARE ON CHARGE, SHUT OFF POWER.
USE POSITIVE PRESSURE, SELF-CONTAINED BREATHING APPARATUS. WATER APPLIED TO
ELECTROLYTE GENERATES HEAT & SPATTERS.
Unusual Fire And Expl Hazrds: HIGHLY FLAMMABLE HYDROGEN GAS IS GENERATED
DURING CHARGING AND OPERATION OF BATTERIES. KEEP SPARKS OR OTHER SOURCES OF
IGNITION AWAY FROM BATTERIES.

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Reactivity Data
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Stability: YES
Cond To Avoid (Stability): PROLONGED OVERCHARGE; SOURCES OF IGNITION.
Materials To Avoid: AVOID CONTACT OF SULFURIC ACID WITH COMBUSTIBLES,
ORGANIC MATERIALS, STRONG OXIDIZING AGENTS, STRONG ALKALIS, & METALS.
Hazardous Decomp Products: SULFUR TRIOXIDE, CARBON MONOXIDE, SULFURIC ACID
MIST, SULFUR DIOXIDE, HYDROGEN FROM ELECTROLYTE & LEAD VAPOR
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): N/R

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Health Hazard Data
=====

LD50-LC50 Mixture: ORAL LD50 (RAT) IS 2140 MG/KG
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: INHALATION: VAPORS OR MISTS MAY CAUSE SEVERE
RESPIRATORY IRRITATION. INGESTION: MAY CAUSE SEVERE IRRITATION OF MOUTH,
THROAT, ESOPHAGUS & STOMACH. SKIN: SEVERE IRRITATION, BURNS & ULCERATION.
EYE: SEVERE IRRITATION, BURNS, CORNEA DAMAGE, BLINDNESS. OVEREXPOSURE TO
LEAD MAY CAUSE RESPIRATORY & STOMACH IRRITATION.
Carcinogenicity - NTP: YES
Carcinogenicity - IARC: YES
Carcinogenicity - OSHA: YES
Explanation Carcinogenicity: ARSENIC IS LISTED AS A CARCINOGEN BY NTP,
IARC AND OSHA WITH PROLONGED EXPOSURE AT HIGH LEVELS ONLY.
Signs/Symptoms Of Overexp: EYE, SKIN & RESPIRATORY TRACT IRRITATION,
BURNS, OR ULCERATION. ACUTE INGESTION OF LEAD MAY CAUSE ABDOMINAL PAIN,
NAUSEA, VOMITING, DIARRHEA AND SEVERE CRAMPING FOLLOWED BY RAPID SYSTEMIC
TOXICITY. SYMPTOMS INCLUDE HEADACHE, FATIGUE, ABDOMINAL PAIN, LOSS OF
APPETITE, MUSCULAR ACHES AND WEAKNESS, & LOSS OF SLEEP.
Med Cond Aggravated By Exp: ACID MIST MAY CAUSE LUNG DAMAGE AND AGGRAVATE
PULMONARY CONDITIONS & MAY AGGRAVATE SKIN DISEASES SUCH AS ECZEMA & CONTACT
DERMATITIS. LEAD CAN AGGRAVATE KIDNEY, LIVER & NEUROLOGIC DISEASES.
Emergency/First Aid Proc: EYES: FLUSH WITH RUNNING WATER FOR 15 MINUTES
WHILE HOLDING EYELIDS OPEN. GET MEDICAL ATTENTION IMMEDIATELY. SKIN: FLUSH
WITH LARGE AMOUNTS OF WATER FOR 15 MIN. REMOVE CONTAMINATED CLOTHING. GET
MEDICAL ATTENTION. INHALATION: REMOVE TO FRESH AIR. IF BREATHING IS
DIFFICULT, GIVE OXYGEN. GET MEDICAL ATTENTION. INGESTION: DO NOT INDUCE
VOMITING. GIVE LARGE QUANTITIES OF WATER. GET MEDICAL ATTENTION.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: STOP FLOW OF ACID. ABSORB SMALL SPILLS WITH
INERT MATERIAL. DO NOT USE COMBUSTIBLE MATERIALS. IF POSSIBLE, CAREFULLY
NEUTRALIZE. WEAR ACID-RESISTANT CLOTHING, BOOTS, GLOVES, AND FACE SHIELD.
DO NOT ALLOW DISCHARGE OF UNNEUTRALIZED ACID TO SEWER.

Neutralizing Agent: SODA ASH (SODIUM CARBONATE), SODIUM BICARBONATE, OR L.ME.

Waste Disposal Method: PLACE NEUTRALIZIND SLURRY INTO SEALED CONTAINERS AND DISPOSE OF AS HAZARDOUS WASTE, AS APPLICABLE. LARGE, WATER-DILUTED SPILLS, AFTER NEUTRALIZATION AND TESTING, SHOULD BE MANAGED IN ACCORDANCE WITH APPROVED LOCAL, STATE AND FEDERAL REGULATIONS.

Precautions-Handling/Storing: STORE IN COOL, DRY WELL-VENTILATED AREAS WITH IMPERVIOUS SURFACES AND ADEQUATE CONTAINMENT IN THE EVENT OF SPILLS. STORE IN PROTECTED AREA.

Other Precautions: SEPARATE FROM INCOMPATIBLE MATERIALS. STORE AND HANDLE ONLY IN AREAS WITH ADEQUATE WATER SUPPLY AND SPILL CONTROL. AVOID DAMAGE TO CONTAINERS. KEEP AWAY FROM FIRE, SPARKS AND HEAT. DO NOT SHORT CIRCUIT TERMINALS.

=====
Control Measures
=====

Respiratory Protection: NONE REQUIRED UNDER NORMAL CONDITIONS. WHEN CONCENTRATIONS OF SULFURIC ACID MIST ARE KNOWN TO EXCEED PEL, USE NIOSH OR MSHA APPROVED RESPIRATORY PROTECTION.

Ventilation: GENERAL (MECHANICAL) VENTILATION WITH ACID-RESISTANT COMPONENTS.

Protective Gloves: RUBBER OR PLASTIC ACID-RESISTANT GLOVES

Eye Protection: CHEMICAL GOGGLES OR FACE SHIELD

Other Protective Equipment: ACID-RESISTANT APRON. UNDER SEVERE EXPOSURE OR EMERGENCY CONDITIONS, WEAR ACID-RESISTANT CLOTHING AND BOOTS.

Work Hygienic Practices: HANDLE BATTERIES CAUTIOUSLY TO AVOID SPILLS. MAKE CERTAIN VENT CAPS ARE ON SECURELY. AVOID CONTACT WITH INTERNAL PARTS.

Suppl. Safety & Health Data: IN AREAS WHERE SULFURIC ACID IS HANDLED IN CONCENTRATIONS GREATER THAN 1%, EMERGENCY EYEWASH STATIONS AND SHOWERS SHOULD BE PROVIDED, WITH UNLIMITED WATER SUPPLY. SPENT LEAD-ACID BATTERIES ARE NOT REGULATED AS HAZARDOUS WASTE WHEN RECYCLED. POLYPROPYLENE IS THE PRINCIPAL CASE MATERIAL.

=====
Transportation Data
=====

Transportation Action Code:

Transportation Focal Point: D

Trans Data Review Date: 92051

DOT PSN Code: BQZ

DOT Proper Shipping Name: BATTERY, ELECTRIC STORAGE, WET, FILLED WITH ACID

DOT Class: CORROSIVE MATERIAL

DOT Label: CORROSIVE

Limited Quantity: NO

DOT Mode Indicator:

Identification Number: UN2794

Reportable Qty - Trans File: NO

DOT/DoD Exemption Number: N/R

IMO PSN Code: BWD

IMO Proper Shipping Name: BATTERIES,WET,FILLED WITH ACID

IMO Regulations Page Number: 8120

IMO UN Number: 2794

IMO UN Class: 8

IMO Subsidiary Risk Label: -

IATA PSN Code: CZM

IATA UN ID Number: 2794

IATA Proper Shipping Name: BATTERIES,WET,FILLED WITH ACID

IATA UN Class: 8

IATA Subsidiary Risk Class:
IATA Label: CORROSIVE
AFR 71-4 PSN Code: BJB
AFR 71-4 Prop. Shipping Name: BATTERY,WET,FILLED WITH ACID
AFR 71-4 Class: CORROSIVE MATERIAL
AFR 71-4 Label: CORROSIVE
AFR 71-4 ID Number: UN2794
AF MMAC Code:
Tech Entry NOS Shipping Name: SULFURIC ACID
Additional Trans Data: NONE

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:

Landfill Ban Item:

Disposal Supplemental Data:
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review: 20FEB92
Label Date: UNKNOWN
Manufacturer's Label No.: NOT APPLICABLE
Label Status: D
Common Name of Product: BATTERY
Chronic Hazard: YES
Signal Word: WARNING!
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate: X
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate: X
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight: X
Fire Hazard-Moderate:
Fire Hazard-Severe:
Reactivity Hazard-None: X
Reactivity Hazard-Slight:

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: VAPORS MAY CAUSE SEVERE RESPIRATORY IRRITATION. INGESTION MAY CAUSE SEVERE IRRITATION OF MOUTH, THROAT, ESOPHAGUS & STOMACH. SKIN CONTACT MAY CAUSE BURNS & ULCERATION. EYE CONTACT MAY CAUSE BURNS, CORNEA DAMAGE, & BLINDNESS. IN CASE OF SPILL: STOP FLOW OF ACID. ABSORB SMALL SPILLS WITH INERT MATERIAL. WEAR ACID-RESISTANT CLOTHING, BOOTS, GLOVES, & FACE SHIELD. DO NOT ALLOW DISCHARGE OF ACID TO SEWER. STORE IN COOL, DRY WELL VENTILATED AREA. FIRST AID: EYES: FLUSH WITH RUNNING WATER FOR 15 MINUTES. SKIN: FLUSH WITH WATER. REMOVE CONTAMINATED CLOTHING. INHALATION: REMOVE TO FRESH AIR. INGESTION: DO NOT INDUCE VOMITING. GET MEDICAL ATTENTION.

Protect Eye: X

Protect Skin: X

Protect Respiratory: X

Mfg's Name From Label: JOHNSON CONTROLS INC, GLOBE BATTERY DIV

Mfg's Street From Label: 5757 N GREEN BAY AVE

Mfg's P.O. Box From Label: 591

Mfg's City From Label: MILWAUKEE

Mfg's State From Label: WI

Mfg's Zip Code From Label: 53201

Mfg's Country From Label: US

Emergency Ph. No. From Label: 414-228-3139 (WORKING HOURS)

Year Procured: 1991

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

X

FSC: 6140
NIIN: 005026262
Manufacturer's CAGE: 25244
Part No. Indicator: A
Part Number/Trade Name: GC1245-1B GEL/CELL BATTERY

=====
Nuclear Water Data
=====

This is not a Nuclear Water Chemical NIIN.

