

CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POLICE & SECURITY
DIVISION OF EMERGENCY RESPONSE AND TECHNICAL ASSESSMENT

Local Law 26
The New York City Community Right-To-Know Program

GUIDELINES FOR REPORTING CHEMICAL INVENTORY

FILING DEADLINE – MARCH 1st, ANNUALLY

Bill de Blasio, Mayor
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General Guidelines Information¹

The purpose of Local Law 26, the New York City Community Right to Know Laws and Regulations (RTK) is to protect the health and safety of the public from potential exposure related to hazardous substances, extremely hazardous substances and regulated toxic substances at or above federal threshold planning quantities (TPQ).

The owner/operator of a facility must report all hazardous substances used, stored, handled, or processed at their facility and the Risk Management Plan (if applicable) be reported annually to the NYC Department of Environmental Protection. These requirements apply to **all** facilities you own or operate. Large facilities may complete their Tier II submissions by Department.

In accordance with the very low reporting thresholds set forth in Local Law 26 many substances, even in small quantities, may need to be reported. Chemical mixtures are required to be reported depending on the components(s) of the mixture.

Additional compliance requirements include:

- reporting spills at the facility
- designating a facility emergency coordinator
- proper labeling of containers of hazardous materials
-

In order to be in compliance, the Tier II submission and the appropriate filing fee must be received on or before March 1st of each year.

These requirements apply to **all** facilities you own or operate. Large facilities may complete their Tier II submissions by department.

If you are completing the form as a consultant, please ***Do Not*** enter your own address, telephone number, name, etc., on the form, and ***Do Not Sign the Form unless you are the facility's Legal Responsible Party***.

¹ These guidelines are provided to assist New York City based facility owners/operators with the process of filing their annual Facility Inventory Form (FIF). These guidelines do not serve as a substitution for the information contained in Local Law 26, the New York City Community Right to Know Laws and Regulations, nor do they serve as a substitution for the actual requirements. It is the responsibility of each facility owner/operator to determine compliance requirements with Local Law 26.

Chemical Inventory

- **What chemicals are reportable?**
 - a. The substance must be on the hazardous substance list or the physical and health hazard special list. This includes pure substances or mixture(s). *Trade names are not listed on the hazardous substance list.*
 - b. The substance must be at or above its individual threshold reporting quantity TRQ (in pounds) at any time during the reporting year, either as a pure substance or as a component in a mixture.
 - c. Any hazardous substance at or above its TRQ in a mixture, or a trade name product must be reported. To determine if a hazardous component is at or above its TRQ in a mixture, multiply the percent (%) concentration of the hazardous component by the weight of the entire mixture and compare the calculated quantity with the TRQ of that component. If the component of a mixture is not on the hazardous substance list, refer to the physical and health hazard special list Chapter 41 (41-05) in the Laws and Regulations booklet to verify the TRQ for that component.
- **What is the difference between a PURE SUBSTANCE and a MIXTURE?**

A **PURE** substance is a chemical element in its natural state or the product of a production process including any additives necessary to preserve the stability of the substance. A pure substance that is diluted or dissolved in water is considered a solution. A pure substance has a CAS number. Some examples of **PURE** substances are toluene and perchloroethylene.

A **MIXTURE** is combination of two or more substances not involving a chemical reaction. A mixture may not have a CAS number.

Exemption Process

If your facility would like to **claim an exemption** from reporting, please submit your request in writing to the address below or email us at deptier2@dep.nyc.gov. Please include your Right-to-Know facility ID # if known, as well as the reason you believe your facility is not required to file a Tier II report. An inspection of the facility will be conducted to confirm the information provided. The request should be submitted to the following address:

**NYC Department of Environmental Protection
Division of Emergency Response & Technical Assessment
Right-to-Know Program
59-17 Junction Blvd, 1st fl.
Flushing, New York 11373-5107**

Risk Management Plan Requirements

New York City's Community Right-to-Know Law (Local Law 26) was enhanced by Local Law 92, in 1993, which requires facilities that use, store, handle or process extremely hazardous or regulated toxic substances at or above the federally determined threshold planning quantity (TPQ), to prepare and submit a Risk Management Plan (RMP) to the New York City Department of Environmental Protection (NYC DEP) **on or before March 1st of every year.**

A Risk Management Plan (RMP) must contain a risk assessment program, a risk reduction program and an emergency response program. The purpose of the Risk Management Plan is to provide preventative measures to mitigate the potential harm of the surrounding communities, workers and emergency response personnel from the dangers associated with a hazardous, extremely hazardous and regulated toxic substance release.

In instances where a substance is listed on both the extremely hazardous and the regulated toxic substance lists, the lower of the threshold planning quantities (TPQ) shall apply. The lists of the regulated toxic and extremely hazardous substances can be found in the Community Right-To-Know Laws and Regulations booklet.

If you filed an RMP which was previously approved by DEP, submittal of plan update(s) are required each year. The plan update must include the following:

1. A description of any change in a facility's process(es).
2. Amendments to a facility's RMP.

If a facility has not amended its RMP, it must submit a notarized letter to DEP that indicates that no changes occurred at the facility or in the surrounding community.

Any business that fails to submit a required RMP may be subject to penalties of up to **\$20,000.** Businesses that submit RMPs that contain misrepresentations, false statements or false certifications are also subject to penalties.

Labeling Information

Below are the labeling requirements under the NYC Community Right-to-Know Law. Please refer to §41-07 of the Right-to-Know Regulations for a complete list of the requirements.

Each container must be labeled, tagged or marked with the following:

1. The chemical name(s)
2. The Chemical Abstracts Service (CAS) number(s).
3. The appropriate hazardous warning(s) associated with the chemical.

In the case of a substance protected under the “trade secret” provision, the label should indicate the specific code assigned by the Commissioner for such substance.

The labels must be legibly written in English, prominently displayed on the container and readily available in the work area throughout each work shift. Other languages may be used on the label in addition to English.

For individual stationary process containers, a facility can use signs, placards, process sheets, batch tickets, operating procedures or other written materials instead of affixed labels, as long as the containers must be identified and the chemical name and CAS number are indicated. The written materials must be readily accessible to employees at all times.

Portable containers that are used to transfer hazardous chemicals from labeled containers can remain unlabeled if the portable container will only be used by the employee who performs the transfer. The employee must maintain control of the unlabeled container while it contains any hazardous chemical.

Example: Label for Solvent X, a mixture

SOLVENT X	
2-Butoxyethanol	111-76-2
Sodium Hypochlorite	768-52-9
Formaldehyde	50-00-0
Benzene	71-43-2

NYC Community Right-to-Know Requirements

New York City Local Law 26/88 requirements include: Reporting of hazardous substances and/or extremely hazardous substances, payment of the annual filing fee, proper labeling of all hazardous substances and submittal of a risk management plan (where applicable).

Purpose	Who Must Comply	What is Required
Annual Inventory L.L. 26/88 §24-706	Any facility that stores, handles, processes or uses a hazardous substance or an EPA extremely hazardous substance (EHS) at or above the Threshold Reporting Quantity (TRQ). A list of reportable substances can be found in the hazardous substance list.	Submit a completed Facility Inventory Form (FIF) along with all required documentation, i.e. SDS's, to the NYC DEP Right to Know Program and to NYC Fire Department by March 1 st of each year.
Labeling Requirements L.L. 26/88 §24-711	Any facility filing a FIF must have all hazardous substances clearly marked with a label.	A label indicating the chemical name and CAS identification number on each hazardous substance.
Filing Fee L.L. 54/93 §24-706(d)	Any facility submitting a Facility Inventory Form (FIF) under L.L. 26/88 excluding city, state or federal government facilities.	Payment can be made by check, e-check, credit card or money order payable to the NYC Commissioner of Finance along with a copy of the fee invoice.
Risk Management Plan L.L. 92/93 §24-718	Any facility that stores, handles, processes or uses a hazardous, an extremely hazardous and/or regulated toxic substances greater than or equal to federally established thresholds.	A Risk Management Plan must include a risk assessment, a risk reduction program and an emergency response plan. <i>Please refer to the Risk Management Program section for more information.</i>

SARA Title III Requirements

SARA Title III requirements include: Emergency Planning (§302 & 303), Emergency Release Notification (§304) and Toxic Chemical Release Inventory (§313). Substances subject to these requirements are identified on the Hazardous Substance List. The list for newly added chemicals for the Toxic Chemical Release Inventory (§313), which is required to be reported to New York State Department of Environmental Conservation, can be found in the NYC Community Right-To-Know Laws and Regulations booklet. (Section 313 EPCRA).

Purpose	Who Must Comply	What is Required
<p style="text-align: center;">Annual Inventory</p> <p style="text-align: center;">§311 §312</p>	<p>Any facility that has 10,000 lbs. or more of an EPA hazardous chemical for which an SDS is required under the OSHA hazardous chemicals regulations (29 CFR 1910.1200). Any retail gasoline station selling gasoline and/or diesel fuel principally to the public, for motor vehicle use in land and stores 75,000 gallons or more of gasoline or 100,000 gallons of diesel fuel or more (all grades combined).</p>	<p>Submit a completed Facility Inventory Form (FIF) along with all required documentation i.e. SDS's, to the NYS Department of Environmental Conservation (DEC), the NYC DEP Right to Know Program and the NYC Fire Department by March 1st of each year.</p>
<p style="text-align: center;">Emergency Planning</p> <p style="text-align: center;">§302 §303</p>	<p>Any facility that exceeds the Threshold Planning Quantity (TPQ) of an Extremely Hazardous Substance (EHS).</p>	<ul style="list-style-type: none"> • Submit a letter to the State Emergency Response Commission (SERC) indicating compliance with the requirements. • Submit the name and contact information of a facility emergency coordinator to the NYC DEP/ Local Emergency Planning Committee (LEPC) who is authorized to participate in emergency planning.
<p style="text-align: center;">Emergency Release Notification</p> <p style="text-align: center;">§304</p>	<p>Any facility that has a release or spill at or above the reportable quantity of an EHS or a hazardous substance as indicated in the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA).</p>	<ul style="list-style-type: none"> • Call 311 immediately. • Submit a letter to the State Emergency Response Commission (SERC) and NYC DEP.
<p style="text-align: center;">Toxic Release Inventory</p> <p style="text-align: center;">§313</p>	<p>Any facility in Standard Industrial Classification (SIC) codes 20-39 with 10 or more employees and <u>Used</u> 10,000 lbs. or more of a toxic chemical in the previous year, or <u>Manufactured</u> or <u>processed</u> 25,000 lbs. or more of a toxic chemical in the previous year.</p>	<ul style="list-style-type: none"> • Complete and submit form "R" to the SERC and US Environmental Protection Agency (USEPA) by July 1st of the reporting year. • Call 1(800) 535-0202 for a copy of form "R".