=====
General Information
=====

Item Name: BATTERY, STORAGE
Manufacturer's Name: JOHNSON CONTROLS INC., GLOBE BATTERY DIV.
Manufacturer's Street: 5757 N GREEN BAY AVE
Manufacturer's P. O. Box: 591
Manufacturer's City: MILWAUKEE
Manufacturer's State: WI
Manufacturer's Country:
Manufacturer's Zip Code: 53201
Manufacturer's Emerg Ph #: 414-228-1200
Manufacturer's Info Ph #: 414-228-1200
Distributor/Vendor # 1:
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 001
Tot Safety Entries This Stk#: 002
Status: SE
Date MSDS Prepared: UNDATED
Safety Data Review Date: 21MAR89
Supply Item Manager: CX
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BFBSC
Specification Number:
Spec Type, Grade, Class:
Hazard Characteristic Code: C1
Unit Of Issue: EA
Unit Of Issue Container Qty: 1 EACH
Type Of Container: BATTERY
Net Unit Weight: 1 LB (MFR)

NRC/State License Number:
Net Explosive Weight:
Net Propellant Weight-Ammo:
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: SULFURIC ACID (SARA III)
Ingredient Sequence Number: 01
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: WS5600000
CAS Number: 7664-93-9
OSHA PEL: 1 MG/M3
ACGIH TLV: 1 MG/M3; 9192
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: SILICON DIOXIDE
Ingredient Sequence Number: 02
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: VV7320000
CAS Number: 60676-86-0
OSHA PEL: 6MG/M*3
ACGIH TLV: 10MG/M*3
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: PHOSPHORIC ACID (SARA III)
Ingredient Sequence Number: 03
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: TB6300000
~~CAS Number: 7664-38-2~~
OSHA PEL: 1 MG/M3/3 STEL
ACGIH TLV: 1 MG/M3/3 STEL; 9192
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: LEAD (SARA III)
Ingredient Sequence Number: 04
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: OF7525000
CAS Number: 7439-92-1
OSHA PEL: 0.05 MG/M3;1910.1025
ACGIH TLV: 0.15 MG/M3;DUST 9192
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: LEAD MONOXIDE (LEAD OXIDE YELLOW)

Ingredient Sequence Number: 05
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: OG1750000
CAS Number: 1317-36-8
OSHA PEL: 0.05 MG/M3 (PB)
ACGIH TLV: 0.15 MG/M3(PB); 8990
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: CALCIUM LEAD (GRIDS) (1% CALCIUM)
Ingredient Sequence Number: 06
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004404CL
CAS Number:

OSHA PEL: COURT REMAND (LEAD)
ACGIH TLV: 0.15MG/M*3 (LEAD)
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: STRONTIUM LEAD (GRIDS) (0.12% STRONTIUM)
Ingredient Sequence Number: 07
Percent: N/K
Ingredient Action Code:

Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004405SL
CAS Number:

OSHA PEL: COURT REMAND
ACGIH TLV: 0.15MG/M*3
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: POLYPROPYLENE (CONTAINER)
Ingredient Sequence Number: 08
Percent: N/K
Ingredient Action Code:

Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004406PP
CAS Number:
OSHA PEL: N/K
ACGIH TLV: N/K
Other Recommended Limit: N/K

Proprietary: NO
Ingredient: STYRENE ACRYLONITRILE (CONTAINER)
Ingredient Sequence Number: 09
Percent:

Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004407SA
CAS Number:
OSHA PEL:
ACGIH TLV:
Other Recommended Limit:

Proprietary: NO
Ingredient: ACRYLONITRILE BUTADIENE STYRENE (CONTAINER)
Ingredient Sequence Number: 10
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004408AB
CAS Number:
OSHA PEL: N/K
ACGIH TLV: N/K
Other Recommended Limit: N/K
=====

Physical/Chemical Characteristics
=====

Appearance And Odor: GEL/CELL BATTERY
Boiling Point: N/K
Melting Point: SEE SUPPL.

Vapor Pressure (MM Hg/70 F): N/K
Vapor Density (Air=1): N/K
Specific Gravity: 1.28
Decomposition Temperature:
Evaporation Rate And Ref: N/K
Solubility In Water: COMPLETE
Percent Volatiles By Volume:
Viscosity:
pH:
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY):
Autoignition Temperature:
=====

Fire and Explosion Hazard Data
=====

Flash Point: N/R
Flash Point Method: N/R
Lower Explosive Limit: N/R
~~Upper Explosive Limit: N/R~~
Extinguishing Media: USE DRY CHEM,CO*2,FOAM
Special Fire Fighting Proc: AVOID CONTACT WITH CHEM,USE GOGGLES OR SCBA
Unusual Fire And Expl Hazrds: IF FLAME IS APPLIED, BATTERY MAY MELT AND
BURN,HYDROGEN GAS IS GENERATED WHEN CHARGING,IS EXPLOSIVE
=====

Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): AVOID HEAT,PROLONGED OVERCHARGING IN CONFINED
SPACES.
Materials To Avoid: BASES,OXIDIZERS,REDUCING AGENTS,METAL POWDER,ORGANIC
MATERIAL.
Hazardous Decomp Products: SO*2,SO*3.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): N/R

=====
Health Hazard Data
=====

LD50-LC50 Mixture:

Route Of Entry - Inhalation: YES

Route Of Entry - Skin: NO

Route Of Entry - Ingestion: YES

Health Haz Acute And Chronic: SEE SIGNS AND SYMPTOMS OF OVEREXPOSURE.

Carcinogenicity - NTP: NO

Carcinogenicity - IARC: NO

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity: N/R

Signs/Symptoms Of Overexp: CONTACT MAY CAUSE PERMANENT DAMAGE TO EYES,
SEVERE BURNS AND ULCERATION OF SKIN; INHALATION CAUSES UPPER RESPIRATORY
IRRITATION AND POSSIBLE PULMONARY EDEMA; INGESTION CAUSES SEVERE INJURIES.

Med Cond Aggravated By Exp: RESPIRATORY CONDITIONS WILL BE AGGRAVATED BY
BREATHING ACID MISTS.

Emergency/First Aid Proc: EYES/SKIN: FLUSH WITH WATER. SEE DOCTOR

IMMEDIATELY. REMOVE CONTAMINATED CLOTHING. INGESTION: GIVE MILK OR WATER,
FOLLOWED BY 2 OZ MILK OF MAGNESIA (NO CARBONATES), SEE DOCTOR IMMEDIATELY.
DO NOT INDUCE VOMIT; INHALATION: REMOVE TO FRESH AIR. GIVE CPR/OXYGEN IF
NEEDED. SEE DOCTOR.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: FLUSH AREA WITH WATER, OR USE SNAD OR ASHES,
NEUTRALISE THE AREA WITH SODIUM BICARBONATE

Neutralizing Agent: SODIUM BICARBONATE, SODIUM CARBONATE (SODA ASH) OR
CALCIUM OXIDE (QUICKLIME).

Waste Disposal Method: SEND TO A LEAD SMELTER OR TO A SCRAP LEAD DEALER.
DO NOT INCINERATE.

Precautions-Handling/Storing: DO NOT STACK UNLESS SPECIFIED, DO NOT STORE
ABOVE 140F OR BELOW 10F

Other Precautions: FREEZING OF DISCHARGED BATTERY COULD CRACK CASE AND
SPILL ACID. HIGH TEMPERATURE COULD LIQUIFY GEL AND CAUSE LEAKAGE IF BATTERY
IS NOT IN UPRIGHT POSITION. SiO_2 MAY BE RELEASED IF BATTERY DRIES OUT. SiO_2
MAY CAUSE RESPIRATORY IRRITATION.

=====
Control Measures
=====

Respiratory Protection: NO SPECIAL REQUIREMENTS UNDER ORDINARY CONDITIONS/
ADEQUATE VENT.

Ventilation: MECH (GEN) OR LOCAL EXHAUST THAT PROVIDES ADEQUATE VENTILATION

Protective Gloves: RUBBER

Eye Protection: SAFETY/CHEM GOGGLES

Other Protective Equipment: EYE WASH STATION. APRONS. SPECIAL IMPERVIOUS
CLOTHING.

Work Hygienic Practices: WASH THOROUGHLY AFTER HANDLING. DO NOT EAT, DRINK,
SMOKE WHILE HANDLING OR CHARGING BATTERIES.

Suppl. Safety & Health Data: FREEZING POINT: -40F DISCHARGED, -112F
CHARGED; LIQUIFICATION POINT: -76F.

=====
Transportation Data
=====

Transportation Action Code:

Transportation Focal Point: D

Trans Data Review Date: 89080

DOT PSN Code: ZZZ
DOT Proper Shipping Name: NOT REGULATED FOR THIS MODE OF TRANSPORTATION
DOT Class: N/R
DOT Label: N/R
Limited Quantity: YES
DOT Mode Indicator:
Identification Number: N/R
Reportable Qty - Trans File: NO
DOT/DoD Exemption Number:
IMO PSN Code: BWG
IMO Proper Shipping Name: BATTERIES,WET,NON-SPILLABLE
IMO Regulations Page Number: 8121
IMO UN Number: 2800
IMO UN Class: 8*
IMO Subsidiary Risk Label: -
IATA PSN Code: DAB
IATA UN ID Number: 2800
~~IATA Proper Shipping Name: BATTERIES, WET, NON-SPILLABLE~~
IATA UN Class: 8
IATA Subsidiary Risk Class:
IATA Label: CORROSIVE
AFR 71-4 PSN Code: ZZZ
AFR 71-4 Prop. Shipping Name: NOT REGULATED FOR THIS MODE OF
TRANSPORTATION
AFR 71-4 Class: N/R
AFR 71-4 Label: N/R
AFR 71-4 ID Number: N/R
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data: SEALED, NON SPILLABLE BATTERY, MFR ESTIMATES 1.0LB
OF ELECTROLYTE, 1.3 SPECIFIC GRAVITY, 49% CONC.

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code Unused:
1st EPA Haz Wst Name Unused:
1st EPA Haz Wst Char Unused:
1st EPA Acute Hazard Unused:
2nd EPA Haz Wst Code Unused:
2nd EPA Haz Wst Name Unused:
2nd EPA Haz Wst Char Unused:
2nd EPA Acute Hazard Unused:
3rd EPA Haz Wst Code Unused:
3rd EPA Haz Wst Name Unused:
3rd EPA Haz Wst Char Unused:
3rd EPA Acute Hazard Unused:

=====
Label Data
=====

Label Required: YES
Date of Technical Review:
Label Date:
Manufacturer's Label No.:
Label Status: E
Common Name of Product:
Chronic Hazard:
Signal Word:
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe:
Reactivity Hazard-None:
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: CONTACT CAUSES BURNS TO SKIN AND EYES. IF
INHALED, MAY BE HARMFUL. FIRE MAY PRODUCE IRRITATING OR POISONOUS GASES.
RUNOFF FROM FIRE CONTROL OR DILUTION WATER MAY CAUSE POLLUTION.
Protect Eye:
Protect Skin:
Protect Respiratory:
Mfg's Name From Label: JOHNSON CONTROLS INC GLOBE BATTERY DIV
Mfg's Street From Label: 5757 N GREEN BAY AVE
Mfg's P.O. Box From Label: 591
Mfg's City From Label: MILWAUKEE
Mfg's State From Label: WI
Mfg's Zip Code From Label: 53201
Mfg's Country From Label: US
Emergency Ph. No. From Label:
Year Procured:

DOD Hazardous Materials Information System

DoD 6050.5-L

AS OF November 1992

FSC: 6140

NIIN: 003972678

Manufacturer's CAGE: 20038

Part No. Indicator: A

Part Number/Trade Name: LEAD-ACID BATTERY

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Nuclear Water Data
=====

=====
This is not a Nuclear Water Chemical NIIN.
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=====
General Information
=====