Instructions for Completing the Facility Inventory Form

These instructions apply to facilities reporting under both Federal and City laws or under either law independently. The required documents to be completed are; the Facility Inventory Form, the Mixture Component Form and the Fee Invoice. Blank forms can be found in Appendix A or on our website.

Name - Enter the complete name of your facility as registered with NY State, please include the company identifier, or "Doing Business As" name, if appropriate.

Street Address, City, State, Zip - Enter the full street address, including City, State and ZIP Code + 4. This address is to be used to locate your facility in the event of an emergency. The use of a Post Office Box address **is not acceptable**.

Telephone - Enter the area code and telephone number of the facility.

County - Enter the name of the county in which your facility is located, i.e. New York, Kings, Queens, Manhattan, Bronx or Richmond.

NAICS Code

Enter your facility's North American Industry Classification System code (NAICS). If you do not know your facility's NAICS Code call (800) 553-6847.

Federal Tax ID Number

Enter your facility's Federal Tax ID Number. If you do not know your facility's Federal tax ID number call 1-800-829-3676.

OWNER/OPERATOR

Enter the **Owner/Operator's** full name, mailing address, telephone number and E-mail address.

EMERGENCY CONTACTS

Name, Title, Daytime Phone - Enter the name, title and telephone number of two persons that can be contacted during a hazardous substance emergency.

24-Hour Phone - Provide an emergency phone number where an emergency contact will be available 24 hours a day. The facility must ensure a 24-hour contact is available.

CHEMICAL DESCRIPTION

Enter the information for each chemical, the type (pure or mixture) and state of the chemical (solid, liquid or gas).

CAS - Enter the substance's Chemical Abstract Service (CAS) number from the Safety Data Sheet (SDS). Fill in the boxes from the right. Leave any blank boxes to the left.

For example: Toluene-2,6-diisocyanate, CAS 91-08-7, is reported as:

				9	1	0	8	7
--	--	--	--	---	---	---	---	---

not

9	1	0	8	7				
---	---	---	---	---	--	--	--	--

Trade Secret - Check this box if the substance contains a confidential formula, pattern, process or device.

Proprietary formulation

is not an accepted term under OSHA, SARA or NY City Right-to-Know Law you must request the formulation from the manufacturer.

Indicate the name of the chemical mixture including the trade name. Identify each component in the mixture by its chemical name, CAS number and percent (%) concentration.

Example: Solvent X, is a mixture. It does not have a CAS number. It is made up of 50% by weight of 2-butoxy-ethanol, 14% sodium hypochlorite, 10% formaldehyde, 0.5% benzene and water. Solvent X would be reported:

Solvent X

Chemical Name	%	CAS
Butoxyethanol	50	111-76-2
Sodium hypochlorite	14	768-52-9
Formaldehyde	10	50-00-0
Benzene	0.5	71-43-2

Pure, Mix, Solid, Liquid, Gas, EHS

Check all applicable boxes.

Extremely Hazardous Substance (EHS)

Check the EHS box for a substance or mixture containing an Extremely Hazardous Substance (EHS) as per SARA, at or above the TPQ.

PHYSICAL AND HEALTH HAZARDS

Check all boxes that apply for *Physical and Health Hazards*.

Physical and Health Hazards can be found on the substance's SDS and label.

Fire: includes flammable, combustible, liquid, oxidizer and any substance that will ignite spontaneously in air at temperatures below 130°F (54°C).

Sudden release of pressure: includes compressed gas or explosive.

Reactivity: includes unstable, organic and water reactive substances.

Immediate (acute): adverse health effects appearing within 48 hours from exposure.

Delayed (chronic): adverse health effects appearing weeks after exposure.

Additional definitions of terms used in describing the categories can be found in §41-03 of the Right-to-Know Regulations.

INVENTORY

Report all amounts in weight (pounds).

To convert gas or liquid volume to weight in pounds, multiply the substance's volume by its density.

If a hazardous substance is part of a mixture, report the weight of the *entire mixture*.

Maximum Amount (code) - Estimate the greatest amount present at your facility at any time during the reporting period, then find the appropriate code in *Table I-Reporting Ranges*, below, and enter the exact amount and the code in the *Maximum Amount* boxes.

TABLE I - REPORTING RANGES

Weight Range in Pounds		
From	To	Code
0	99	01
100	999	02
1,000	9,999	03
10,000	99,999	04
100,000	999,999	05
1,000,000	9,999,999	06
10,000,000	49,999,999	07
50,000,000	99,999,999	08
100,000,000	499,999,999	09
500,000,000	999,999,999	10
Billion	Higher	11

EXAMPLE: To convert 5,000 gallons of solvent X to pounds, multiply the solvent density which is 7.29 pounds/gallon by the volume which is 5,000 gallons ($7.29 \times 5,000 = 36,450$ lbs.).

Based on Table I, the code for this example is 04, which indicates the Maximum Daily Amount.

NOTE: *To obtain the density of any liquid multiply its specific gravity by 8.33 pounds per gallon (density of water).*

Average Amount (code) - Estimate the average weight in pounds for the reporting year, then find the appropriate code in *Table I-Reporting Ranges*, above, and enter the exact amount and the code in the *Average Amount* boxes.

EXAMPLE: The 5,000-gallon shipment of Solvent X given in the previous example remained at the facility for 10 days and then half of the solvent was shipped off-site; the remainder stayed on-site for 215 days.

To calculate the average daily amount, sum up the daily weight in pounds ($(36,450 \text{ lbs.} \times 10 \text{ days}) + (18,225 \text{ lbs.} \times 215 \text{ days})$) and divide the total by the number of days the substance was at the facility (225 days), then enter the code using Table I.

- $(36,450 \times 10) + (18,225 \times 215) = 364,500 + 3,918,375 = 4,282,875$
- $4,282,875 \div 225 = 19,035$
- Based on Table I, enter 19,035 lbs. for the amount, which corresponds, to code 04 as the Average Daily Amount.

No. of Days On-site: Enter the number of days the hazardous substance pure or mixture was present at the facility in the *No. of Days on-site (days)* boxes. Usually the number entered is 365, to indicate all year.

STORAGE CODES AND LOCATIONS

If a substance has more than one set of storage codes, use separate storage location line(s) for each set of code(s).

Storage Locations - Provide the exact location (building, lot number, room etc.) of where the hazardous substance(s) are stored, so they can be easily located and accessed during an emergency.

Storage Codes - Indicates the codes for the container type and storage conditions at each location.

Container - In the first box, enter Container Type code. Find the appropriate code in the in Table II.

TABLE II-CONTAINER TYPES

Container	Code
Above ground tank	A
Below ground tank	B
Tank inside building	C
Steel drum	D
Plastic or non-metallic drum	E
Can	F
Carboy	G
Silo	H
Fiber drum	I
Bag	J
Box	K
Cylinder	L
Glass bottles or jugs	M
Plastic bottles or jugs	N
Tote bin	O
Tank wagon	P
Rail car	Q
Other	R

Pressure - In the second box, enter the Pressure code. Find the appropriate code in Table III.

TABLE III-PRESSURE CONDITIONS

Pressure	Code
Ambient pressure	1
Greater than Ambient pressure	2
Less than ambient pressure	3

Temperature - In the third box, enter the Temperature code. Find the appropriate code in Table IV.

TABLE IV-TEMPERATURE CONDITIONS

Temperature	Code
Ambient temperature	4
Greater than ambient temperature	5
Less than ambient temperature.	6
Cryogenic conditions (below freezing)	7

EXAMPLE: A solvent in the main building is kept in an indoor tank, at ambient pressure and temperature. Please see the storage codes below for this example.

- Table II, the code for an indoor tank is C.
- Table III, the code for ambient pressure is 1.
- Table IV, the code for ambient temperature is 4.

Therefore, the storage code would be:

C	1	4
---	---	---

EXAMPLE: The storage code for an oxygen cylinder at greater than ambient pressure and temperature based on the tables II, III and IV is:

L	2	5
---	---	---

CERTIFICATION

The *Certification* Section must be completed by a responsible party of the facility (the owner or operator, or his or her officially designated representative).

An **original signature** is required on at least the first page of the submission.

Enter your full name and official title. Sign your name and enter the current date.

Subsequent pages must contain either an original signature, a photocopy of an original signature or a signature stamp and date.

Submissions to the SERC, LEPC and NYC Fire Department must each contain an

NYC DEP will not accept FIFs with a photocopied or rubber-stamped signature on the first page.

original signature on the first page.

Note to Third-Party Preparers

The signer of the certification is legally responsible for the content of the submission and other facility requirements that may apply. Only a responsible party of the facility may sign the FIF.

Any responsible party who submits a false document is subject to penalties pursuant to § 24-713 of the New York City Administrative Code and § 41-14 of the Right-to-Know Regulations.

FILING FEE

The fee is determined based on the following:

- The total number of hazardous substances, pure or mixture, **including** extremely hazardous substances (EHS) reported on the FIF(s).
- The highest maximum amount (highest code) of any single hazardous substance **including** EHS(s) reported on the FIF(s).

Use the fee schedule table in Appendix B to determine the appropriate filing fee by cross-referencing the number of hazardous substances and the sum of the weight in pounds (lbs.) of all substances reported on the FIF.

Note: *When reporting an **Extremely Hazardous Substance** at or above its Threshold Planning Quantity, there is an additional EHS surcharge of 25 percent.*

Example I: If a facility has three reportable hazardous substances and the sum of the total weight in pounds is fifteen million pounds, the filing fee would be \$350.00 as per the fee schedule.