Item Name: BATTERY, STORAGE

Manufacturer's Name: EXIDE CORPORATION

Manufacturer's Street: 645 PENN ST

Manufacturer's P. O. Box:

Manufacturer's City: READING

Manufacturer's State: PA

Manufacturer's Country: US

Manufacturer's Zip Code: 19601

Manufacturer's Emerg Ph #: 215-378-0757/800-424-9300 (CHEMTREC)

Manufacturer's Info Ph #: 215-378-0757

Distributor/Vendor # 1: CHICAGO INDUSTRIAL (708-981-0090)

Distributor/Vendor # 1 Cage: OK4U5

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code:

Safety Focal Point: D

Record No. For Safety Entry: 001

Tot Safety Entries This Stk#: 001

Status: SE

Date MSDS Prepared: 00MAY91

Safety Data Review Date: 03JUN92

Supply Item Manager: CX

MSDS Preparer's Name:

Preparer's Company:

Preparer's St Or P. O. Box:

Preparer's City:

Preparer's State:

Preparer's Zip Code:

Other MSDS Number:

MSDS Serial Number: BMWSH

Specification Number: W-B-131-1-22MJ2A-D

Spec Type, Grade, Class: 1-74-335-D

Hazard Characteristic Code: J6

Unit Of Issue: EA

Unit Of Issue Container Qty:

Type Of Container:

Net Unit Weight:

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: LEAD (SARA III)
Ingredient Sequence Number: 01
Percent: 60
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: OF7525000
CAS Number: 7439-92-1
OSHA PEL: 0.05 MG/M3;1910.1025
ACGIH TLV: 0.15 MG/M3;DUST 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: ANTIMONY (SARA III)
Ingredient Sequence Number: 02
Percent: 2
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CC4025000
CAS Number: 7440-36-0
OSHA PEL: 0.5 MG/M3
ACGIH TLV: 0.5 MG SB/M3; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: ARSENIC (SARA III)
Ingredient Sequence Number: 03
Percent: 0.2
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: CG0525000
CAS Number: 7440-38-2
OSHA PEL: 0.01 MG/M3 (AS)
ACGIH TLV: 0.2 MG/M3; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: CALCIUM, METAL
Ingredient Sequence Number: 04
Percent: 0.2
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: EV8040000
CAS Number: 7440-70-2
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: TIN

Ingredient Sequence Number: 05
Percent: 0.2
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: XP7320000
CAS Number: 7440-31-5
OSHA PEL: 2 MG/M3
ACGIH TLV: 2 MG/M3; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: **SULFURIC ACID (SARA III)**
Ingredient Sequence Number: 06
Percent: 10-30
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: WS5600000
CAS Number: 7664-93-9

OSHA PEL: 1 MG/M3
ACGIH TLV: 1 MG/M3; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: POLYPROPYLENE
Ingredient Sequence Number: 07
Percent: <10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: UD1842000
CAS Number: 9003-07-0
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: POLYSTYRENE
Ingredient Sequence Number: 08
Percent: <10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: WL6475000
CAS Number: 9003-53-6
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: STYRENE ACRYLONITRILE
Ingredient Sequence Number: 09
Percent: <10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004407SA
CAS Number: 9003-54-7
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: ACRYLONITRILE BUTADIENE STYRENE
Ingredient Sequence Number: 10
Percent: <10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1004408AB
CAS Number: 9003-56-9
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: STYRENE BUTADIENE
Ingredient Sequence Number: 11
Percent: <10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1007620SB
CAS Number: 9003-55-8
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: POLYVINYLCHLORIDE
Ingredient Sequence Number: 12
Percent: <10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1003262PC
CAS Number: 9002-86-2
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: SHEET MOLDING COMPOUND
Ingredient Sequence Number: 13
Percent: 10
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1006099SM
CAS Number: UNKNOWN
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

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Physical/Chemical Characteristics

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Appearance And Odor: TLECTROLYTE IS A CLEAR LIQUID WITH A SHARP,
PENETRATING, PUNGENT ODOR.
Boiling Point: 203F,95C
Melting Point: N/R
Vapor Pressure (MM Hg/70 F): 10
Vapor Density (Air=1): >1

Specific Gravity: 1.230-1.350
Decomposition Temperature: UNKNOWN
Evaporation Rate And Ref: <1 (BUTYL ACETATE = 1)
Solubility In Water: COMPLETE
Percent Volatiles By Volume: N/K
Viscosity: UNKNOWN
pH: ACIDIC
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): UNKNOWN
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: NONE
Flash Point Method: N/R
Lower Explosive Limit: 4.0(HYDROGN)
Upper Explosive Limit: 75(HYDROGEN)
Extinguishing Media: USE CARBON DIOXIDE, FOAM, DRY CHEMICAL, HALON.
Special Fire Fighting Proc: IF BATTERIES ARE ON CHARGE, SHUT OFF POWER.
USE SCBA AND ACID RESISTANT CLOTHING. WATER APPLIED TO ELECTROLYTE
GENERATES HEAT AND CAUSES IT TO SPATTER.
Unusual Fire And Expl Hazrds: HYDROGEN GAS MAY BE PRODUCED AND MAY EXPLODE
IF IGNITED. REMOVE ALL IGNITION SOURCES. VENTILATE AREA.

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): AVOID PROLONGED OVERCHARGE AND SOURCES OF
IGNITION.
Materials To Avoid: CONTACT OF SULFURIC ACID WITH COMBUSTIBLES MAY CAUSE
FIRE/EXPLOSION. CONTACT WITH METALS MAY PRODUCE SO2 FUMES AND H2.
Hazardous Decomp Products: SULFURIC ACID FUMES, SULFUR DIOXIDE, SULFUR
TRIOXIDE, HYDROGEN GAS.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): NOT APPLICABLE

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Health Hazard Data
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LD50-LC50 Mixture: LD50 ORAL RAT IS 2140 MG/KG.
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: YES
Health Haz Acute And Chronic: ACUTE: SEVERE BURNS AND ULCERATION OF SKIN,
EYES, MOUTH, THROAT, ESOPHAGUS AND STOMACH. INFLAMMATION OF BRONCHIAL
MEMBRANES. LEAD MAY CAUSE GASTROINTESTINAL DISORDERS AND CNS EFFECTS.
CHRONIC: EROSION OF TEETH, INFLAMMATION OF NOSE, THROAT AND BRONCHIAL
TUBES. LEAD MAY CAUSE ANEMIA, DAMAGE TO KIDNEYS AND CNS.
Carcinogenicity - NTP: YES
Carcinogenicity - IARC: YES
Carcinogenicity - OSHA: NO
Explanation Carcinogenicity: LEAD IS LISTED UNDER IARC AND NTP.
Signs/Symptoms Of Overexp: IF CONTACTED, SEVERE BURNS AND ULCERATION OF
SKIN AND EYES. IF INHALED, SEVERE RESPIRATORY IRRITATION. IF INGESTED,
SEVERE BURNS AND ULCERATION.
Med Cond Aggravated By Exp: SULFURIC ACID MAY AGGRAVATE SKIN DISEASES SUCH

AS ECZEMA AND DERMATITIS. LEAD CAN AGGRAVATE CHRONIC FORMS OF KIDNEY, LIVER AND NEUROLOGIC DISEASES.

Emergency/First Aid Proc: EYES/SKIN: FLUSH WITH PLENTY OF WATER. SEE DOCTOR IMMEDIATELY. REMOVE CONTAMINATED CLOTHING AND SHOES. INHALATION: REMOVE TO FRESH AIR. GIVE OXYGEN/CPR IF NEEDED. SEE DOCTOR. INGESTION: DO NOT INDUCE VOMITING. GIVE MILK OR WATER, FOLLOWED BY 2 OUNCES OF MILK OF MAGNESIA (NO CARBONATES). SEE DOCTOR IMMEDIATELY.

=====
Precautions for Safe Handling and Use
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Steps If Matl Released/Spill: WEAR APPROPRIATE PROTECTIVE EQUIPMENT. DILUTE CAUTIOUSLY WITH WATER. COVER WITH SODA ASH OR QUICKLIME. SCOOP UP AND PLACE IN APPROPRIATE DISPOSAL CONTAINER. FLUSH AREA WITH LARGE AMOUNTS OF WATER. Neutralizing Agent: SODA ASH (SODIUM CARBONATE), BAKING SODA OR QUICKLIME (CALCIUM OXIDE).

Waste Disposal Method: CONSULT YOUR LOCAL ENVIRONMENTAL OFFICER. DISPOSE OF IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL ENVIRONMENTAL REGULATIONS.

Precautions-Handling/Storing: STORE AT ROOM TEMPERATURE AWAY FROM FLAMES, IGNITION SOURCES, COMBUSTIBLE AND ORGANIC MATERIALS. AVOID PROLONGED OVERCHARGING. WEAR PROTECTIVE EQUIPM.

Other Precautions: DO NOT CARRY BATTERY BY TERMINALS. DO NOT DROP BATTERY, PUNCTURE OR ATTEMPT TO OPEN BATTERY CASE. KEEP TERMINALS COVERED IN PLASTIC CASE. AVOID SHORTING BATTERIES. PLACE BROKEN BATTERIES IN PLASTIC CONTAINERS AND DELIVER TO BATTERY RECYCLER

=====
Control Measures
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Respiratory Protection: NONE NORMALLY REQUIRED. NIOSH/MSHA-APPROVED CARTRIDGE RESPIRATOR FOR ACIDS OR FULL FACE MASK AS APPROPRIATE FOR EXPOSURE OF CONCERN WHEN TLV IS EXCEEDED.

Ventilation: GENERAL (MECHANICAL) VENTILATION. LOCAL EXHAUST IN CONFINED AREAS.

Protective Gloves: RUBBER GLOVES IF CONTACT IS EXPECTED.

Eye Protection: GOGGLES IF CONTACT IS EXPECTED.

Other Protective Equipment: RUBBER APRON AND BOOTS IF CONTACT IS EXPECTED. EYE WASH STATION AND SAFETY SHOWER.

Work Hygienic Practices: WASH THOROUGHLY AFTER HANDLING.

Suppl. Safety & Health Data: CLEAN TERMINALS WITH MILD BAKING SODA SOLUTION AND WASH WITH WATER. WHEN BRUSHING BATTERY POSTS, USE MASK APPROVED FOR LEAD DUST, SAFETY GLASSES AND GLOVES.