Example II: If any of the substances in Example I are classified as an **Extremely Hazardous Substance**, the filing fee should be calculated as follows:

$$\begin{aligned} \text{EHS surcharge} &= \text{Base Fee (as determined in Example 1)} \times 25\% = \\ & \$ 350 \times 0.25 = \$ 87.50 \end{aligned}$$

To determine the total fee amount, add the EHS surcharge to the base fee.

Base Fee	\$ 350.00 (as determined in Example 1)
EHS Surcharge	<u>\$ 87.50</u> (25% EHS surcharge)
Total filing fee	\$ 437.50

How To Prepare Your Mailing

Your submission must include your Facility Inventory Form(s) along with the proper Safety Data Sheet (s), the Fee Invoice and Filing Fee. The facility's ID# must be indicated on the Fee Invoice, check and the Facility Inventory Form (FIF).

1. **Facility Inventory Form (FIF)/Tier II** - Number each page in the upper right corner: Page ___ of ___ pages. If your submission requires more than one page, please use additional FIF pages.
2. **Safety Data Sheet(s) (SDS)** – Submit the proper Safety Data Sheet for each reported chemical.
3. **Filing Fee** - Do not send cash. All checks or money orders must be made payable to the **NYC Commissioner of Finance**. An FIF submitted without the correct fee will be considered incomplete and the facility will not be in compliance with the NYC Community Right-to-Know law.
4. **Make a copy of your submission** – Keep a copy of your submission for your records.

To comply with:	Mail the following:	Mail items to the following addresses:
NYC Community Right-to-Know Law	<ul style="list-style-type: none"> • Original FIF(s) • Copy of SDS (s) • FEE • FEE Invoice 	NYC Department of Environmental Protection Right-to-Know/LEPC 59-17 Junction Blvd, 1 st fl. Flushing, NY 11373-5107
	<ul style="list-style-type: none"> • Copy of FIF(s) • Copy of SDS (s) 	NYC Fire Department Bureau of Operations Toxic Substance Unit 9 Metro Tech Center Brooklyn, NY 11201
SARA Title III	<ul style="list-style-type: none"> • Copy of FIF(s) • Copy of SDS (s) for substances being reported <i>for the first time</i> 	NYS Emergency Management Office NYS Emergency Response Commission 1220 Washington Avenue, Building 22, Suite 101 Albany, NY 12226-2251

APPENDIX A

FORMS

- Facility Inventory Form (FIF)
- Fee Invoice
- Mixture Component Form

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM <hr/> TIER TWO	Name ABC DRY CLEANERS Street 22 RUBBER STREET City QUEENS VILLAGE State NY Zip+4 11429 Telephone (718) 595-555 County QUEENS NAICS Code <table border="1" style="display: inline-table;"><tr><td>8</td><td>1</td><td>2</td><td>2</td><td>3</td><td>0</td></tr></table> Federal Tax ID Number <table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> Dun & Brad No <table border="1" style="display: inline-table;"><tr><td>0</td><td>0</td><td>1</td><td>1</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table> Hurricane <input type="checkbox"/> Evacuation Zone <input type="checkbox"/> Flood Zone # <input type="checkbox"/> TRIFID <input type="checkbox"/> RMP Required <input type="checkbox"/> RMP ID <input type="text"/> Manned <input checked="" type="checkbox"/> Number of Occupants <input type="text" value="4"/> Latitude <input type="text" value="40 768457"/> Longitude <input type="text" value="-73 837764"/>	8	1	2	2	3	0	1	2	3	4	5	6	7	8	9	0	0	1	1	2	2	3	4	5	Owner/ Operator Name NANCY DOE Phone (718) 566-7264 Mail Address 346 BROADWAY, New York, NY 110013_ E-mail Address ndoe@aol.com <hr/> Name WILLIAM CLARK Title MANAGER Day Phone (212) 566-7264 24-hr phone (718)587-2130 Name GEORGE RICHMOND Title SUPERVISOR Day Phone (212) 566-7264 24-hr phone (718) 999-8787 Facility Emergency Coordinator Name _____ Title _____ Phone (____) _____ 24-hr phone(____) _____
	8	1	2	2	3	0																				
1	2	3	4	5	6	7	8	9																		
0	0	1	1	2	2	3	4	5																		
<i>Facility Identification</i>	<i>Emergency Contacts</i>																									
For Official Use Only: ID# <input type="text"/> Date Received: <input type="text"/>																										

Chemical Description	Physical and Health Hazards <i>Check all that apply</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations and descriptions</i>	OPTIONAL																																														
CAS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/> Name(s) of Chemical(s) <u>PERCHLOROETHYLENE</u> EHS Name _____ <i>Check all that apply:</i> <input checked="" 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"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed(chronic)	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Max Amount or Code <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Avg. Amount or Code <table border="1" style="display: inline-table;"><tr><td>3</td><td>6</td><td>6</td></tr></table> No. of Days Present																					3	6	6	<table border="1" style="display: inline-table;"><tr><td>R</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> In the Dry Cleaning _____ _____ _____	R	1	4													Check box if information submitted is identical to last year <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. I Certify that all hazardous materials are stored according to federal, state and local laws and regulations.			OPTIONAL I have attached a site plan <input type="checkbox"/>
Nancy Doe President	_____ Signature	1/1/2018 _____ Date signed	
Name and official title of owner/operator OR owner/operator's authorized representative			

**Department of Environmental Protection
Division of Emergency Response & Technical Assessment
Right-to-Know Program**

Fee Invoice

Make check or money order payable to: **NYC Commissioner of Finance** and mail this completed form along with your Tier II submission.