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Transportation Data
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Transportation Action Code:

Transportation Focal Point: D

Trans Data Review Date: 92155

DOT PSN Code: BQZ

DOT Proper Shipping Name: BATTERY, ELECTRIC STORAGE, WET, FILLED WITH ACID

DOT Class: CORROSIVE MATERIAL

DOT Label: CORROSIVE

Limited Quantity: NO

DOT Mode Indicator:

Identification Number: UN2794

Reportable Qty - Trans File: NO

DOT/DoD Exemption Number:

IMO PSN Code: BWD

IMO Proper Shipping Name: BATTERIES, WET, FILLED WITH ACID

IMO Regulations Page Number: 8120
IMO UN Number: 2794
IMO UN Class: 8
IMO Subsidiary Risk Label: -
IATA PSN Code: CZM
IATA UN ID Number: 2794
IATA Proper Shipping Name: BATTERIES,WET,FILLED WITH ACID
IATA UN Class: 8
IATA Subsidiary Risk Class:
IATA Label: CORROSIVE
AFR 71-4 PSN Code: BJB
AFR 71-4 Prop. Shipping Name: BATTERY,WET,FILLED WITH ACID
AFR 71-4 Class: CORROSIVE MATERIAL
AFR 71-4 Label: CORROSIVE
AFR 71-4 ID Number: UN2794
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

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Disposal Data
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Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed:
1st EPA Haz Wst Char UnUsed:
1st EPA Acute Hazard UnUsed:
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

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Label Data
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Label Required: YES
Date of Technical Review: 03JUN92
Label Date: UNDATED
Manufacturer's Label No.: N/R
Label Status: D
Common Name of Product: LEAD-ACID BATTERY
Chronic Hazard: X
Signal Word: DANGER!
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe: X
Contact Hazard-None:
Contact Hazard-Slight:

Contact Hazard-Moderate:

Contact Hazard-Severe: X

Fire Hazard-None:

Fire Hazard-Slight: X

Fire Hazard-Moderate:

Fire Hazard-Severe:

Reactivity Hazard-None:

Reactivity Hazard-Slight:

Reactivity Hazard-Moderate: X

Reactivity Hazard-Severe:

Special Hazard Precautions: ACUTE: SEVERE BURNS AND ULCERATION OF SKIN, EYES, MOUTH, THROAT, ESOPHAGUS AND STOMACH. INFLAMMATION OF BRONCHIAL MEMBRANES. LEAD MAY CAUSE GASTROINTESTINAL DISORDERS AND CNS EFFECTS. CHRONIC: EROSION OF TEETH, INFLAMMATION OF NOSE, THROAT AND BRONCHIAL TUBES. LEAD MAY CAUSE ANEMIA, DAMAGE TO KIDNEYS AND CNS. FIRST AID: EYES/SKIN: FLUSH WITH PLENTY OF WATER. SEE DOCTOR IMMEDIATELY. REMOVE CONTAMINATED CLOTHING AND SHOES. INHALATION: REMOVE TO FRESH AIR. GIVE OXYGEN/CPR IF NEEDED. SEE DOCTOR. INGESTION: DO NOT INDUCE VOMITING. GIVE MILK OR WATER, FOLLOWED BY 2 OUNCES OF MILK OF MAGNESIA (NO CARBONATES). SEE DOCTOR IMMEDIATELY.

Protect Eye: X

Protect Skin: X

Protect Respiratory:

Mfg's Name From Label: CHICAGO INDUSTRIAL TRADING CO.

Mfg's Street From Label: 610 BONNIE LANE

Mfg's P.O. Box From Label:

Mfg's City From Label: ELK GROVE VILLAGE

Mfg's State From Label: IL

Mfg's Zip Code From Label: 60007

Mfg's Country From Label: US

Emergency Ph. No. From Label: 708-981-0090

Year Procured: 1992

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

FSC: 9140
NIIN: 002865286
Manufacturer's CAGE: OAHKO
Part No. Indicator: A
Part Number/Trade Name: MOBIL NO. 1 DIESEL FUEL

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Nuclear Water Data
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This is not a Nuclear Water Chemical NIIN.

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General Information
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Item Name: DIESEL FUEL
Manufacturer's Name: MOBIL OIL CORP ENVIRONMENTAL AFFAIRS & TOXICOLOGY
Manufacturer's Street: PENNINGTON-ROCKY HILL RD
Manufacturer's P. O. Box:
Manufacturer's City: PENNINGTON
Manufacturer's State: NJ
Manufacturer's Country: US
Manufacturer's Zip Code: 08534
Manufacturer's Emerg Ph #: 212-883-4411, 609-737-4411
Manufacturer's Info Ph #: 800-662-4525
Distributor/Vendor # 1: MOBIL OIL CORP (212-883-4411)
Distributor/Vendor # 1 Cage: 6G112
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code: A
Safety Focal Point: D
Record No. For Safety Entry: 004
Tot Safety Entries This Stk#: 029 *
Status: SE
Date MSDS Prepared: 20SEP87
~~Safety Data Review Date: 14NOV92~~
Supply Item Manager: KY
MSDS Preparer's Name:
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BPHKJ
Specification Number: VV-F-800
Spec Type, Grade, Class: DF-1 GRADE
Hazard Characteristic Code: F4
Unit Of Issue: GL
Unit Of Issue Container Qty: BULK
Type Of Container: TANK
Net Unit Weight:

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code: N/K

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Ingredients/Identity Information
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Proprietary: NO
Ingredient: PETROLEUM DISTILLATE
Ingredient Sequence Number: 01
Percent: 100
Ingredient Action Code: A
Ingredient Focal Point: D
NIOSH (RTECS) Number: 1001292PD
CAS Number: MIXTURE
OSHA PEL: 5 MG/M3 OIL MIST
ACGIH TLV: 5 MG/M3 OIL MIST
Other Recommended Limit: NONE SPECIFIED

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Physical/Chemical Characteristics
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Appearance And Odor: CLEAR LIQUID WITH A MILD HYDROCARBON ODOR.
Boiling Point: >350F,>177C
Melting Point: N/R
Vapor Pressure (MM Hg/70 F): <1 MMHG20C
Vapor Density (Air=1): 2
Specific Gravity: 0.85
Decomposition Temperature: UNKNOWN
Evaporation Rate And Ref: <1 (BU ACETATE=1)
Solubility In Water: NEGLIGIBLE
Percent Volatiles By Volume: N/K
Viscosity: U/K
pH: N/R
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): N/R
Autoignition Temperature:

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Fire and Explosion Hazard Data
=====

Flash Point: >100F,>38C
Flash Point Method: PMCC
Lower Explosive Limit: N/K
Upper Explosive Limit: N/K
Extinguishing Media: CARBON DIOXIDE, FOAM, OR DRY CHEMICAL.
Special Fire Fighting Proc: WEAR FIRE FIGHTING PROTECTIVE EQUIPMENT AND A FULL FACED SELF CONTAINED BREATHING APPARATUS. COOL FIRE EXPOSED CONTAINERS WITH WATER SPRAY. CONTAIN RUNOFF.
Unusual Fire And Expl Hazrds: COMBUSTION OR HEAT OF FIRE MAY PRODUCE HAZARDOUS DECOMPOSITION PRODUCTS AND VAPORS.

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Reactivity Data
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Stability: YES
Cond To Avoid (Stability): EXTREMELY HIGH TEMPERATURES, OPEN FLAMES
Materials To Avoid: STRONG OXIDIZING AGENTS

Hazardous Decomp Products: FUMES,SMOKE,OXIDES OF CARBON, NITROGEN AND SULFUR.

Hazardous Poly Occur: NO

Conditions To Avoid (Poly): NOT APPLICABLE

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Health Hazard Data
=====

LD50-LC50 Mixture: ORAL LD50 (RAT) UNKNOWN

Route Of Entry - Inhalation: YES

Route Of Entry - Skin: NO

Route Of Entry - Ingestion: YES

Health Haz Acute And Chronic: ACUTE-INGESTION:HARMFUL OR FATAL. ASPIRATION INTO LUNGS CAN CAUSE CHEMICAL PNEUMONIA AND CAN BE FATAL. INHALATION OF MIST MAY CAUSE IRRITATION OF NOSE & THROAT. EYE:IRRITATION. SKIN: IRRITATION. CHRONIC-PROLONGED/REPEATED SKIN CONTACT MAY CAUSE IRRITATION, DERMATITIS.

Carcinogenicity - NTP: NO

Carcinogenicity - IARC: NO

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity: POSSIBLE CARCINOGENIC HAZARD MAY EXIST IN HIGH LEVEL EXPOSURE TO DIESEL EXHAUST BECAUSE OF BENZENE IN TRACE LEVELS.

Signs/Symptoms Of Overexp: INGESTION: HARMFUL OR FATAL. ASPIRATION INTO LUNGS CAN CAUSE CHEMICAL PNEUMONIA AND CAN BE FATAL. INHALATION: MIST MAY CAUSE IRRITATION OF NOSE & THROAT. EYE: IRRITATION. SKIN: MAY CAUSE MILD IRRITATION. PROLONGED AND REPEATED SKIN CONTACT MAY CAUSE IRRITATION AND DERMATITIS.

Med Cond Aggravated By Exp: PERSONS WITH SKIN & PULMONARY DISORDERS SHOULD AVOID PROLONGED CONTACT WHEN HANDLING OR USING THIS PRODUCT.

Emergency/First Aid Proc: SKIN: REMOVE CONTAMINATED CLOTHING. WASH WITH SOAP AND WATER. GET MEDICAL ATTENTION IF IRRITATION PERSISTS. INHALATION: REMOVE TO FRESH AIR & RESTORE BREATHING IF NECESSARY. GET MEDICAL ATTENTION. EYE:IMMEDIATELY FLUSH WITH WATER FOR 15 MINUTES WHILE HOLDING EYELIDS OPEN. GET MEDICAL ATTENTION. INGESTION:GET IMMEDIATE MEDICAL ATTENTION. DO NOT INDUCE VOMITING. NOTHING BY MOUTH IF UNCONSCIOUS.

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Precautions for Safe Handling and Use
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Steps If Matl Released/Spill: DIKE AND RECOVER FREE PRODUCT, OR ABSORB WITH DIATOMACEOUS EARTH OR OTHER INERT MATERIAL. STORE IN APPROPRIATE CONTAINER FOR DISPOSAL. KEEP PRODUCT OUT OF SEWERS AND WATERCOURSES. WEAR PROTECTIVE EQUIPMENT.

Neutralizing Agent: NOT APPLICABLE

Waste Disposal Method: DISPOSE OF WASTE IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS. EPA WASTE CODE D001 AND D018 BECAUSE OF IGNITIBILITY AND TRACE LEVELS OF BENZENE RESPECTIVELY.

Precautions-Handling/Storing: AVOID STORAGE NEAR OPEN FLAME OR OTHER SOURCES OF IGNITION,AND STRONG OXIDANTS. KEEP CONTAINERS CLOSED.

Other Precautions: EMPTY CONTAINERS RETAIN RESIDUE. DO NOT PRESSURIZE, CUT, WELD OR EXPOSE TO HEAT, FLAME, STATIC ELECTRICITY, OR OTHER SOURCES OF IGNITION; THEY MAY EXPLODE AND CAUSE INJURY.

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Control Measures
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Respiratory Protection: USE SUPPLIED-AIR RESPIRATORY PROTECTION IN CONFINED OR ENCLOSED SPACES, IF NEEDED.

Ventilation: SUFFICIENT TO MAINTAIN ATMOSPHERE BELOW TLV LIMIT.

Protective Gloves: NEOPRENE, NITRILE, OR POLYVINYL ALCOHOL

Eye Protection: USE CHEMICAL SAFETY GOGGLES
Other Protective Equipment: EYE WASH STATION & SAFETY SHOWER. CHEMICALLY RESISTANT BOOTS AND APRONS RECOMMENDED.
Work Hygienic Practices: DO NOT TAKE INTERNALLY. AVOID SKIN/EYE CONTACT. WASH SKIN AFTER USING PRODUCT. DO NOT EAT, DRINK OR SMOKE IN WORK AREA.
Suppl. Safety & Health Data: WASH OR TAKE SHOWER IF GENERAL CONTACT OCCURS. REMOVE OIL-SOAKED CLOTHING AND LAUNDRER BEFORE REUSE. DISCARD CONTAMINATED LEATHER GLOVES AND SHOES.

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Transportation Data
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Transportation Action Code: A
Transportation Focal Point: D
Trans Data Review Date: 92319
DOT PSN Code: GNZ
DOT Proper Shipping Name: FUEL OIL, NO. 1, 2, 4, 5 OR 6
DOT Class: COMBUSTIBLE LIQUID
DOT Label: NONE

Limited Quantity: NO
DOT Mode Indicator:
Identification Number: NA1993
Reportable Qty - Trans File: YES
DOT/DoD Exemption Number:
IMO PSN Code: HRR
IMO Proper Shipping Name: GAS OIL
IMO Regulations Page Number: 3375
IMO UN Number: 1202
IMO UN Class: 3.3
IMO Subsidiary Risk Label: -
IATA PSN Code: MTX
IATA UN ID Number: 1202
IATA Proper Shipping Name: GAS OIL
IATA UN Class: 3
IATA Subsidiary Risk Class:
IATA Label: FLAMMABLE LIQUID
AFR 71-4 PSN Code: CWA
AFR 71-4 Prop. Shipping Name: COMBUSTIBLE LIQUID,N.O.S.
AFR 71-4 Class: COMBUSTIBLE LIQUID
AFR 71-4 Label: NONE
AFR 71-4 ID Number: NA1993
AF MMAC Code:
Tech Entry NOS Shipping Name: PETROLEUM DISTILLATES (HYDROCARBONS).
Additional Trans Data:

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Disposal Data
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Disposal Data Action Code:
Disposal Data Focal Point:
Disposal Data Review Date:
Rec # For This Disp Entry:
Tot Disp Entries This Stock#:
Landfill Ban Item:
Disposal Supplemental Data:
1st EPA Haz Wst Code Unused:
1st EPA Haz Wst Name Unused:
1st EPA Haz Wst Char Unused:
1st EPA Acute Hazard Unused:

2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

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Label Data
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Label Required: YES *
Date of Technical Review: 14NOV92 *
Label Date: UNDATED *
Manufacturer's Label No.: UNKNOWN *
Label Status: D *
Common Name of Product: MOBIL NO. 1 DIESEL FUEL *
~~Chronic Hazard: YES *~~
Signal Word: WARNING! *
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate: X *
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight: X *
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate: X *
Fire Hazard-Severe:
Reactivity Hazard-None: X *
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: COMBUSTIBLE LIQUID! ACUTE-INGESTION:HARMFUL OR FATAL. INHALATION OF MIST MAY CAUSE IRRITATION OF NOSE & THROAT. FURTHER EXPOSURE MAY CAUSE DIZZINESS, UNCOORDINATION, UNCONSCIOUSNESS, DEATH. EYE: IRRITATION. SKIN: IRRITATION. CHRONIC-PROLONGED/REPEATED SKIN CONTACT MAY CAUSE IRRITATION, DERMATITIS. RECOVER FREE PRODUCT, OR ABSORB WITH DIATOMACEOUS EARTH OR OTHER INERT MATERIAL. STORE IN APPROPRIATE CONTAINER FOR DISPOSAL. KEEP PRODUCT OUT OF SEWERS AND WATERCOURSES BY DIKING OR IMPOUNDING. MINIMIZE SKIN CONTACT AND BREATHING VAPORS. AVOID STORAGE NEAR OPEN FLAME OR OTHER SOURCES OF IGNITION,AND STRONG OXIDANTS. KEEP CONTAINERS CLOSED. *
Protect Eye: X *
Protect Skin: X *
Protect Respiratory: X
Mfg's Name From Label: MOBIL OIL CORP ENVIRONMENTAL AFFAIRS & TOXICOLOGY *
Mfg's Street From Label: PENNINGTON-ROCKY HILL RD *
Mfg's P.O. Box From Label:
Mfg's City From Label: PENNINGTON *
Mfg's State From Label: NJ *
Mfg's Zip Code From Label: 08534 *
Mfg's Country From Label: US *
Emergency Ph. No. From Label: 212-883-4411, 609-737-4411 *

Year Procured: 1980 *

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

FSC: 6810
NIIN: 002499354
Manufacturer's CAGE: 3A536
Part No. Indicator: A
Part Number/Trade Name: BATTERY FLUID,ACID;PRODUCT CODE:875510

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Nuclear Water Data
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This is not a Nuclear Water Chemical NIIN.
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General Information
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Item Name: SULFURIC ACID,ELECTROLYTE
Manufacturer's Name: AMERICAN BATTERY ACID CORP
Manufacturer's Street: 904-NORTH FRONT STREET
Manufacturer's P. O. Box: N/K
Manufacturer's City: MEMPHIS
Manufacturer's State: TN
Manufacturer's Country: US
Manufacturer's Zip Code: 38107-2322
Manufacturer's Emerg Ph #: 901-525-1888
Manufacturer's Info Ph #: 901-525-1888
Distributor/Vendor # 1:
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 003
Tot Safety Entries This Stk#: 007
Status: SM
Date MSDS Prepared: 24JUN88
Safety Data Review Date: 29NOV89
Supply Item Manager: CX
MSDS Preparer's Name: N/K
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BDNSH
Specification Number: O-S-801
Spec Type, Grade, Class: CLASS 3
Hazard Characteristic Code: C1
Unit Of Issue: GL
Unit Of Issue Container Qty: 1 GALLON
Type Of Container: BOTTLE/SPEC
Net Unit Weight: 10.7 LBS

NRC/State License Number: N/R
Net Explosive Weight:
Net Propellant Weight-Ammo: N/R
Coast Guard Ammunition Code:

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Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: SULFURIC ACID (SARA III)
Ingredient Sequence Number: 01
Percent: 37
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: WS5600000
CAS Number: 7664-93-9
OSHA PEL: 1 MG/M3
ACGIH TLV: 1 MG/M3; 9192
Other Recommended Limit:

=====
Proprietary: NO
Ingredient: WATER
Ingredient Sequence Number: 02
Percent: 63
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: ZC0110000
CAS Number: 7732-18-5
OSHA PEL: N/R
ACGIH TLV: N/R
Other Recommended Limit:

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Physical/Chemical Characteristics
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Appearance And Odor: CLEAR COLORLESS LIQUID,NO ODOR.
Boiling Point: N/K
Melting Point: N/K
Vapor Pressure (MM Hg/70 F): N/K
Vapor Density (Air=1): N/K
Specific Gravity: 1.281
Decomposition Temperature: N/K
Evaporation Rate And Ref: N/K
Solubility In Water: COMPLETE (MISCIBLE)
Percent Volatiles By Volume: N/K
Viscosity:
pH: <1
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY):
Autoignition Temperature: N/K

=====
Fire and Explosion Hazard Data
=====

Flash Point: NONE
Flash Point Method: N/R
Lower Explosive Limit: N/R
Upper Explosive Limit: N/R

Extinguishing Media: NOT FLAMMABLE. USE MEDIA APPROPRIATE FOR SURROUNDING FIRE.

Special Fire Fighting Proc: FIRE FIGHTERS SHOULD USE NIOSH APPROVED SCBA & FULL PROTECTIVE EQUIPMENT WHEN FIGHTING CHEMICAL FIRE. USE WATER SPRAY TO COOL NEARBY CONTAINERS EXPOSED TO FIRE.

Unusual Fire And Expl Hazrds: CONTACT WITH CERTAIN METALS LIBERATES HYDROGEN WHICH MAY BUILD TO EXPLOSIVE CONCENTRATIONS.

=====
Reactivity Data
=====

Stability: YES

Cond To Avoid (Stability): HIGH TEMPERATURES

Materials To Avoid: CARBIDES, CHLORATES, FULMINATES, NITRATES, PICRATES, POWDER METAL

Hazardous Decomp Products: SULFUR TRIOXIDE GAS, HYDROGEN.

Hazardous Poly Occur: NO

Conditions To Avoid (Poly): N/R
=====

=====
Health Hazard Data
=====

LD50-LC50 Mixture: N/K

Route Of Entry - Inhalation: NO

Route Of Entry - Skin: NO

Route Of Entry - Ingestion: YES

Health Haz Acute And Chronic: PRODUCT IS CORROSIVE TO BODY TISSUES. IT IS TOXIC VIA ITS CORROSIVITY.

Carcinogenicity - NTP: NO

Carcinogenicity - IARC: NO

Carcinogenicity - OSHA: NO

Explanation Carcinogenicity:

Signs/Symptoms Of Overexp: BURNS, RAPID DESTRUCTION OF TISSUES WHEREVER IT IS IN CONTACT.

Med Cond Aggravated By Exp: NONE

Emergency/First Aid Proc: EYE: FLUSH WITH WATER 15 MIN. SKIN: REMOVE CONTAMINATED CLOTHING. WASH AREA WITH SOAP AND WATER. LAUNDRY CLOTHING BEFORE REUSE. INHALED: REMOVE FROM EXPOSURE. GIVE ARTIFICIAL RESPIRATION OR OXYGEN IF NEEDED. INGESTED: DO NOT INDUCE VOMITING. GIVE WATER OR MILK. (NOTHING BY MOUTH IF UNCONSCIOUS). GET IMMEDIATE MEDICAL CARE. IF SYMPTOMS PERSIST OR SEVERE, GET MEDICAL CARE.
=====

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: CONTAINS SPILL. COVER WITH NEUTRALIZING AGENT. ADD WATER AS NEEDED TO FORM SLURRY. VENTILATE CLOSED AREA. SCOOP SLURRY INTO DISPOSAL CONTAINER. WASH REMAINDER WITH WATER.

Neutralizing Agent: SODIUM BICARBONATE OR 50/50 MIX OF SODA ASH/LIME.

Waste Disposal Method: DISPOSE I/A/W FEDERAL, STATE, LOCAL REGULATIONS.

Precautions-Handling/Storing: STORE IN A COOL, DRY, WELL VENTILATED AREAS.

Other Precautions: DECONTAMINATE "EMPTY" CONTAINERS BEFORE DISPOSAL.
=====

=====
Control Measures
=====

Respiratory Protection: NONE EXPECTED TO BE NECESSARY. PRODUCT SHOULD NOT BE MISTED UNDER FORSEEABLE USE. IF MISTED, USE NIOSH/MSHA RESPIRATOR FOR ACID MIST.

Ventilation: NORMAL ROOM VENTILATION.

Protective Gloves: RUBBER, PLASTIC, OTHER IMPERVIOUS.

Eye Protection: FACESHIELD OR SPLASH GOGGLES.
Other Protective Equipment: RUBBER APRON,BOOTS,SAFETY SHOWER,EYE WASH.
Work Hygienic Practices: USE GOOD CHEMICAL HYGIENE PRACTICE. AVOID CONTACT
IF POSSIBLE.
Suppl. Safety & Health Data: PRODUCT CODE 875510.