Facility Name: _____ **ID:** _____

Location: _____ **E Mail Address:** _____

Check Number: _____

TOTAL Number of Chemicals _____
Highest Amount of any
single reportable substance(lbs.) _____

Amount of Fee _____(a)
EHS Surcharge (if applicable)
is the amount on line
(a) multiplied by 25% _____(b)

Total Fee Paid (a+b) _____

For Office Use Only:

Fee Paid _____

Fee Due _____

Balance Due _____

Initials: _____

**NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
RIGHT TO KNOW PROGRAM**

**FACILITY INVENTORY FORM APPENDIX
Mixture Component Form**

CFID # _____ Facility Name _____

Name of Substance _____

Ingredients	%	CAS #	EHS

Name of Substance _____

Ingredients	%	CAS #	EHS

Name of Substance _____

Ingredients	%	CAS #	EHS

APPENDIX B

Right-To-Know Program Fee Schedule

RIGHT-TO-KNOW PROGRAM FEE SCHEDULE

CODES	01	02	03	04	05	06	07	08	09	10	11
MAXIMUM REPORTING RANGES OF WEIGHT IN POUNDS	0-99	100-999	1,000-9,999	10,000-99,999	100,000-999,999	1,000,000-9,999,999	10,000,000-49,999,999	50,000,000-99,999,999	100,000,000-499,999,999	500,000,000-999,999,999	BILLION OR HIGHER
TOTAL NUMBER OF HAZARDOUS SUBSTANCES											
1-3	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450
4-7	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475
8-10	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500
11-13	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525
14-17	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550
18-20	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575
21-23	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600
24-27	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625
28-30	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650
31-50	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700
51-100	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$725	\$750
101-150	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$725	\$750	\$775	\$800
151-200	\$600	\$625	\$650	\$675	\$700	\$725	\$750	\$775	\$800	\$825	\$850
201-250	\$700	\$725	\$750	\$775	\$800	\$825	\$850	\$875	\$900	\$925	\$950
251-300	\$800	\$825	\$850	\$875	\$900	\$925	\$950	\$975	\$1,000	\$1,025	\$1,050
OVER 300	\$950	\$975	\$1,000	\$1,025	\$1,050	\$1,075	\$1,100	\$1,125	\$1,150	\$1,175	\$1,200

The fee is based on the highest reported amount of any single reported substance under the NYC Right-to-Know Law

APPENDIX C

Facility Inventory Form Examples

Example 1..... Dry Cleaning Shop

Example 2..... Auto Repair Shop

Example 3..... Auto Body Shop

Example 4..... Funeral Home

Example 1

Dry Cleaning Shop

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM <hr/> TIER TWO	Name ABC DRY CLEANERS Street 22 RUBBER STREET City QUEENS VILLAGE State NY Zip+4 11429 Telephone (718) 595-555 County QUEENS NAICS Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>2</td><td>2</td><td>3</td><td>0</td></tr></table> Federal Tax ID Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> Dun & Brad No <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>1</td><td>1</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table> Hurricane <input type="checkbox"/> Evacuation Zone <input type="checkbox"/> Flood Zone # <input type="checkbox"/> TRIFID <input type="checkbox"/> RMP Required <input type="checkbox"/> RMP ID <input type="text"/> Manned <input checked="" type="checkbox"/> Number of Occupants <input type="text" value="4"/> Latitude <input type="text" value="40 768457"/> Longitude <input type="text" value="-73 837764"/>	8	1	2	2	3	0	1	2	3	4	5	6	7	8	9	0	0	1	1	2	2	3	4	5	Owner/ Operator Name NANCY DOE Phone (718) 566-7264 Mail Address 346 BROADWAY, New York, NY 110013_ E-mail Address ndoe@aol.com <hr/> Name WILLIAM CLARK Title MANAGER Day Phone (212) 566-7264 24-hr phone (718)587-2130 Name GEORGE RICHMOND Title SUPERVISOR Day Phone (212) 566-7264 24-hr phone (718) 999-8787 Facility Emergency Coordinator Name _____ Title _____ Phone (____) _____ 24-hr phone(____) _____
	8	1	2	2	3	0																				
1	2	3	4	5	6	7	8	9																		
0	0	1	1	2	2	3	4	5																		
Facility Identification	Emergency Contacts																									
For Official Use Only: ID# <input type="text"/> Date Received: <input type="text"/>																										

Chemical Description	Physical and Health Hazards <i>Check all that apply</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations and descriptions</i>	OPTIONAL																																																					
CAS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/> Name(s) of Chemical(s) <u>PERCHLOROETHYLENE</u> EHS Name _____ <i>Check all that apply:</i> <input checked="" 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"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed(chronic)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Max Amount or Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Avg. Amount or Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> No. of Days Present																															<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>R</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> In the Dry Cleaning _____ _____ _____	R	1	4													Check box if information submitted is identical to last year <input type="checkbox"/>
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N	1	4																																																							

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. I Certify that all hazardous materials are stored according to federal, state and local laws and regulations.			OPTIONAL I have attached a site plan <input type="checkbox"/>
Nancy Doe President	_____ Signature	1/1/2018 _____ Date signed	
Name and official title of owner/operator OR owner/operator's authorized representative			

Example 2

Auto Repair Shop

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM <hr/> TIER TWO	Name ABC AUTO REPAIR SHOP Street 22 RUBBER STREET City QUEENS VILLAGE State NY Zip+4 11429 Telephone (718) 595-555 County QUEENS NAICS Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr></table> Federal Tax ID Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>7</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> Dun & Brad No <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>1</td><td>1</td><td>7</td><td>7</td><td>3</td><td>4</td><td>5</td></tr></table> Hurricane <input type="checkbox"/> Evacuation Zone <input type="checkbox"/> Flood Zone # <input type="checkbox"/> TRIFID <input type="checkbox"/> RMP Required <input type="checkbox"/> RMP ID <input type="text"/> Manned <input checked="" type="checkbox"/> Number of Occupants <input type="text" value="4"/> Latitude <input type="text" value="40 768457"/> Longitude <input type="text" value="-73 837764"/>	8	1	1	1	1	1	1	7	3	4	5	6	7	8	9	0	0	1	1	7	7	3	4	5	Owner/ Operator	Name NANCY DOE Phone (718) 566-7264 Mail Address 346 BROADWAY, New York, NY 110013_ E-mail Address ndoe@aol.com
	8	1	1	1	1	1																					
1	7	3	4	5	6	7	8	9																			
0	0	1	1	7	7	3	4	5																			
Facility Identification		Emergency Contacts	Name WILLIAM CLARK Title MANAGER Day Phone (212) 566-7264 24-hr phone (718) 587-2130 Name GEORGE RICHMOND Title SUPERVISOR Day Phone (212) 566-7264 24-hr phone (718) 999-8787 Facility Emergency Coordinator Name _____ Title _____ Phone (____) _____ 24-hr phone(____) _____																								
For Official Use Only: ID# <input type="text"/> Date Received: <input type="text"/>																											

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations and descriptions</i>	OPTIONAL																																										
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CAS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Trade Secret <input type="checkbox"/> Name(s) of Chemical(s) <u>Antifreeze</u> <u>See Attached</u> <u>EHS Name</u> <i>Check all that apply:</i> <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 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)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>Max Amount or Code</i> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>Avg. Amount or Code</i> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td><td>5</td></tr></table> <i>No. of Days Present</i>																	3	6	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</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> <u>On the Shelf</u>	N	1	4													Check box if information submitted is identical to last year <input type="checkbox"/>
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Nancy Doe President	_____ Signature	1/1/2018 _____ Date signed	
Name and official title of owner/operator OR owner/operator's authorized representative			

**NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
RIGHT TO KNOW PROGRAM**

**FACILITY INVENTORY FORM APPENDIX
Mixture Component Form**

CFID # 2222 Facility Name ABC AUTO REPAIR SHOP

Name of Substance MOTOR OIL

Ingredients	%	CAS #	EHS
Severely Solvent Refined Heavy Paraffinic Petroleum Oil	75-85	64741-88-4	
Ethylene/Propylene Copolymer	5-19	9010-79-1	
Zinc Dialkyl Dithiophosphate	15	68649-42-3	

Name of Substance ANTIFREEZE

Ingredients	%	CAS #	EHS
Ethylene Glycol	90-95	107-211	
Diethylene Glycol	5	111-466	

Name of Substance _____

Ingredients	%	CAS #	EHS

Example 3

Auto Body Shop

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM <hr/> TIER TWO	Name ABC AUTO BODY SHOP Street 22 RUBBER STREET City QUEENS VILLAGE State NY Zip+4 11429 Telephone (718) 595-555 County QUEENS NAICS Code <table border="1" style="display: inline-table;"><tr><td>8</td><td>1</td><td>1</td><td>1</td><td>7</td><td>1</td></tr></table> Federal Tax ID Number <table border="1" style="display: inline-table;"><tr><td>1</td><td>7</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>	8	1	1	1	7	1	1	7	3	4	5	6	7	8	9	Owner/ Operator	Name NANCY DOE Phone (718) 566-7264 Mail Address 346 BROADWAY, New York, NY 110013_ E-mail Address ndoe@aol.com		
	8	1	1	1	7	1														
1	7	3	4	5	6	7	8	9												
Telephone (718) 595-555 County QUEENS Dun & Brad No <table border="1" style="display: inline-table;"><tr><td>0</td><td>0</td><td>1</td><td>1</td><td>7</td><td>7</td><td>3</td><td>4</td><td>5</td></tr></table> Hurricane <input type="checkbox"/> Evacuation Zone <input type="checkbox"/> Flood Zone # <input type="checkbox"/> TRIFID <input type="checkbox"/> RMP Required <input type="checkbox"/> RMP ID <input type="text"/> Manned <input checked="" type="checkbox"/> Number of Occupants <table border="1" style="display: inline-table;"><tr><td>4</td></tr></table> Latitude <table border="1" style="display: inline-table;"><tr><td>40</td><td>76</td><td>84</td><td>57</td></tr></table> Longitude <table border="1" style="display: inline-table;"><tr><td>-73</td><td>83</td><td>76</td><td>4</td></tr></table>	0	0	1	1	7	7	3	4	5	4	40	76	84	57	-73	83	76	4	Emergency Contacts	Name WILLIAM CLARK Title MANAGER Day Phone (212) 566-7264 24-hr phone (718) 587-2130 Name GEORGE RICHMOND Title SUPERVISOR Day Phone (212) 566-7264 24-hr phone (718) 999-8787 Facility Emergency Coordinator Name _____ Title _____ Phone (____) _____ 24-hr phone(____) _____
0	0	1	1	7	7	3	4	5												
4																				
40	76	84	57																	
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For Official Use Only: ID# Date Received:

Chemical Description	Physical and Health Hazards <i>Check all that apply</i>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations and descriptions</i>	OPTIONAL																																			
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				0	7																																		
				0	7																																		
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N	1	4																																					

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. I Certify that all hazardous materials are stored according to federal, state and local laws and regulations.			OPTIONAL I have attached a site plan <input type="checkbox"/>
_____ Name and official title of owner/operator OR owner/operator’s authorized representative	_____ Signature	_____ Date signed	

Example 4

Funeral Home

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM <hr/> TIER TWO	Name ABC FUNERAL HOME SERVICES Street 22 RUBBER STREET City QUEENS VILLAGE State NY Zip+4 11429 Telephone (718) 595-555 County QUEENS NAICS Code <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="0"/> Federal Tax ID Number <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> Dun & Brad No <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> Hurricane <input type="checkbox"/> Evacuation Zone <input type="checkbox"/> Flood Zone # <input type="text"/> TRIFID <input type="text"/> RMP Required <input type="checkbox"/> RMP ID <input type="text"/> Manned <input checked="" type="checkbox"/> Number of Occupants <input type="text" value="4"/> Latitude <input type="text" value="40 768457"/> Longitude <input type="text" value="-73 837764"/>	Owner/ Operator	Name NANCY DOE Phone (718) 566-7264 Mail Address 346 BROADWAY, New York, NY 110013_ E-mail Address ndoe@aol.com
	Facility Identification		Emergency Contacts
For Official Use Only: ID# _____ Date Received: _____			

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations and descriptions</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"/> Name(s) of Chemical(s) <u>Hexaphene MA-22 (Embalming Chemical)</u> <u>See Attached</u> EHS Name: _____ <small>Check all that apply</small> <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 checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed(chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Max Amount or Code</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Avg. Amount or Code</i> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="6"/> <i>No. of Days Present</i>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>N</td><td>7</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> <u>Embalming Room</u> _____ _____ _____	N	7	4										Check box if information submitted is identical to last year <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. I Certify that all hazardous materials are stored according to federal, state and local laws and regulations.			OPTIONAL I have attached a site plan <input type="checkbox"/>
Nancy Doe _____ Name and official title of owner/operator OR owner/operator's authorized representative	President _____ Signature	1/1/2018 _____ Date signed	

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION RIGHT TO KNOW PROGRAM
FACILITY INVENTORY FORM APPENDIX Mixture Component Form

CFID # 4444 Facility Name ABC FUNERAL HOME SERVICES

Name of Substance HEXAPHENE MA-22

Ingredients	%	CAS #	EHS
Formaldehyde	23.6	50-00-0	TPQ 500
Methanol	19	67-56-1	
Ethylene Glycol	4.48	107-21-1	

Name of Substance DELICATE 25

Ingredients	%	CAS #	EHS
Formaldehyde	25	50-00-0	TPQ 500
Methanol	10	67-56-1	

Name of Substance _____

Ingredients	%	CAS #	EHS

APPENDIX D

ACRONYMS

ACRONYMS

CAS	Chemical Abstract Service registry number
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act of 1980
D&B	Dun & Bradstreet
DEP	New York City Department of Environmental Protection
EHS	Extremely Hazardous Substance
EPA	Environmental Protection Agency
FD	New York City Fire Department
FDA	Food and Drug Administration
FIF	Facility Inventory Form
HCS	Hazard Communication Standard
LEPC	Local Emergency Planning Committee
LL	Local Law
SDS	Safety Data Sheet
NYC	New York City
OSHA	Occupational Safety and Health Administration
RMP	Risk Management Plan
RQ	Reporting Quantity
SARA	Superfund Amendments and Reauthorization Act of 1986
SERC	State Emergency Response Commission
SIC	Standard Industrial Classification Code
TPQ	Threshold Planning Quantity
TRQ	Threshold Reporting Quantity