=====
Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 89333
DOT PSN Code: BRJ
DOT Proper Shipping Name: BATTERY FLUID, ACID
DOT Class: CORROSIVE MATERIAL
DOT Label: CORROSIVE
Limited Quantity: NO
DOT Mode Indicator:
Identification Number: UN2796

Reportable Qty - Trans File: NO
DOT/DoD Exemption Number:
IMO PSN Code: BWH
IMO Proper Shipping Name: BATTERY FLUID, ACID
IMO Regulations Page Number: SEE 8230
IMO UN Number: 2796
IMO UN Class: 8
IMO Subsidiary Risk Label: -
IATA PSN Code: DAG
IATA UN ID Number: 2796
IATA Proper Shipping Name: BATTERY FLUID, ACID
IATA UN Class: 8
IATA Subsidiary Risk Class:
IATA Label: CORROSIVE
AFR 71-4 PSN Code: BJH
AFR 71-4 Prop. Shipping Name: BATTERY FLUID,ACID
AFR 71-4 Class: CORROSIVE MATERIAL
AFR 71-4 Label: CORROSIVE
AFR 71-4 ID Number: UN2796
AF MMAC Code:

~~Tech Entry NOS Shipping Name: 37% SULFURIC ACID.~~
Additional Trans Data:

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point: E
Disposal Data Review Date: 88039
Rec # For This Disp Entry: 02
Tot Disp Entries This Stock#: 006
Landfill Ban Item:
Disposal Supplemental Data: CONCENTRATED ACID OXIDIZES,DEHYDRATES OR
SULFONATES MOST ORGANIC COMPOUNDS.MIXED WITH WATER,EVOLVES MUCH HEAT.
UNEUTRALIZED ACID MUST NOT CONTACT SULFIDES WASTES TO AVOID.EVOLVING
POISONOUS H*2SIN CASE OF ACCIDENTAL EXPOSURE OR DISCHARGE, CONSULT HEALTH
AND SAFETY FILE FOR PRECAUTIONS.
1st EPA Haz Wst Code UnUsed: D002
1st EPA Haz Wst Name UnUsed: CORROSIVE
1st EPA Haz Wst Char UnUsed: CORROSIVITY

1st EPA Acute Hazard UnUsed: NO
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review: 29NOV89
Label Date: 24JUN88
Manufacturer's Label No.: N/K
Label Status: A
Common Name of Product: BATTERY FLUID,ACID;37% SULFURIC ACID

Chronic Hazard: YES

Signal Word: DANGER!

Acute Health Hazard-None:

Acute Health Hazard-Slight:

Acute Health Hazard-Moderate:

Acute Health Hazard-Severe:

Contact Hazard-None:

Contact Hazard-Slight:

Contact Hazard-Moderate:

Contact Hazard-Severe:

Fire Hazard-None:

Fire Hazard-Slight:

Fire Hazard-Moderate:

Fire Hazard-Severe:

Reactivity Hazard-None:

Reactivity Hazard-Slight:

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: CAUSES SEVERE BURNS;DO NOT GET IN EYES,ON SKIN,OR ON CLOTHING.PERSONAL PROTECTIVE EQUIPMENT,TO INCLUDE EYE PROTECTON ~~MUST BE WORN WHEN DISPENSING THE CONTENTS OF THIS CONTAINER,ADEQUATE WATER~~ SUPPLY FOR QUICK DRENCHING OR FLUSHING THE EYES AND BODY MUST BE AVAILABLE WITHIN THE WORK AREA FOR EMERGENCY USE.IN CASE OF CONTACT,IMMEDIATELY FLUSH EYES AND SKIN WITH LARGE QUANTITIES OF WATER FOR AT LEAST 20 MINUTES: FOR EYES SEEK MEDICAL ATTENTION.DO NOT ADD WATER TO THE CONTENTS OF THIS CONTAINER BECAUSE OF VIOLENT REACTION.

Protect Eye: X

Protect Skin: X

Protect Respiratory: X

Mfg's Name From Label: AMERICAN BATTERY ACID CORP

Mfg's Street From Label: 904-NORTH FRONT STREET

Mfg's P.O. Box From Label: N/K

Mfg's City From Label: MEMPHIS

Mfg's State From Label: TN

Mfg's Zip Code From Label: 38107-2322

Mfg's Country From Label: US

Emergency Ph. No. From Label: 901-525-1888

Year Procured: 1989

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992



FSC: 6850
NIIN: 001428840
Manufacturer's CAGE: 37676
Part No. Indicator: A
Part Number/Trade Name: SKC-NF/ZC-7 CLEANER/REMOVER(PER 6/88)

=====
Nuclear Water Data
=====

This is not a Nuclear Water Chemical NIIN.

=====
General Information
=====

Item Name: INSPECTION PENETRANT REMOVER
Manufacturer's Name: MAGNAFLUX CORP.
Manufacturer's Street: 7300 WEST LAWRENCE AVENUE
Manufacturer's P. O. Box:
Manufacturer's City: CHICAGO
Manufacturer's State: IL
Manufacturer's Country: US
Manufacturer's Zip Code: 60656-3504
Manufacturer's Emerg Ph #: 312-867-8000
Manufacturer's Info Ph #: 312-867-8000
Distributor/Vendor # 1:
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
Distributor/Vendor # 4 Cage:
Safety Data Action Code:
Safety Focal Point: D
Record No. For Safety Entry: 007
Tot Safety Entries This Stk#: 015
Status: SE
Date MSDS Prepared: 29OCT84
~~Safety Data Review Date: 18OCT88~~
Supply Item Manager: CX
MSDS Preparer's Name: BRUCE C. GRAHAM
Preparer's Company:
Preparer's St Or P. O. Box:
Preparer's City:
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BDBRH
Specification Number: MIL-I-25135,REV C
Spec Type, Grade, Class: GROUP IA/VII
Hazard Characteristic Code: J7
Unit Of Issue: CN
Unit Of Issue Container Qty: 12 OZ
Type Of Container: AEROSOL CAN
Net Unit Weight: 12 OZ

NRC/State License Number:
Net Explosive Weight:
Net Propellant Weight-Ammo:
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: METHYL CHLOROFORM (1,1,1-TRICHLOROETHANE) (SARA III)
Ingredient Sequence Number: 01
Percent: 97.0
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: KJ2975000
CAS Number: 71-55-6
OSHA PEL: 350 PPM/450 STEL
ACGIH TLV: 350 PPM/450 STEL;9192
Other Recommended Limit:

=====
Proprietary: NO
Ingredient: CARBON DIOXIDE
Ingredient Sequence Number: 02
Percent: 03.0
Ingredient Action Code:
Ingredient Focal Point: D
NIOSH (RTECS) Number: FF6400000
CAS Number: 124-38-9
OSHA PEL: 10000PPM/30000STEL
ACGIH TLV: 5000PPM/30000STEL;92
Other Recommended Limit:

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: COLORLESS, CLEAR LIQUID, SWEET ODOR
Boiling Point: 165F/74C
Melting Point:
Vapor Pressure (MM Hg/70 F): 230
Vapor Density (Air=1): 4-5
~~Specific Gravity: 1.3~~
Decomposition Temperature:
Evaporation Rate And Ref: 5 (ETHER=1)
Solubility In Water: NEG
Percent Volatiles By Volume: 100
Viscosity:
pH:
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY):
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: N/R-AEROSOL
Flash Point Method:
Lower Explosive Limit: N/A
Upper Explosive Limit: N/A

Extinguishing Media: NONE
Special Fire Fighting Proc: USE WATER SPRAY TO COOL EXPOSED AEROSOL CANS.
Unusual Fire And Expl Hazrds: CANS MAY BURST ABOVE 120F. TOXIC GASES SUCH
AS HCL, PHOSGENE, CHLORINE. CAN FORM AT HIGH TEMP

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): HEAT & IGNITION SOURCES.
Materials To Avoid: ALKALAI METALS, WATER
Hazardous Decomp Products: PHOSGENE, HCI, TRACE CL
Hazardous Poly Occur: NO
Conditions To Avoid (Poly):

=====
Health Hazard Data
=====

LD50-LC50 Mixture:
Route Of Entry - Inhalation:
Route Of Entry - Skin:
Route Of Entry - Ingestion:
Health Haz Acute And Chronic:
Carcinogenicity - NTP:
Carcinogenicity - IARC:
Carcinogenicity - OSHA:
Explanation Carcinogenicity:
Signs/Symptoms Of Overexp: EYE:IRRT.SKN:IRRT.INHL: DIZZ,HEAD,ATAXIA,
LIGHTHEAD,LOSS CONSC,RESP ARREST.INGEST:IRRT,NAUS,DIARR.
Med Cond Aggravated By Exp:
Emergency/First Aid Proc: INHAL:RMV TO FRESH AIR. IF NOT BRTHNG GIVE CPR;
IF BRTHNG DIFF GIVE OXYGEN. EYE:IMMED FLUSH W/PLENTY OF WATER. SKIN: WASH
W/SOAP&WATER. RMV CONTAM CLTHG&SHOES. INGEST:INDUCE VOMIT. RPT UNTIL VOMIT
IS CLEAR. NOTHG BY MOUTH IF UNCONSC. GET MEDICAL ATTN.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: ALLOW SPILL TO EVAPORATE.REMOVE ALL HEAT-
IGNITION SOURCES.USE ABSORBENT FOR RESIDUE & PLACE IN CLOSED CONTAINERS
Neutralizing Agent:
Waste Disposal Method: DO NOT INCINERATE. USE APPROVED LANDFILL OR AEROSOL
DISPOSAL FACILITY IAW ALL LAWS & REGS
Precautions-Handling/Storing: STORE IN COOL,DRY AREA AWAY FROM HEAT
SOURCES. AVOID SKN,EYE CONTACT. AVOID INHL VAPORS.
Other Precautions:

=====
Control Measures
=====

Respiratory Protection: USE SAPP RESP IN CONFINED AREA.
Ventilation: SPRAY BOOTH PREFERRED
Protective Gloves: NONE
Eye Protection: NONE
Other Protective Equipment: NONE
Work Hygienic Practices:
Suppl. Safety & Health Data: ENTRY PER NON-OSHA MSDS 29OCT84;TRADE NAME,
P/N:SKC-NF/ZC-7 CLEANER(AEROSOL).THIS DATA IS OF OLD FORMULATION.MIL-I-
25135C,GROUP IA & VII APPLIED I/A/W QPL-25135-13; SEE PNI-B,THIS NSN,FOR
NEW PRODUCT FORMULATION.

=====
Transportation Data
=====

Transportation Action Code:
Transportation Focal Point: D
Trans Data Review Date: 88292
DOT PSN Code: DTF
DOT Proper Shipping Name: COMPRESSED GAS, N.O.S.
DOT Class: NONFLAMMABLE GAS
DOT Label: NONFLAMMABLE GAS
Limited Quantity: YES
DOT Mode Indicator:
Identification Number: UN1956
Reportable Qty - Trans File:
DOT/DoD Exemption Number:
IMO PSN Code: AKH
IMO Proper Shipping Name: AEROSOLS/AEROSOL PRODUCT
IMO Regulations Page Number: SEE 9022
IMO UN Number: 1950
IMO UN Class: 9
IMO Subsidiary Risk Label:
IATA PSN Code: ANB
IATA UN ID Number: 1950
IATA Proper Shipping Name: AEROSOLS, NON-FLAMMABLE, N.O.S.
IATA UN Class: 2
IATA Subsidiary Risk Class: -
IATA Label: NON-FLAMMABLE GAS
AFR 71-4 PSN Code: CZF
AFR 71-4 Prop. Shipping Name: COMPRESSED GAS, N.O.S.
AFR 71-4 Class: NONFLAMMABLE GAS
AFR 71-4 Label: NONFLAMMABLE GAS
AFR 71-4 ID Number: UN1956
AF MMAC Code:
Tech Entry NOS Shipping Name: CONTAINS CARBON DIOXIDE AS PROPELLANT.
Additional Trans Data: SHIPPING INFO PER MFR.

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point: E
Disposal Data Review Date: 89107
Rec # For This Disp Entry: 04
Tot Disp Entries This Stock#: 006
Landfill Ban Item:
Disposal Supplemental Data: 7ENTRY PER NON-OSHA MSDS 29OCT84; TRADE NAME, P/
N: SKC-NF/ZC-7 CLEANER (AEROSOL). THIS DATA IS OF OLD FORMULATION. MIL-I-
25135C, GROUP IA & VII APPLIED I/A/W QPL-25135-13; SEE PNI-B, THIS NSN, FOR
NEW IN CASE OF ACCIDENTAL EXPOSURE OR DISCHARGE, CONSULT HEALTH AND SAFETY
FILE FOR PRECAUTIONS.
1st EPA Haz Wst Code Unused: U226
1st EPA Haz Wst Name Unused: 1,1,1-TRICHLOROETHANE; METHYLCHLOROFORM
1st EPA Haz Wst Char Unused: TOXIC (T)
1st EPA Acute Hazard Unused: NO
2nd EPA Haz Wst Code Unused:
2nd EPA Haz Wst Name Unused:
2nd EPA Haz Wst Char Unused:
2nd EPA Acute Hazard Unused:

3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review:
Label Date:
Manufacturer's Label No.:
Label Status: E
Common Name of Product:
Chronic Hazard:
Signal Word:
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe:
Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe:
Reactivity Hazard-None:
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:
Special Hazard Precautions: VAPORS MAY CAUSE DIZZINESS OR SUFFOCATION.
CONTACT WITH LIQUID MAY CAUSE FROSTBITE. FIRE MAY PRODUCE IRRITATING OR
POISONOUS GASES.
Protect Eye:
Protect Skin:
Protect Respiratory:
Mfg's Name From Label: MAGNAFLUX CORPORATION
~~Mfg's Street From Label: 7300 W LAWRENCE AVE~~
Mfg's P.O. Box From Label:
Mfg's City From Label: CHICAGO
Mfg's State From Label: IL
Mfg's Zip Code From Label: 60656-3504
Mfg's Country From Label: US
Emergency Ph. No. From Label: 312-867-8000
Year Procured:

DOD Hazardous Materials Information System

DoD 6050.5-L

AS OF November 1992

FSC: 9140

NIIN: 00F004483

Manufacturer's CAGE: 7X550

Part No. Indicator: A

Part Number/Trade Name: RESIDUAL FUEL OIL; #BUNKER OIL

=====
Nuclear Water Data
=====

=====
This is not a Nuclear Water Chemical NIIN.
=====

=====
General Information
=====

Item Name:

Manufacturer's Name: GRACE PETROLEUM CO/UTICA, NY 13502

Manufacturer's Street:

Manufacturer's P. O. Box:

Manufacturer's City:

Manufacturer's State:

Manufacturer's Country:

Manufacturer's Zip Code:

Manufacturer's Emerg Ph #: (315) 797-4815

Manufacturer's Info Ph #:

Distributor/Vendor # 1:

Distributor/Vendor # 1 Cage:

Distributor/Vendor # 2:

Distributor/Vendor # 2 Cage:

Distributor/Vendor # 3:

Distributor/Vendor # 3 Cage:

Distributor/Vendor # 4:

Distributor/Vendor # 4 Cage:

Safety Data Action Code:

Safety Focal Point: F

Record No. For Safety Entry: 001

Tot Safety Entries This Stk#: 001

Status:

Date MSDS Prepared: INTERIM

Safety Data Review Date: 05FEB87

Supply Item Manager:

MSDS Preparer's Name:

Preparer's Company:

Preparer's St Or P. O. Box:

Preparer's City:

Preparer's State:

Preparer's Zip Code:

Other MSDS Number:

MSDS Serial Number: BBQJS

Specification Number:

Spec Type, Grade, Class:

Hazard Characteristic Code:

Unit Of Issue:

Unit Of Issue Container Qty:

Type Of Container:

Net Unit Weight:

NRC/State License Number:
Net Explosive Weight:
Net Propellant Weight-Ammo:
Coast Guard Ammunition Code:

=====
Ingredients/Identity Information
=====

Proprietary: NO
Ingredient: PETROLEUM HYDROCARBON
Ingredient Sequence Number: 01
Percent: N/K
Ingredient Action Code:
Ingredient Focal Point: F
NIOSH (RTECS) Number: 1000099PH
CAS Number:
OSHA PEL:
ACGIH TLV: N/K
Other Recommended Limit:

=====
Physical/Chemical Characteristics
=====

Appearance And Odor: BLACK LIQUID TO HEAVY PASTE-MILD PETROLEUM ODOR
Boiling Point: 500F
Melting Point:
Vapor Pressure (MM Hg/70 F): 0.2
Vapor Density (Air=1): N/K
Specific Gravity: 0.97
Decomposition Temperature:
Evaporation Rate And Ref: (ETHER = 1) <0.01
Solubility In Water: INSOLUBLE
Percent Volatiles By Volume: 100%
Viscosity:
pH:
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY):
Autoignition Temperature:

=====
Fire and Explosion Hazard Data
=====

Flash Point: >140F (PMCC)
Flash Point Method:
Lower Explosive Limit: N/K
Upper Explosive Limit: N/K
Extinguishing Media: DRY CHEMICAL, CO2, FOAM AND WATER SPRAY.
Special Fire Fighting Proc: WATER COOL CONTAINERS. WEAR SCBA/FULL
PROTECTIVE CLOTHING.
Unusual Fire And Expl Hazrds: FLOWING OIL CAN BE IGNITED BY SELF-GENERATED
STATIC ELECTRICITY. CONTAINERS SHOULD BE GROUNDED/BOND

=====
Reactivity Data
=====

Stability: YES
Cond To Avoid (Stability): N/K
Materials To Avoid: STRONG OXIDIZING AGENTS/HEAT/SPARK/FLAME/BUILD-UP OF
STATIC

Hazardous Decomp Products: CO, CO2, SULPHER DIOXIDE AND HYDROCARBONS.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): N/K

=====
Health Hazard Data
=====

LD50-LC50 Mixture:

Route Of Entry - Inhalation:

Route Of Entry - Skin:

Route Of Entry - Ingestion:

Health Haz Acute And Chronic:

Carcinogenicity - NTP:

Carcinogenicity - IARC:

Carcinogenicity - OSHA:

Explanation Carcinogenicity:

Signs/Symptoms Of Overexp: INHALATION: HEADACHE/NAUSEA/LOSS OF
CONSCIOUSNESS/CONVULSIONS/CONGESTION/RESPIRATORY TRACT.

Med Cond Aggravated By Exp:

Emergency/First Aid Proc: EYE: FLUSH THOROUGHLY W/WATER FOR AT LEAST 15
MINUTES. SKIN: REMOVE CONTAMINATED CLOTHING. WASH W/SOAP & WATER.

INHALATION: REMOVE TO FRESH AIR, APPLY ARTIFICIAL RESP IF NOT BREATHING.

INGESTION: DON'T INDUCE VOMITING.

=====
Precautions for Safe Handling and Use
=====

Steps If Matl Released/Spill: REMOVE SOURCES OF HEAT OR IGNITION,
INCLUDING INTERNAL COMBUSTION ENGINES/POWER TOOL CLEAN UP SPILL, BUT DON'T
FLUSH TO SEWER OR SURFACE WATER. VENTILATE AR/AVOID BREATHING VAPORS OR
MISTS.

Neutralizing Agent:

Waste Disposal Method: DISPOSE THROUGH A LICENSED WASTE DISPOSAL COMPANY.
FOLLOW FEDERAL, STATE AND LOCAL REGULATIONS.

Precautions-Handling/Storing: STORE IN TIGHTLY CLOSED CONTAINERS IN A DRY
COOL PLACE, AWAY FROM SOURCES OF HEAT OR IGNITION.ROUND/BOND ALL TRANSFER
AND STORAGE EQUIPMENT.

Other Precautions: N/K

=====
Control Measures
=====

Respiratory Protection: USE APPROVED RESP PROTECTIVE EQUIP FOR CLEANING
LARGE SPILL OR TANKS

Ventilation: PROVIDE ADEQUATE VENT TO KEEP MISTS/VAPORS <PEL/TLV

Protective Gloves: IMPERVIOUS

Eye Protection: SAFETY GLASSES

Other Protective Equipment: N/K

Work Hygienic Practices:

Suppl. Safety & Health Data: MSDS DATE: 31 MAY 86.

=====
Transportation Data
=====

Transportation Action Code:

Transportation Focal Point:

Trans Data Review Date:

DOT PSN Code:

DOT Proper Shipping Name:

DOT Class:

DOT Label:

Limited Quantity:
DOT Mode Indicator:
Identification Number:
Reportable Qty - Trans File:
DOT/DoD Exemption Number:
IMO PSN Code:
IMO Proper Shipping Name:
IMO Regulations Page Number:
IMO UN Number:
IMO UN Class:
IMO Subsidiary Risk Label:
IATA PSN Code:
IATA UN ID Number:
IATA Proper Shipping Name:
IATA UN Class:
IATA Subsidiary Risk Class:
IATA Label:
AFR 71-4 PSN Code:

AFR 71-4 Prop. Shipping Name:
AFR 71-4 Class:
AFR 71-4 Label:
AFR 71-4 ID Number:
AF MMAC Code:
Tech Entry NOS Shipping Name:
Additional Trans Data:

=====
Disposal Data
=====

Disposal Data Action Code:
Disposal Data Focal Point: E
Disposal Data Review Date: 88179
Rec # For This Disp Entry: 01
Tot Disp Entries This Stock#: 001
Landfill Ban Item:
Disposal Supplemental Data: MSDS DATE: 31 MAY 86. WASTE OILS: DISPOSE AS
PER DoD 4160.21M, CHAPTER VI-B65, LATEST EDITION.
1st EPA Haz Wst Code UnUsed:
1st EPA Haz Wst Name UnUsed: NOT REGULATED
1st EPA Haz Wst Char UnUsed: NOT REGULATED BY RCRA
1st EPA Acute Hazard UnUsed: NO
2nd EPA Haz Wst Code UnUsed:
2nd EPA Haz Wst Name UnUsed:
2nd EPA Haz Wst Char UnUsed:
2nd EPA Acute Hazard UnUsed:
3rd EPA Haz Wst Code UnUsed:
3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

=====
Label Data
=====

Label Required: YES
Date of Technical Review:
Label Date:
Manufacturer's Label No.:
Label Status: G
Common Name of Product: RESIDUAL FUEL OIL; #BUNKER OIL

Chronic Hazard:

Signal Word:

Acute Health Hazard-None:

Acute Health Hazard-Slight:

Acute Health Hazard-Moderate:

Acute Health Hazard-Severe:

Contact Hazard-None:

Contact Hazard-Slight:

Contact Hazard-Moderate:

Contact Hazard-Severe:

Fire Hazard-None:

Fire Hazard-Slight:

Fire Hazard-Moderate:

Fire Hazard-Severe:

Reactivity Hazard-None:

Reactivity Hazard-Slight:

Reactivity Hazard-Moderate:

Reactivity Hazard-Severe:

Special Hazard Precautions: INHALATION: HEADACHE/NAUSEA/ LOSS OF
CONSCIOUSNESS/CONVULSIONS/CONGESTION/RESPIRATORY TRACT.

Protect Eye:

Protect Skin:

Protect Respiratory:

Mfg's Name From Label: GRACE PETROLEUM CO/UTICA, NY 13502

Mfg's Street From Label:

Mfg's P.O. Box From Label:

Mfg's City From Label:

Mfg's State From Label:

Mfg's Zip Code From Label:

Mfg's Country From Label:

Emergency Ph. No. From Label: (315) 797-4815

Year Procured:

DOD Hazardous Materials Information System
DoD 6050.5-L
AS OF November 1992

FSC: 6830
NIIN: 00B020061
Manufacturer's CAGE: 33333
Part No. Indicator: A
Part Number/Trade Name: PROPANE

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SHML Data

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Not currently authorized for shipboard use; Requires CO's approval prior to procurement. If procured, submit SHML feedback form to Type Commander for endorsement prior to SPCC approval.

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Nuclear Water Data

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This is not a Nuclear Water Chemical NIIN.

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General Information

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Item Name: N/K
Manufacturer's Name: BELCHER COMPANY
Manufacturer's Street: 9 GREENWAY PLAZA
Manufacturer's P. O. Box: N/K
Manufacturer's City: HOUSTON
Manufacturer's State: TX
Manufacturer's Country: US
Manufacturer's Zip Code: 77046
Manufacturer's Emerg Ph #: 713-877-1400
Manufacturer's Info Ph #: 713-877-1400
Distributor/Vendor # 1: N/K
Distributor/Vendor # 1 Cage:
Distributor/Vendor # 2:
Distributor/Vendor # 2 Cage:
Distributor/Vendor # 3:
Distributor/Vendor # 3 Cage:
Distributor/Vendor # 4:
~~Distributor/Vendor # 4 Cage:~~
Safety Data Action Code:
Safety Focal Point: B
Record No. For Safety Entry: 001
Tot Safety Entries This Stk#: 001
Status:
Date MSDS Prepared: OCT85
Safety Data Review Date: 14APR89
Supply Item Manager:
MSDS Preparer's Name: DELNO MALZAHN, CIH
Preparer's Company: N/K
Preparer's St Or P. O. Box: N/K
Preparer's City: N/K
Preparer's State:
Preparer's Zip Code:
Other MSDS Number:
MSDS Serial Number: BGTLT

Specification Number:
Spec Type, Grade, Class:
Hazard Characteristic Code:
Unit Of Issue:
Unit Of Issue Container Qty:
Type Of Container:
Net Unit Weight:
NRC/State License Number:
Net Explosive Weight:
Net Propellant Weight-Ammo:
Coast Guard Ammunition Code:

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Ingredients/Identity Information
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Proprietary: NO
Ingredient: PROPANE
Ingredient Sequence Number: 01
Percent: 100

Ingredient Action Code:
Ingredient Focal Point: B
NIOSH (RTECS) Number: TX2275000
CAS Number: 74-98-6
OSHA PEL: 1000 PPM
ACGIH TLV: ASPHYXIAN; 9192
Other Recommended Limit: N/K

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Physical/Chemical Characteristics
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Appearance And Odor: GAS,ODORLESS.
Boiling Point: -40F
Melting Point: N/K
Vapor Pressure (MM Hg/70 F): 5,600
Vapor Density (Air=1): 1.5 AIR=1
Specific Gravity: 0.5077
Decomposition Temperature: N/K
Evaporation Rate And Ref: N/K
Solubility In Water: SLIGHT
Percent Volatiles By Volume: 100

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Viscosity:

pH: N/K
Radioactivity:
Form (Radioactive Matl):
Magnetism (Milligauss):
Corrosion Rate (IPY): N/K
Autoignition Temperature:

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Fire and Explosion Hazard Data
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Flash Point: -156F
Flash Point Method: N/K
Lower Explosive Limit: 2.37
Upper Explosive Limit: 9.5
Extinguishing Media: DRY CHEMICAL,FOAM,CARBON DIOXIDE.
Special Fire Fighting Proc: FIRE FIGHTERS SHOULD WEAR SELF-CONTAINED
BREATHING APPARATUS AND FULL PPE. DO NOT COMPLETELY EXTINGUISH FLAME UNLESS
GAS FLOW IS SHUT OFF!
Unusual Fire And Expl Hazrds: VAPORS MAY FLOW ON SURFACES FOR CONSIDERABLE

DISTANCES, REACH AN IGNITION SOURCE AND FLASH BACK. DANGEROUS FIRE/
EXPLOSION HAZARD WHEN MIXED WITH AIR.

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Reactivity Data
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Stability: YES
Cond To Avoid (Stability): N/K
Materials To Avoid: STRONG OXIDIZING AGENTS, HEAT, FLAME AND BUILD-UP OF
STATIC ELECTRICITY.
Hazardous Decomp Products: CO AND CO2.
Hazardous Poly Occur: NO
Conditions To Avoid (Poly): N/K
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Health Hazard Data
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LD50-LC50 Mixture: N/K
Route Of Entry - Inhalation: YES
Route Of Entry - Skin: YES
Route Of Entry - Ingestion: NO
Health Haz Acute And Chronic: SKIN-CONTACT WITH GAS MAY CAUSE FROSTBITE
(LIQUIFIED GAS). MAY CAUSE SLIGHT EYE IRRITATION. INHALATION CAUSES
DROWSINESS, EXCITATION OR UNCONSCIOUSNESS DUE TO ANESTHETIC AND ASPHYXIATION
PROPERTIES OF THIS GAS.
Carcinogenicity - NTP: NO
Carcinogenicity - IARC: NO
Carcinogenicity - OSHA: NO
Explanation Carcinogenicity: N/K
Signs/Symptoms Of Overexp: MAY CAUSE DIZZINESS, EXCITATION OR
UNCONSCIOUSNESS IF INHALED.
Med Cond Aggravated By Exp: N/K
Emergency/First Aid Proc: EYES-IMMEDIATELY FLUSH EYES WITH TEPID WATER.
SKIN-PROMPTLY FLUSH WITH TEPID WATER. IF FREEZE BURNS HAVE OCCURRED, APPLY
BULKY, DRY, STERILE BANDAGE TO PROTECT AREA. INHALATION-REMOVE TO FRESH AIR.
APPLY ARTIFICIAL RESPIRATION IF NOT BREATHING. GET MEDICAL ATTENTION FOR
ALL OF THE PRECEDING SITUATIONS.
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Precautions for Safe Handling and Use
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Steps If Matl Released/Spill: REMOVE SOURCES OF HEAT OR IGNITION, INCLUDING
INTERNAL COMBUSTION ENGINES AND POWER TOOLS. STOP GAS FLOW. KEEP PEOPLE
AWAY. STAY UPWIND AND WARN PEOPLE OF POSSIBLE EXPLOSION. WEAR SELF-
CONTAINED BREATHING APPRATUS IF CONDITION WARRANTS.
Neutralizing Agent: N/K
Waste Disposal Method: DISPOSE THROUGH A LICENSED WASTE DISPOSAL COMPANY.
FOLLOW FEDERAL, STATE AND LOCAL REGULATIONS.
Precautions-Handling/Storing: FLAMMABLE GAS.
Other Precautions: N/K
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Control Measures
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Respiratory Protection: SELF-CONTAINED BREATHING APPARATUS SHOULD BE
AVAILABLE FOR NON-ROUTINE AND EMERGENCY USE.
Ventilation: PROVIDE ADEQUATE VENTILATION WHERE THIS PRODUCT IS USED TO
MEET TLV REQUIREMENTS AND KEEP AIR CONCENTRATION BELOW 25%LEL
Protective Gloves: YES.
Eye Protection: CHEMICAL GOGGLES OR FACE SHIELD.
Other Protective Equipment: PROTECTIVE CLOTHING WHERE CONTACT WITH LIQUID

PROPANE IS POSSIBLE.

Work Hygienic Practices:

Suppl. Safety & Health Data:

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Transportation Data
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Transportation Action Code:

Transportation Focal Point:

Trans Data Review Date:

DOT PSN Code:

DOT Proper Shipping Name:

DOT Class:

DOT Label:

Limited Quantity:

DOT Mode Indicator:

Identification Number:

Reportable Qty - Trans File:

DOT/DoD Exemption Number:

IMO PSN Code:

IMO Proper Shipping Name:

IMO Regulations Page Number:

IMO UN Number:

IMO UN Class:

IMO Subsidiary Risk Label:

IATA PSN Code:

IATA UN ID Number:

IATA Proper Shipping Name:

IATA UN Class:

IATA Subsidiary Risk Class:

IATA Label:

AFR 71-4 PSN Code:

AFR 71-4 Prop. Shipping Name:

AFR 71-4 Class:

AFR 71-4 Label:

AFR 71-4 ID Number:

AF MMAC Code:

Tech Entry NOS Shipping Name:

Additional Trans Data:

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Disposal Data
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Disposal Data Action Code:

Disposal Data Focal Point:

Disposal Data Review Date:

Rec # For This Disp Entry:

Tot Disp Entries This Stock#:

Landfill Ban Item:

Disposal Supplemental Data:

1st EPA Haz Wst Code Unused:

1st EPA Haz Wst Name Unused:

1st EPA Haz Wst Char Unused:

1st EPA Acute Hazard Unused:

2nd EPA Haz Wst Code Unused:

2nd EPA Haz Wst Name Unused:

2nd EPA Haz Wst Char Unused:

2nd EPA Acute Hazard Unused:

3rd EPA Haz Wst Code Unused:

3rd EPA Haz Wst Name UnUsed:
3rd EPA Haz Wst Char UnUsed:
3rd EPA Acute Hazard UnUsed:

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Label Data
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Label Required: YES
Date of Technical Review:
Label Date:
Manufacturer's Label No.:
Label Status: G
Common Name of Product: PROPANE
Chronic Hazard:
Signal Word:
Acute Health Hazard-None:
Acute Health Hazard-Slight:
Acute Health Hazard-Moderate:
Acute Health Hazard-Severe:

Contact Hazard-None:
Contact Hazard-Slight:
Contact Hazard-Moderate:
Contact Hazard-Severe:
Fire Hazard-None:
Fire Hazard-Slight:
Fire Hazard-Moderate:
Fire Hazard-Severe:
Reactivity Hazard-None:
Reactivity Hazard-Slight:
Reactivity Hazard-Moderate:
Reactivity Hazard-Severe:

Special Hazard Precautions: SKIN-CONTACT WITH GAS MAY CAUSE FROSTBITE
(LIQUIFIED GAS). MAY CAUSE SLIGHT EYE IRRITATION. INHALATION CAUSES
DROWSINESS,EXCITATION OR UNCONSCIOUSNESS DUE TO ANESTHETIC AND ASPHYXIATION
PROPERTIES OF THIS GAS. MAY CAUSE DIZZINESS,EXCITATION OR UNCONSCIOUSNESS,
IF INHALED.

Protect Eye:
Protect Skin:
Protect Respiratory:

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Year Procured: