

DOE/RL-97-13

100-2000

1996 Tier Two
Emergency and
Hazardous Chemical
Inventory
Emergency Planning and
Community Right-to-Know Act
Section 312



Environmental Protection Agency
Department of Energy
Washington, D.C.

Approved for Public Release

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1996 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT SECTION 312

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EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

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1996 Tier Two Emergency and Hazardous Chemical Inventory

Emergency Planning and Community
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Section 312

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**United States
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memorandum

Richland Field Office


DATE: JAN 04 1993
REPLY TO:
ATTN OF: EAP:EBD 93-RPA-071
SUBJECT: DELEGATION OF SIGNATURE AUTHORITY FOR THE EMERGENCY AND
HAZARDOUS CHEMICAL INVENTORY REPORT (SARA 312)

to: James D. Bauer, Acting Program Manager
Office of Environmental Assurance,
Permits, and Policy

I hereby delegate signature authority for the Emergency and Hazardous Chemical Inventory Report (SARA 312) to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Pursuant to 40 CFR Section 370.41, Tier II Emergency and Hazardous Chemical Inventory Form, part (b), signature authority may be delegated to the manager's officially designated representative. This memorandum constitutes formal delegation of such authority to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Sincerely,


John D. Wagoner
Manager

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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification
Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03 - 445 - 6186
For Official Use Only ID # _____ Date Received _____

Owner/Operator Name
Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352
Emergency Contact
Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T V r e p e m e s p	Storage Codes and Locations (Non-Confidential)	O P T
CAS <u>7784</u> <u>27</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM NITRATE NONAHYDRATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" 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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> <u>N14</u> <u>M14</u> <u>N14</u> <u>G14</u> <u>M14</u>	<u>222S</u> <u>222S</u> <u>222SA</u> <u>222SA</u> <u>234-5Z</u> <u>234-5Z</u>	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>
CAS <u>7784</u> <u>27</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM NITRATE NONAHYDRATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" 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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> <u>A14</u>	<u>236Z</u> <u>2735Z</u>	<u>200W AREA</u> <u>200W AREA</u>
CAS <u>1344</u> <u>28</u> <u>1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>K14</u> <u>I14</u> <u>K14</u> <u>F14</u> <u>N14</u> <u>D14</u>	<u>1723N</u> <u>M0425</u> <u>209E CONEX</u> <u>2101HV</u> <u>225BE</u> <u>2703E</u>	<u>100N AREA</u> <u>100N AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</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 83 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.

James F. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative

Signature James F. Rasmussen

02/28/97
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

<p>TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p>Specific Information by Chemical</p>	<p>Facility Identification</p> <p>Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u></p> <p>SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u></p> <p>For Official Use Only ID # _____ Date Received _____</p>	<p>Owner/Operator Name</p> <p>Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u></p> <p>Emergency Contact</p> <p>Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u></p> <p>Name _____ Title _____ Phone _____ 24 Hr. Phone _____</p>
---	--	--

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	F14 2703E I14 2703E J14 2703E M14 2703E N14 2703E F14 2714A	200E AREA 200E AREA 200E AREA 200E AREA 200E AREA 200E AREA	<input type="checkbox"/>
CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	J14 271B I14 275EA K14 HTS PIPEYARD N14 221T M14 222S N14 222S	200E AREA 200E AREA NE OF 200E AREA 200W AREA 200W AREA 200W AREA	<input type="checkbox"/>
CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	M14 222SA N14 222SA N14 234-5Z F14 6266 D14 306E CONEX F14 306E CONEX	200W AREA 200W AREA 200W AREA WSCF COMPLEX E OF 200W AREA 300 AREA 300 AREA	<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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E. Rasmussen Date signed 02/28/97

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**

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352
 SIC Code 9999 Dun & Brad Number 03-445-6186

Specific Information by Chemical

For Official Use Only
 ID # _____
 Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
 Name _____ Title _____
 Phone () 24 Hr. Phone ()

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e e s e p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>1344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> 306E <u>N14</u> 306E CONEX <u>F14</u> 3707E <u>D14</u> 3711 <u>C14</u> 427 <u>D14</u> 4732C	<u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>400 AREA</u> <u>400 AREA</u>	<input type="checkbox"/>
CAS <u>10043013</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> 183KE <u>A14</u> 183N <u>J14</u> 283E <u>M14</u> 234-5Z <u>J14</u> 283W <u>N14</u> 306E	<u>100K AREA</u> <u>100K AREA</u> <u>200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>300 AREA</u>	<input type="checkbox"/>
CAS <u>10043013</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM SULFATE DIHYDRATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> 315 <u>N14</u> 3746D	<u>300 AREA</u> <u>300 AREA</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 83, 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

James E. Rasmussen

02/28/97

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>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03</u> - <u>445</u> - <u>6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
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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) <i>Storage Locations</i>	O p t																		
CAS <u>7440</u> <u>37</u> <u>1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure 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>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>105KE</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>105KW</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>1717K</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>183KE</td><td>100K AREA</td></tr> <tr><td>L 2 4</td><td>1512N</td><td>100N AREA</td></tr> </table>	L 2 4	105KE	100K AREA	L 2 4	105KW	100K AREA	L 2 4	1706KE	100K AREA	L 2 4	1717K	100K AREA	L 2 4	183KE	100K AREA	L 2 4	1512N	100N AREA	<input type="checkbox"/>
L 2 4	105KE	100K AREA																				
L 2 4	105KW	100K AREA																				
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L 2 4	1515N	100N AREA																				
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L 2 4	2101M	200E AREA																				
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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

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	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and</u> <u>Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	Specific Information by Chemical For Official Use Only ID # _____ Date Received _____	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 19 <u>96</u>	<input type="checkbox"/> 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																		
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1"> <tr><td>L 2 4</td><td>225B</td><td>200E AREA</td></tr> <tr><td>L 2 4</td><td>241AN</td><td>200E AREA</td></tr> <tr><td>L 2 4</td><td>241AP</td><td>200E AREA</td></tr> <tr><td>L 2 4</td><td>241AW</td><td>200E AREA</td></tr> <tr><td>L 2 4</td><td>241AY</td><td>200E AREA</td></tr> <tr><td>L 2 4</td><td>241AZ</td><td>200E AREA</td></tr> </table>	L 2 4	225B	200E AREA	L 2 4	241AN	200E AREA	L 2 4	241AP	200E AREA	L 2 4	241AW	200E AREA	L 2 4	241AY	200E AREA	L 2 4	241AZ	200E AREA
L 2 4	225B	200E AREA																			
L 2 4	241AN	200E AREA																			
L 2 4	241AP	200E AREA																			
L 2 4	241AW	200E AREA																			
L 2 4	241AY	200E AREA																			
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L 2 4	241BX	200E AREA																			
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L 2 4	271AB	200E AREA																			
L 2 4	271B	200E AREA																			
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02/28/97

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>99999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> 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 <u>96</u>	<input type="checkbox"/> 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) <i>Storage Locations</i>	O P T																		
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L 2 4	291AE	200E AREA																				
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L 2 4	292AB	200E AREA																				
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Signature _____ Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U.S. Department of Energy - Hanford Site</u>		Name <u>U.S. Department of Energy</u>	
	Street <u>825 Jadwin Avenue</u>		Phone <u>(509) 376-7411</u>	
	City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>		Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
Specific Information by Chemical	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Emergency Contact	
	For Official Use Only		Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Energy Management Team</u>	
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Date Received _____		Name _____ Title _____		
		Phone () _____ 24 Hr. Phone () _____		

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CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L27</u>	<u>272S</u> <u>272WA</u> <u>2734ZA</u> <u>2734ZC</u> <u>2734ZH</u> <u>2734ZH</u>	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>
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02/28/97

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

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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>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	SIC Code <u>99999</u> Dun & Brad Number <u>03-445-6186</u>		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	For Official Use Only ID # _____ Date Received _____		Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	
	Specific Information by Chemical			

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T												
CAS <u>74400371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>PIPELINE PROJ W058 BETWEEN 2E & 200W AREA</td></tr> <tr><td>L 2 4</td><td>305 300 AREA</td></tr> <tr><td>L 2 4</td><td>305A 300 AREA</td></tr> <tr><td>L 2 4</td><td>306E 300 AREA</td></tr> <tr><td>L 2 4</td><td>324 300 AREA</td></tr> <tr><td>L 2 4</td><td>325 300 AREA</td></tr> </table>	L 2 4	PIPELINE PROJ W058 BETWEEN 2E & 200W AREA	L 2 4	305 300 AREA	L 2 4	305A 300 AREA	L 2 4	306E 300 AREA	L 2 4	324 300 AREA	L 2 4	325 300 AREA	<input type="checkbox"/>
L 2 4	PIPELINE PROJ W058 BETWEEN 2E & 200W AREA															
L 2 4	305 300 AREA															
L 2 4	305A 300 AREA															
L 2 4	306E 300 AREA															
L 2 4	324 300 AREA															
L 2 4	325 300 AREA															
CAS <u>74400371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>328 300 AREA</td></tr> <tr><td>L 2 4</td><td>333 300 AREA</td></tr> <tr><td>L 2 4</td><td>350 300 AREA</td></tr> <tr><td>L 2 4</td><td>3712 300 AREA</td></tr> <tr><td>L 2 4</td><td>3717B 300 AREA</td></tr> <tr><td>L 2 4</td><td>3722 300 AREA</td></tr> </table>	L 2 4	328 300 AREA	L 2 4	333 300 AREA	L 2 4	350 300 AREA	L 2 4	3712 300 AREA	L 2 4	3717B 300 AREA	L 2 4	3722 300 AREA	<input type="checkbox"/>
L 2 4	328 300 AREA															
L 2 4	333 300 AREA															
L 2 4	350 300 AREA															
L 2 4	3712 300 AREA															
L 2 4	3717B 300 AREA															
L 2 4	3722 300 AREA															
CAS <u>74400371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A 2 7</td><td>403 400 AREA</td></tr> <tr><td>L 2 4</td><td>403 400 AREA</td></tr> <tr><td>L 2 4</td><td>437 400 AREA</td></tr> <tr><td>L 2 4</td><td>4621E 400 AREA</td></tr> <tr><td>A 2 7</td><td>4621W 400 AREA</td></tr> <tr><td>L 2 4</td><td>4704S 400 AREA</td></tr> </table>	A 2 7	403 400 AREA	L 2 4	403 400 AREA	L 2 4	437 400 AREA	L 2 4	4621E 400 AREA	A 2 7	4621W 400 AREA	L 2 4	4704S 400 AREA	<input type="checkbox"/>
A 2 7	403 400 AREA															
L 2 4	403 400 AREA															
L 2 4	437 400 AREA															
L 2 4	4621E 400 AREA															
A 2 7	4621W 400 AREA															
L 2 4	4704S 400 AREA															

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>83</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. James F. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative	Optional Attachments <input checked="" 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 measures and other safeguard requirements
Signature _____ Date signed <u>02/28/97</u>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only
 ID # _____
 Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s s e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" 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 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>4713B</u> <u>L24</u> <u>4713D</u> <u>L24</u> <u>4717</u> <u>L24</u> <u>4760</u> <u>L24</u> <u>491E</u> <u>L24</u> <u>491S</u>	<u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u>	<input type="checkbox"/>
CAS <u>7440371</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" 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 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>491W</u> <u>L24</u> <u>1168</u> <u>L27</u> <u>1168</u> <u>L24</u> <u>1171</u>	<u>400 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u>	<input type="checkbox"/>
CAS <u>1302789</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BENTONITE</u> Check all that apply: <input checked="" 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 type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>J14</u> <u>2703E</u> <u>F14</u> <u>271B</u> <u>F14</u> <u>MO845</u> <u>J14</u> <u>MO845</u> <u>J14</u> <u>HTS PIPEYARD</u> <u>M14</u> <u>222S</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>NE OF 200E AREA</u> <u>200W AREA</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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

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

Facility Identification:
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue County Benton State WA Zip 99352
 City Richland Dun & Brad Number 031-445-61816
 SIC Code 9999

Owner/Operator Name:
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact
 Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

For Official Use Only:
 ID # _____ Date Received _____

Important: Read all instructions before completing form

CAS	Chem. Name	Chemical Description	Physical and Health (Check all that apply)	Inventory	T P T y f e p e m	Storage Codes and Locations (Non-Confidential)	Storage Locations
715638	BROMOTRIFLUOROMETHANE (HALON 1301)	Trade Secret <input type="checkbox"/>	File <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) <input type="checkbox"/>	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	331C 403 4703 4721 491E 6652C	300 AREA 400 AREA 400 AREA 400 AREA 400 AREA RATTLESNAKE MTN
714404	CARBON	Trade Secret <input type="checkbox"/>	File <input checked="" 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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	K 1 4 N 1 4 C 1 4 J 1 4 D 1 4 J 1 4	M0425 M0425 2025E 2025E 2101M 2101M	100N AREA 100N AREA 200E AREA 200E AREA 200E AREA 200E AREA
714404	CARBON	Trade Secret <input type="checkbox"/>	File <input checked="" 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) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	D 1 4 F 1 4 I 1 4 N 1 4 J 1 4 D 1 4	2703E CONEX 2703E CONEX 2703E CONEX 2703E 271B 275EA	200E AREA 200E AREA 200E AREA 200E AREA 200E AREA 200E AREA

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<p>TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p style="font-size: small;">Specific Information by Chemical</p>	<p>Facility Identification</p> <p>Name <u>U.S. Department of Energy - Hanford Site</u></p> <p>Street <u>825 Jadwin Avenue</u></p> <p>City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u></p> <p>SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u></p> <p>For Official Use Only ID # _____ Date Received _____</p>	<p>Owner/Operator Name</p> <p>Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u></p> <p>Mail Address <u>P.O. Box 550, Richland WA 99352</u></p> <p>Emergency Contact</p> <p>Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u></p> <p>Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u></p> <p>Name _____ Title _____</p> <p>Phone () _____ 24 Hr. Phone () _____</p>
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Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O P T																	
CAS <u>7440 44 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> Check all that apply: <input checked="" 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 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C 1 4</td><td>200UP1</td><td>200W AREA</td></tr> <tr><td>J 1 4</td><td>200ZP1</td><td>200W AREA</td></tr> <tr><td>A 1 4</td><td>200ZP2</td><td>200W AREA</td></tr> <tr><td>E 1 4</td><td>200ZP2</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>222S</td><td>200W AREA</td></tr> <tr><td>I 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> </table>	C 1 4	200UP1	200W AREA	J 1 4	200ZP1	200W AREA	A 1 4	200ZP2	200W AREA	E 1 4	200ZP2	200W AREA	N 1 4	222S	200W AREA	I 1 4	234-5Z	200W AREA	<input type="checkbox"/>
C 1 4	200UP1	200W AREA																				
J 1 4	200ZP1	200W AREA																				
A 1 4	200ZP2	200W AREA																				
E 1 4	200ZP2	200W AREA																				
N 1 4	222S	200W AREA																				
I 1 4	234-5Z	200W AREA																				
CAS <u>7440 44 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> Check all that apply: <input checked="" 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 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E 1 4</td><td>236Z</td><td>200W AREA</td></tr> <tr><td>D 1 4</td><td>243Z</td><td>200W AREA</td></tr> <tr><td>M 1 4</td><td>6266</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>K 1 4</td><td>6269</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>K 1 4</td><td>306E</td><td>300 AREA</td></tr> <tr><td>A 1 4</td><td>PIT 6</td><td>W OF 300 AREA</td></tr> </table>	E 1 4	236Z	200W AREA	D 1 4	243Z	200W AREA	M 1 4	6266	WSCF COMPLEX E OF 200W AREA	K 1 4	6269	WSCF COMPLEX E OF 200W AREA	K 1 4	306E	300 AREA	A 1 4	PIT 6	W OF 300 AREA	<input type="checkbox"/>
E 1 4	236Z	200W AREA																				
D 1 4	243Z	200W AREA																				
M 1 4	6266	WSCF COMPLEX E OF 200W AREA																				
K 1 4	6269	WSCF COMPLEX E OF 200W AREA																				
K 1 4	306E	300 AREA																				
A 1 4	PIT 6	W OF 300 AREA																				
CAS <u>7440 44 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON</u> Check all that apply: <input checked="" 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 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F 1 4</td><td>4704S</td><td>400 AREA</td></tr> <tr><td>J 1 4</td><td>4704S</td><td>400 AREA</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	4704S	400 AREA	J 1 4	4704S	400 AREA													<input type="checkbox"/>
F 1 4	4704S	400 AREA																				
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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

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

Facility Identification

Name TIER TWO
 Emergency AND HAZARDOUS CHEMICAL INVENTORY

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Bradstreet Number 03-445-611816

For Official Use Only

ID # _____ Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____
 Phone _____ 24 Hr. Phone _____

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.

Chemical Description	Physical Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)			
			T	P	L	O
CAS <u>77182-50-5</u> Chem. Name <u>CHLORINE</u> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input checked="" 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>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	183KE 183N 283E 283W 315	100K AREA 100N AREA 200E AREA 200W AREA 300 AREA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CAS <u>77182-45-6</u> Chem. Name <u>CHLORODIFLUOROMETHANE (FREON 22)</u> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire <input checked="" 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>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	105N 2101M 271AB M0844 P012 221T	100N AREA 200E AREA 200E AREA 200E AREA 200E AREA 200W AREA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CAS <u>77182-45-6</u> Chem. Name <u>CHLORODIFLUOROMETHANE (FREON 22)</u> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire <input checked="" 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>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	2311W 328 331C 331D 4713D 1168	200W AREA 300 AREA 300 AREA 300 AREA 400 AREA 1100 AREA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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James E. Rasmussen
 Signature Date signed 02/28/97

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

A-6000-633 (02/92)

TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Specific Information by Chemical

Owner/Operator Name
Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352
Emergency Contact
Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
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Phone () _____ 24 Hr. Phone () _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</u> Check all that apply: <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"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>1706KE</u> <u>100K AREA</u> <u>1717K</u> <u>100K AREA</u> <u>1512N</u> <u>100N AREA</u> <u>1723N</u> <u>100N AREA</u> <u>M0425</u> <u>100N AREA</u> <u>210IHV</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</u> Check all that apply: <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"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>2101M</u> <u>200E AREA</u> <u>2249B</u> <u>200E AREA</u> <u>241AP</u> <u>200E AREA</u> <u>242AC</u> <u>200E AREA</u> <u>2716E</u> <u>200E AREA</u> <u>271AB</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</u> Check all that apply: <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"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>271B</u> <u>200E AREA</u> <u>272AW</u> <u>200E AREA</u> <u>275E</u> <u>200W AREA</u> <u>277A</u> <u>200W AREA</u> <u>200ZP2</u> <u>200W AREA</u> <u>221T</u> <u>200W AREA</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 83 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.
James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
Name and official title of owner/operator OR owner/operator's authorized representative
Signature James E Rasmussen
Date signed 02/28/97

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>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>99999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Title <u>Emergency Management Team</u> 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 <u>96</u> <input type="checkbox"/> Check if information below is identical to the information submitted last year.	

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P P E S P	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 222S L 2 4 2306W L 2 4 2310W L 2 4 234-5Z L 2 4 2620W L 2 4 272S	200W AREA 200W AREA 200W AREA 200W AREA 200W AREA 200W AREA	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 272WA L 2 4 2734ZA L 2 4 2734ZB L 2 4 2734ZC L 2 4 275W L 2 4 609A	200W AREA 200W AREA 200W AREA 200W AREA 200W AREA BETWEEN 200E & 200W AREA	<input type="checkbox"/>
CAS <u>25635885</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COMPRESSED AIR</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 type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 616 L 2 4 6265 L 2 4 306E L 2 4 328 L 2 4 3709A L 2 4 3717B	BETWEEN 200E & 200W AREA WSCF COMPLEX E OF 200W AREA 300 AREA 300 AREA 300 AREA 300 AREA	<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>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	Optional Attachments <input checked="" 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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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> 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 96

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	OPT																		
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>5</u> <input type="text"/> <input type="text"/> <u>7</u> <u>1</u> <input type="text"/> <input type="text"/> <u>8</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE</u> <u>(FREON 12)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>4</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>4</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C 2 4</td><td>2721E</td><td>200E AREA</td></tr> <tr><td>D 1 4</td><td>M0843 SHED</td><td>200E AREA</td></tr> <tr><td>N 1 4</td><td>M0843 SHED</td><td>200E AREA</td></tr> <tr><td>L 2 4</td><td>P012</td><td>200E AREA</td></tr> <tr><td>C 2 4</td><td>221T</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>222S</td><td>200W AREA</td></tr> </table>	C 2 4	2721E	200E AREA	D 1 4	M0843 SHED	200E AREA	N 1 4	M0843 SHED	200E AREA	L 2 4	P012	200E AREA	C 2 4	221T	200W AREA	L 2 4	222S	200W AREA	<input type="checkbox"/>
C 2 4	2721E	200E AREA																				
D 1 4	M0843 SHED	200E AREA																				
N 1 4	M0843 SHED	200E AREA																				
L 2 4	P012	200E AREA																				
C 2 4	221T	200W AREA																				
L 2 4	222S	200W AREA																				
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>5</u> <input type="text"/> <input type="text"/> <u>7</u> <u>1</u> <input type="text"/> <input type="text"/> <u>8</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE</u> <u>(FREON 12)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>4</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>4</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C 2 4</td><td>271T</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>272S</td><td>200W AREA</td></tr> <tr><td>L 2 4</td><td>M0721 CONEX</td><td>200W AREA</td></tr> <tr><td>C 2 4</td><td>6266</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>C 2 4</td><td>309</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>309</td><td>300 AREA</td></tr> </table>	C 2 4	271T	200W AREA	L 2 4	272S	200W AREA	L 2 4	M0721 CONEX	200W AREA	C 2 4	6266	WSCF COMPLEX E OF 200W AREA	C 2 4	309	300 AREA	L 2 4	309	300 AREA	<input type="checkbox"/>
C 2 4	271T	200W AREA																				
L 2 4	272S	200W AREA																				
L 2 4	M0721 CONEX	200W AREA																				
C 2 4	6266	WSCF COMPLEX E OF 200W AREA																				
C 2 4	309	300 AREA																				
L 2 4	309	300 AREA																				
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>5</u> <input type="text"/> <input type="text"/> <u>7</u> <u>1</u> <input type="text"/> <input type="text"/> <u>8</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE</u> <u>(FREON 12)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>4</u> Max. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0</u> <u>4</u> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>328</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>331D</td><td>300 AREA</td></tr> <tr><td>C 2 4</td><td>337</td><td>300 AREA</td></tr> <tr><td>C 2 4</td><td>3703 (demolished)</td><td>300 AREA</td></tr> <tr><td>C 2 4</td><td>3718</td><td>300 AREA</td></tr> <tr><td>C 2 4</td><td>4702</td><td>400 AREA</td></tr> </table>	L 2 4	328	300 AREA	L 2 4	331D	300 AREA	C 2 4	337	300 AREA	C 2 4	3703 (demolished)	300 AREA	C 2 4	3718	300 AREA	C 2 4	4702	400 AREA	<input type="checkbox"/>
L 2 4	328	300 AREA																				
L 2 4	331D	300 AREA																				
C 2 4	337	300 AREA																				
C 2 4	3703 (demolished)	300 AREA																				
C 2 4	3718	300 AREA																				
C 2 4	4702	400 AREA																				

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Signature James E Rasmussen

Date signed 02/28/97

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

Facility Identification
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352
 SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
 ID # _____
 Date Received _____

Specific Information by Chemical

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact
 Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
 Name _____ Title _____
 Phone () _____ 24 Hr. Phone () _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T Y P E P r o g r a m	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE (FREON 12)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" 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>366</u> No. of Days On-Site (days)	<u>C24</u> <u>C24</u> <u>C24</u> <u>L24</u> <u>C24</u> <u>L24</u>	<u>4706</u> 400 AREA <u>4707</u> 400 AREA <u>4734D</u> 400 AREA <u>484</u> 400 AREA <u>MO908</u> 400 AREA <u>1168</u> 1100 AREA	<input type="checkbox"/>
CAS <u>75718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DICHLORODIFLUOROMETHANE (FREON 12)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" 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>366</u> No. of Days On-Site (days)	<u>L24</u>	<u>1171</u> 1100 AREA	<input type="checkbox"/>
CAS <u>68476346</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL, NO.2</u> Check all that apply: <input checked="" 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>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>A14</u> <u>A14</u> <u>A14</u> <u>A14</u> <u>A14</u> <u>D14</u>	<u>EQUIPMENT POOL</u> 100N AREA <u>166N</u> 100N AREA <u>200ZP1</u> 200W AREA <u>284W</u> 200W AREA <u>3020</u> 200W AREA <u>384</u> 300 AREA	<input type="checkbox"/>

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 James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments
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 I have attached a list of site coordinate abbreviations
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	For Official Use Only ID # _____ Date Received _____		Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>	
			Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e P e s s	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	O P T																														
CAS <u>68476</u> <u>34</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL, NO. 2</u> Check all that apply: <input checked="" 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>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; height: 100px;"> <tr><td>A</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> <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>	A	1	4																												<u>1171</u> <u>1100 AREA</u>	<input type="checkbox"/>
A	1	4																																	
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL</u> <u>(UNSPECIFIED GRADE)</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>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; height: 100px;"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> </table>	A	1	4	F	1	4	A	1	4	B	1	4	B	1	4	B	1	4	<u>182B</u> <u>100B AREA</u> <u>1714NB</u> <u>100N AREA</u> <u>202A</u> <u>200E AREA</u> <u>202A</u> <u>200E AREA</u> <u>204AR</u> <u>200E AREA</u> <u>242A</u> <u>200E AREA</u>	<input type="checkbox"/>												
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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL</u> <u>(UNSPECIFIED GRADE)</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>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<table border="1" style="width:100%; height: 100px;"> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> </table>	B	1	4	A	1	4	A	1	4	D	1	4	B	1	4	A	1	4	<u>244AR</u> <u>200E AREA</u> <u>282B</u> <u>200E AREA</u> <u>282BA</u> <u>200E AREA</u> <u>HTS PIPEYARD</u> <u>NE OF 200E AREA</u> <u>6291</u> <u>FUELING STATION W OF 200E AREA</u> <u>2402W</u> <u>200W AREA</u>	<input type="checkbox"/>												
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 <u>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____	Optional Attachments <input checked="" 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>James E Rasmussen</u> _____	Date signed <u>02/28/97</u> _____

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	For Official Use Only ID # _____ Date Received _____	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	Specific Information by Chemical	

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T V r s e e p	Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	O P T																	
CAS <u>1111466</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIETHYLENE GLYCOL</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 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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F 1 4</td><td>221B</td><td>200F AREA</td></tr> <tr><td>F 1 4</td><td>211T</td><td>200W AREA</td></tr> <tr><td>D 1 4</td><td>271T</td><td>200W AREA</td></tr> <tr><td>F 1 4</td><td>271T</td><td>200W AREA</td></tr> <tr><td>C 1 4</td><td>405</td><td>400 AREA</td></tr> <tr><td>D 1 4</td><td>117I</td><td>1100 AREA</td></tr> </table>	F 1 4	221B	200F AREA	F 1 4	211T	200W AREA	D 1 4	271T	200W AREA	F 1 4	271T	200W AREA	C 1 4	405	400 AREA	D 1 4	117I	1100 AREA	<input type="checkbox"/>
F 1 4	221B	200F AREA																				
F 1 4	211T	200W AREA																				
D 1 4	271T	200W AREA																				
F 1 4	271T	200W AREA																				
C 1 4	405	400 AREA																				
D 1 4	117I	1100 AREA																				
CAS <u>63148629</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIMETHYL SILOXANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N 1 4</td><td>1143N</td><td>100N AREA</td></tr> <tr><td>N 1 4</td><td>M0425</td><td>100N AREA</td></tr> <tr><td>M 1 4</td><td>2703E</td><td>200E AREA</td></tr> <tr><td>M 1 4</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>R 1 4</td><td>234-57</td><td>200W AREA</td></tr> <tr><td>R 1 4</td><td>2620W</td><td>200W AREA</td></tr> </table>	N 1 4	1143N	100N AREA	N 1 4	M0425	100N AREA	M 1 4	2703E	200E AREA	M 1 4	234-5Z	200W AREA	R 1 4	234-57	200W AREA	R 1 4	2620W	200W AREA	<input type="checkbox"/>
N 1 4	1143N	100N AREA																				
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N 1 4	275UR	200W AREA																				
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Name and official title of owner/operator OR owner/operator's authorized representative _____	Signature <u>James F. Rasmussen</u> Date signed <u>02/28/97</u>

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only ID # _____ Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y P E S P	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7758114</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>N14</u> <u>D14</u> <u>M14</u> <u>N14</u> <u>M14</u> <u>N14</u>	<u>2703E</u> 200E AREA <u>2714A</u> 200E AREA <u>222S</u> 200W AREA <u>222S</u> 200W AREA <u>222SA</u> 200W AREA <u>222SA</u> 200W AREA	<input type="checkbox"/>
CAS <u>7758114</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIPOTASSIUM PHOSPHATE</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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>C14</u> <u>N14</u> <u>C24</u>	<u>2336W</u> 200W AREA <u>306E CONEX</u> 300 AREA <u>405</u> 400 AREA	<input type="checkbox"/>
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u>	<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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>R26</u> <u>D14</u> <u>C14</u> <u>D14</u> <u>D14</u> <u>F14</u>	<u>1143N</u> 100N AREA <u>M0942</u> 100N AREA <u>2025E</u> 200E AREA <u>2711E</u> 200E AREA <u>2714A</u> 200E AREA <u>271B</u> 200E AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E. Rasmussen Date signed 02/28/97

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

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue County Benton State WA Zip 99352
 City Richland

Dun & Bradstreet Number 919919 SIC Code 919919 03-41451-611816

Owner/Operator Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 350, Richland WA 99352
 Emergency Contact Charles K. Kasch Title Emergency Management Team
 Name Charles K. Kasch Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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 Hazards (Check all that apply)	Inventory	T P T F e m e s p			
			Storage Codes and Locations (Non-Confidential)	Storage Locations		
CAS <u>1107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: <input checked="" 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 _____	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 checked="" type="checkbox"/>	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<u>D14</u> <u>M14</u> <u>M14</u> <u>D14</u> <u>E14</u> <u>N14</u>	<u>272AW</u> <u>222S</u> <u>222SA</u> <u>234-57</u> <u>234-57</u> <u>2367</u>	<u>200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	
CAS <u>1107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: <input checked="" 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 _____	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 checked="" type="checkbox"/>	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<u>E14</u> <u>F14</u> <u>M14</u> <u>N14</u> <u>F14</u> <u>M14</u>	<u>271T</u> <u>27297</u> <u>622R</u> <u>622R</u> <u>6266</u> <u>6266</u>	<u>200W AREA</u> <u>200W AREA</u> <u>METROLOGY COMPLEX NE OF 200W AREA</u> <u>METROLOGY COMPLEX NE OF 200W AREA</u> <u>MSCF COMPLEX E OF 200W AREA</u> <u>MSCF COMPLEX E OF 200W AREA</u>	
CAS <u>1107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: <input checked="" 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 _____	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 checked="" type="checkbox"/>	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<u>G14</u> <u>C24</u> <u>C24</u> <u>O14</u> <u>D14</u> <u>C24</u>	<u>310</u> <u>405</u> <u>427</u> <u>4732C</u> <u>4831</u> <u>4862</u>	<u>300 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u>	

Optional Attachments I have attached a site plan
 I have attached a list of site coordinate abbreviations.
 I have attached a description of files and other assigned measures.

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 James E. Rasmussen 02/28/97 Date signed
 Signature _____
 Name and official title of owner/operator OR owner/operator's authorized representative
 James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u> For Official Use Only ID # _____ Date Received _____	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone _____ 24 Hr. Phone _____
	Important: Read all instructions before completing form	
	Reporting Period: From January 1 to December 31, 19 <u>96</u>	

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P P E S P	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T																													
CAS <u>107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1"> <tr><td>D</td><td>1</td><td>4</td><td>1171</td><td>1100 AREA</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>1172A</td><td>1100 AREA</td></tr> <tr><td>D</td><td>1</td><td>4</td><td>1176</td><td>1100 AREA</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	D	1	4	1171	1100 AREA	D	1	4	1172A	1100 AREA	D	1	4	1176	1100 AREA																
D	1	4	1171	1100 AREA																														
D	1	4	1172A	1100 AREA																														
D	1	4	1176	1100 AREA																														
CAS <u>7705080</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1"> <tr><td>M</td><td>1</td><td>4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>2703E</td><td>200F AREA</td></tr> <tr><td>M</td><td>1</td><td>4</td><td>222S</td><td>200W AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>222S</td><td>200W AREA</td></tr> <tr><td>M</td><td>1</td><td>4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>N</td><td>1</td><td>4</td><td>222SA</td><td>200W AREA</td></tr> </table>	M	1	4	1706KE	100K AREA	N	1	4	2703E	200F AREA	M	1	4	222S	200W AREA	N	1	4	222S	200W AREA	M	1	4	222SA	200W AREA	N	1	4	222SA	200W AREA	
M	1	4	1706KE	100K AREA																														
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N	1	4	222SA	200W AREA																														
CAS <u>7705080</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1"> <tr><td>N</td><td>1</td><td>4</td><td>6266</td><td>WSCF COMPLEX E OF 200W AREA</td></tr> <tr><td>A</td><td>1</td><td>4</td><td>310</td><td>300 AREA</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	N	1	4	6266	WSCF COMPLEX E OF 200W AREA	A	1	4	310	300 AREA																					
N	1	4	6266	WSCF COMPLEX E OF 200W AREA																														
A	1	4	310	300 AREA																														

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

02/28/97

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

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only ID # _____
 Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e e m e m	Storage Codes and Locations (Non-Confidential)	O P T
CAS <u>68553</u> <u>00</u> <u>4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FUEL OIL, NO. 6</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)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>A14</u> <u>B14</u>	<u>166N</u> <u>100N AREA</u> <u>384</u> <u>300 AREA</u>	
CAS <u>8006</u> <u>61</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>A14</u> <u>F14</u> <u>F14</u> <u>F14</u> <u>F14</u>	<u>100HR3 PUMP & TREAT</u> <u>100H AREA</u> <u>183H</u> <u>100H AREA</u> <u>1143N</u> <u>100N AREA</u> <u>1714NB</u> <u>100N AREA</u> <u>2101HV</u> <u>200E AREA</u> <u>271B</u> <u>200E AREA</u>	
CAS <u>8006</u> <u>61</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>F14</u> <u>F14</u> <u>B14</u> <u>D14</u> <u>F14</u>	<u>M0997</u> <u>200E AREA</u> <u>P008</u> <u>200E AREA</u> <u>HTS PIPEYARD</u> <u>NE OF 200E AREA</u> <u>6291</u> <u>FUELING STATION W OF 200E AREA</u> <u>202S</u> <u>200W AREA</u> <u>234-5Z</u> <u>200W AREA</u>	

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

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 U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 99999 Dun & Brad Number 03-445-6186

For Official Use Only

ID # _____

Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T V r e p e s p		Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
			D	F		
CAS <u>8006619</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>F14</u> <u>F14</u> <u>F14</u> <u>F14</u>	<u>271U</u> <u>MQ743</u> <u>3707E</u> <u>3711</u> <u>4704S</u> <u>4713A</u>	<u>200W AREA</u> <u>200W AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>400 AREA</u> <u>400 AREA</u>	<input type="checkbox"/>
CAS <u>8006619</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE</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 checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>B14</u> <u>A14</u> 	<u>1172A</u> <u>1174</u> 	<u>1100 AREA</u> <u>1100 AREA</u> 	<input type="checkbox"/>
CAS <u>77222841</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN PEROXIDE, <52%</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 checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> <u>E14</u> <u>N14</u> <u>C14</u> <u>E14</u> <u>E14</u>	<u>1706KE</u> <u>1714N</u> <u>MO425</u> <u>2025E</u> <u>2025E</u> <u>2703E CONEX</u>	<u>100K AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

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

WA7890008967

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 919919 Dun & Bradstreet Number 03-4445-61816

ID # _____
 For Official Use Only _____
 Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact

Name Charles K. Kasch Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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.

Storage Codes and Locations (Non-Confidential)

Storage Locations

T P F
 V I P
 e e m
 s e p

CAS	Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	
				T P F V I P e e m s e p	Storage Locations
<u>77722</u>	<u>HYDROGEN PEROXIDE, <52%</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 checked="" 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>366</u>	<u>200UP1</u> <u>222S</u> <u>222S</u> <u>222SA</u> <u>234-5Z</u> <u>6266</u>	200W AREA 200W AREA 200W AREA 200W AREA 200W AREA WSCF COMPLEX E. OF 200W AREA
<u>77722</u>	<u>HYDROGEN PEROXIDE, <52%</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 checked="" 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>366</u>	<u>305</u> <u>306E CONEX</u> <u>310</u>	300 AREA 300 AREA 300 AREA
<u>80121</u>	<u>MINERAL OIL</u>	<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)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	<u>190KE</u> <u>190KE</u> <u>2101M</u> <u>2711E</u> <u>221W</u> <u>222S</u>	100K AREA 100K AREA 200E AREA 200E AREA 200W AREA 200W AREA

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Name and official title of owner/operator or owner/operator's authorized representative: James E. Rasmussen
 Signature: James E. Rasmussen Date signed: 02/28/97

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 I have attached a list of site coordinate abbreviations
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TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352
SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352
Emergency Contact
Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y P E P	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>8012951</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MINERAL OIL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>N14</u> <u>M14</u> <u>N14</u> <u>M14</u> <u>M14</u> <u>D14</u>	<u>222S</u> <u>200W AREA</u> <u>222SA</u> <u>200W AREA</u> <u>222SA</u> <u>200W AREA</u> <u>234-5Z</u> <u>200W AREA</u> <u>306E</u> <u>300 AREA</u> <u>4713B</u> <u>400 AREA</u>	<input type="checkbox"/>
CAS <u>8012951</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MINERAL OIL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>R14</u>	<u>1171</u> <u>1100 AREA</u> <u>TRANSFORMERS THROUGHOUT SITE</u>	<input type="checkbox"/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>MOTOR OIL</u> <u>(NOT SPECIFICALLY IDENTIFIED)</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 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)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>B14</u> <u>D14</u>	<u>2711E</u> <u>200E AREA</u> <u>2711E</u> <u>200E AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Signature James E. Rasmussen

Date signed 02/28/97

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	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-4445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	For Official Use Only ID # _____ Date Received _____	
	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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T																	
CAS <u>7697</u> <u>37</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input checked="" 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>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>1706KE</td><td>100K AREA</td></tr> <tr><td>N 1 4</td><td>183KE</td><td>100K AREA</td></tr> <tr><td>M 1 4</td><td>MO425</td><td>100N AREA</td></tr> <tr><td>M 1 4</td><td>2025E</td><td>200E AREA</td></tr> <tr><td>N 1 4</td><td>221B</td><td>200E AREA</td></tr> <tr><td>D 1 4</td><td>2703E</td><td>200E AREA</td></tr> </table>	M 1 4	1706KE	100K AREA	N 1 4	183KE	100K AREA	M 1 4	MO425	100N AREA	M 1 4	2025E	200E AREA	N 1 4	221B	200E AREA	D 1 4	2703E	200E AREA	<input type="checkbox"/>
M 1 4	1706KE	100K AREA																				
N 1 4	183KE	100K AREA																				
M 1 4	MO425	100N AREA																				
M 1 4	2025E	200E AREA																				
N 1 4	221B	200E AREA																				
D 1 4	2703E	200E AREA																				
CAS <u>7696</u> <u>37</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input checked="" 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>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E 1 4</td><td>2703E</td><td>200E AREA</td></tr> <tr><td>M 1 4</td><td>2703E</td><td>200E AREA</td></tr> <tr><td>N 1 4</td><td>2703E</td><td>200E AREA</td></tr> <tr><td>D 1 4</td><td>271B</td><td>200E AREA</td></tr> <tr><td>N 1 4</td><td>271B</td><td>200E AREA</td></tr> <tr><td>D 1 4</td><td>275EA</td><td>200E AREA</td></tr> </table>	E 1 4	2703E	200E AREA	M 1 4	2703E	200E AREA	N 1 4	2703E	200E AREA	D 1 4	271B	200E AREA	N 1 4	271B	200E AREA	D 1 4	275EA	200E AREA	<input type="checkbox"/>
E 1 4	2703E	200E AREA																				
M 1 4	2703E	200E AREA																				
N 1 4	2703E	200E AREA																				
D 1 4	271B	200E AREA																				
N 1 4	271B	200E AREA																				
D 1 4	275EA	200E AREA																				
CAS <u>7697</u> <u>37</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input checked="" 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>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M 1 4</td><td>221T</td><td>200W AREA</td></tr> <tr><td>M 1 4</td><td>222S</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>222S</td><td>200W AREA</td></tr> <tr><td>M 1 4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>N 1 4</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>C 1 4</td><td>234-57</td><td>200W AREA</td></tr> </table>	M 1 4	221T	200W AREA	M 1 4	222S	200W AREA	N 1 4	222S	200W AREA	M 1 4	222SA	200W AREA	N 1 4	222SA	200W AREA	C 1 4	234-57	200W AREA	<input type="checkbox"/>
M 1 4	221T	200W AREA																				
M 1 4	222S	200W AREA																				
N 1 4	222S	200W AREA																				
M 1 4	222SA	200W AREA																				
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C 1 4	234-57	200W AREA																				

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 James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative Signature James E Rasmussen Date signed 02/28/97

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

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only
 ID # _____
 Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

Specific Information by Chemical

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		O P T
			T Y P E	P L C E	
CAS <u>7697</u> <u>37</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input checked="" 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>NITRIC ACID</u>	<input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	M 1 4 R 1 4 C 1 4 D 1 4 M 1 4 N 1 4	<u>234-57</u> <u>234-57</u> <u>236Z</u> <u>236Z</u> <u>236Z</u> <u>236Z</u>	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>
CAS <u>7697</u> <u>37</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input checked="" 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>NITRIC ACID</u>	<input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	E 1 4 M 1 4 A 1 4 M 1 4 M 1 4 N 1 4	<u>241Z</u> <u>2731Z</u> <u>2735Z</u> <u>622R</u> METEROLOGY COMPLEX NE OF 200W AREA <u>626E</u> WSCF COMPLEX E OF 200W AREA <u>626E</u> WSCF COMPLEX E OF 200W AREA	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>
CAS <u>7697</u> <u>37</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input checked="" 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>NITRIC ACID</u>	<input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	M 1 4 N 1 4 M 1 4 D 1 4 E 1 4 M 1 4	<u>626E</u> WSCF COMPLEX E OF 200W AREA <u>626E</u> WSCF COMPLEX E OF 200W AREA <u>6269</u> WSCF COMPLEX E OF 200W AREA <u>306E</u> <u>306E</u> <u>306E</u>	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u>

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 Phone () _____ 24 Hr. Phone () _____

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CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>2307W</u> <u>200W AREA</u> <u>R27</u> <u>2336W</u> <u>200W AREA</u> <u>A27</u> <u>234-5Z</u> <u>200W AREA</u> <u>L24</u> <u>234-5Z</u> <u>200W AREA</u> <u>L27</u> <u>234-5Z</u> <u>200W AREA</u> <u>L24</u> <u>2727W</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>272S</u> <u>200W AREA</u> <u>L24</u> <u>2734ZG</u> <u>200W AREA</u> <u>L24</u> <u>2734ZK</u> <u>200W AREA</u> <u>L24</u> <u>275W</u> <u>200W AREA</u> <u>L24</u> <u>277W</u> <u>200W AREA</u> <u>L24</u> <u>6265</u> <u>WSCF COMPLEX E OF 200W AREA</u>	<input type="checkbox"/>
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>366</u> No. of Days On-Site (days)	<u>L24</u> <u>609A</u> <u>BETWEEN 200E & 200W AREA</u> <u>L27</u> <u>609A</u> <u>BETWEEN 200E & 200W AREA</u> <u>L24</u> <u>305</u> <u>300 AREA</u> <u>L24</u> <u>305A</u> <u>300 AREA</u> <u>L24</u> <u>306E</u> <u>300 AREA</u> <u>L24</u> <u>324</u> <u>300 AREA</u>	<input type="checkbox"/>

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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 <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	For Official Use Only ID # _____ Date Received _____	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	Important: Read all instructions before completing form	
	Reporting Period: From January 1 to December 31, 19 <u>96</u> <input type="checkbox"/> 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	T P T Y r e p e s s Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	O P T																		
CAS <u>7727</u> <u>37</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire 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>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L 2 4</td><td>325</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>328</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>331C</td><td>300 AREA</td></tr> <tr><td>A 2 7</td><td>337</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>350</td><td>300 AREA</td></tr> <tr><td>L 2 4</td><td>3717B</td><td>300 AREA</td></tr> </table>	L 2 4	325	300 AREA	L 2 4	328	300 AREA	L 2 4	331C	300 AREA	A 2 7	337	300 AREA	L 2 4	350	300 AREA	L 2 4	3717B	300 AREA	<input type="checkbox"/>
L 2 4	325	300 AREA																				
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L 2 4	405	400 AREA																				
L 2 4	427	400 AREA																				
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A 2 7	4621W	400 AREA																				
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L 2 4	4713D	400 AREA																				
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L 2 4	1168	1100 AREA																				
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r s e s s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> Fire <input checked="" 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>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u> <u>L24</u>	<u>1706KE</u> <u>1717K</u> <u>1512N</u> <u>1515N</u> <u>M0425</u> <u>2101M</u>	<u>100K AREA</u> <u>100K AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>200E AREA</u>
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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		O P T
			T Y P E	L o c a t i o n	
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> Fire <input checked="" 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>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 277A L 2 4 M0844 L 2 4 6290 CRANE & RIGGING FAC W OF L 2 4 HTS PIPEYARD NE OF L 2 4 222S L 2 4 2304W	200E AREA 200E AREA 200E AREA NE OF 200E AREA 200W AREA 200W AREA	
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> Fire <input checked="" 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>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 2306W L 2 4 2307W L 2 4 2309W L 2 4 2310W L 2 4 234-5Z L 2 4 2707SX	200W AREA 200W AREA 200W AREA 200W AREA 200W AREA 200W AREA	
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> Fire <input checked="" 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>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	L 2 4 272WA L 2 4 2734ZG L 2 4 275W L 2 4 277W L 2 4 6265 L 2 4 609A	200W AREA 200W AREA 200W AREA 200W AREA WSCF COMPLEX E OF BETWEEN 200E & 200W AREA	

Certification (Read and sign after completing all sections)

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative Signature James E Rasmussen Date signed 02/28/97

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**

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only
 ID # _____
 Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e e e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> 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>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>PIPELINE PROJ W058 BETWEEN 2E & 200W AREA</u> <u>305</u> 300 AREA <u>305A</u> 300 AREA <u>306E</u> 300 AREA <u>324</u> 300 AREA <u>325</u> 300 AREA	<input type="checkbox"/>
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> 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>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>328</u> 300 AREA <u>331</u> 300 AREA <u>331C</u> 300 AREA <u>350</u> 300 AREA <u>3709A</u> 300 AREA <u>3717B</u> 300 AREA	<input type="checkbox"/>
CAS <u>7782</u> <u>44</u> <u>7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> 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>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>3722</u> 300 AREA <u>4704S</u> 400 AREA <u>4713B</u> 400 AREA <u>4713D</u> 400 AREA <u>4760</u> 400 AREA <u>1168</u> 1100 AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

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

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For Official Use Only
 ID # _____
 Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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 (Check all that apply)	Inventory	T P T Y r e e s e e s p	Storage Codes and Locations (Non-Confidential)	O P T
CAS <u>7782447</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OXYGEN</u> Check all that apply: <input checked="" 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"/> Fire <input checked="" 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>03</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L 2 4</u> <u>L 2 4</u> <u>L 2 4</u>	<u>1171</u> <u>609</u> <u>613</u> 1100 AREA CORNER OF ROUTE 1 & 4N CORNER OF ROUTE 1 & 4N	<input type="checkbox"/>
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F 1 4</u> <u>N 1 4</u> <u>E 1 4</u> <u>F 1 4</u> <u>D 1 4</u> <u>N 1 4</u>	<u>190KE</u> <u>190KE</u> <u>105N</u> <u>105N</u> <u>1143N</u> <u>1706N</u> 100K AREA 100K AREA 100N AREA 100N AREA 100N AREA 100N AREA	<input type="checkbox"/>
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F 1 4</u> <u>N 1 4</u> <u>F 1 4</u> <u>F 1 4</u> <u>E 1 4</u> <u>D 1 4</u>	<u>1714NB</u> <u>1714NB</u> <u>2025E</u> <u>2101HV</u> <u>2101M</u> <u>2711E</u> 100N AREA 100N AREA 200E AREA 200E AREA 200E AREA 200E AREA	<input type="checkbox"/>

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Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

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I have attached a site plan
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TIER TWO

EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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 96

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T V r e e s s m	Storage Codes and Locations (Non-Confidential)	O P T	
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 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>366</u> No. of Days On-Site (days)	<u>A14</u> <u>C14</u> <u>F14</u> <u>D14</u> <u>F14</u> <u>D14</u>	<u>2715B</u> <u>2715B</u> <u>2715B</u> <u>272AW</u> <u>272AW</u> <u>P008</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 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>366</u> No. of Days On-Site (days)	<u>N14</u> <u>D14</u> <u>N14</u> <u>F14</u> <u>F14</u> <u>N14</u>	<u>200ZP1</u> <u>202S CONEX</u> <u>202S CONEX</u> <u>211T</u> <u>222S</u> <u>222S</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 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>366</u> No. of Days On-Site (days)	<u>D14</u> <u>F14</u> <u>N14</u> <u>F14</u> <u>E14</u> <u>F14</u>	<u>234-5Z</u> <u>234-5Z</u> <u>234-5Z</u> <u>2620W</u> <u>271T</u> <u>271T</u>	<u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>

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

Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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I have attached a description of dikes and other safeguard measures

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>U.S. Department of Energy - Hanford Site</u>		Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 Jadwin Avenue</u>		Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact		
SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>Charles K. Kasch</u>		Team Leader, Quality and Emergency Management Team
For Official Use Only		Phone <u>(509) 376-5183</u>		24 Hr. Phone <u>(509) 373-3800</u>
ID # _____		Name _____		Title _____
Date Received _____		Phone () _____		24 Hr. Phone () _____
Specific Information by Chemical				

Important: Read all instructions before completing form

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	
			T Y P E	S T O R E L O C A T I O N
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>F14</u> <u>N14</u> <u>F14</u> <u>N14</u>	<u>272S</u> <u>272WA</u> <u>272WA</u> <u>2917</u> <u>MO743 CONEX</u> <u>6266</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u>
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> <u>D14</u> <u>D14</u> <u>R17</u> <u>D14</u> <u>E14</u>	<u>3709A</u> <u>3711</u> <u>384</u> <u>427</u> <u>4831</u> <u>1162</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>1100 AREA</u>
CAS <u>64742547</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATES, HYDROTREATED HEAVY PARAFFINIC</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E14</u> <u>N14</u> <u>C14</u> <u>D14</u>	<u>1169</u> <u>1169</u> <u>1171</u> <u>1171</u> <u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

02/28/97

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

Signature

Date signed

Optional Attachments

 I have attached a site plan
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<p>TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p>Facility Identification</p> <p>Name <u>U.S. Department of Energy - Hanford Site</u></p> <p>Street <u>825 Jadwin Avenue</u></p> <p>City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u></p> <p>SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u></p> <p>For Official Use Only ID # _____ Date Received _____</p> <p><i>Specific Information by Chemical</i></p>	<p>Owner/Operator Name</p> <p>Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u></p> <p>Mail Address <u>P.O. Box 550, Richland WA 99352</u></p> <p>Emergency Contact</p> <p>Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u></p> <p>Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u></p> <p>Name _____ Title _____</p> <p>Phone () 24 Hr. Phone ()</p>
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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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e e s s m Storage Codes and Locations (Non-Confidential) Storage Locations	O P T																		
CAS <u>64741884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATE, SOLVENT REFINED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E 1 4</td><td>105N</td><td>100N AREA</td></tr> <tr><td>D 1 4</td><td>1143N</td><td>100N AREA</td></tr> <tr><td>E 1 4</td><td>2101M</td><td>200E AREA</td></tr> <tr><td>R 1 4</td><td>2101M</td><td>200E AREA</td></tr> <tr><td>A 1 4</td><td>2715B</td><td>200E AREA</td></tr> <tr><td>C 1 4</td><td>2715B</td><td>200E AREA</td></tr> </table>	E 1 4	105N	100N AREA	D 1 4	1143N	100N AREA	E 1 4	2101M	200E AREA	R 1 4	2101M	200E AREA	A 1 4	2715B	200E AREA	C 1 4	2715B	200E AREA	<input type="checkbox"/>
E 1 4	105N	100N AREA																				
D 1 4	1143N	100N AREA																				
E 1 4	2101M	200E AREA																				
R 1 4	2101M	200E AREA																				
A 1 4	2715B	200E AREA																				
C 1 4	2715B	200E AREA																				
CAS <u>64741884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATE, SOLVENT REFINED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D 1 4</td><td>272AW</td><td>200E AREA</td></tr> <tr><td>D 1 4</td><td>P008</td><td>200E AREA</td></tr> <tr><td>E 1 4</td><td>271T</td><td>200W AREA</td></tr> <tr><td>D 1 4</td><td>3709A</td><td>300 AREA</td></tr> <tr><td>R 1 4</td><td>427</td><td>400 AREA</td></tr> <tr><td>E 1 4</td><td>1162</td><td>1100 AREA</td></tr> </table>	D 1 4	272AW	200E AREA	D 1 4	P008	200E AREA	E 1 4	271T	200W AREA	D 1 4	3709A	300 AREA	R 1 4	427	400 AREA	E 1 4	1162	1100 AREA	<input type="checkbox"/>
D 1 4	272AW	200E AREA																				
D 1 4	P008	200E AREA																				
E 1 4	271T	200W AREA																				
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R 1 4	427	400 AREA																				
E 1 4	1162	1100 AREA																				
CAS <u>64741884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM DISTILLATE, SOLVENT REFINED HEAVY PARAFFINIC</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C 1 4</td><td>1171</td><td>1100 AREA</td></tr> <tr><td>D 1 4</td><td>1171</td><td>1100 AREA</td></tr> <tr><td>R 1 4</td><td>TRANSFORMERS THROUGHOUT SITE</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	C 1 4	1171	1100 AREA	D 1 4	1171	1100 AREA	R 1 4	TRANSFORMERS THROUGHOUT SITE								<input type="checkbox"/>			
C 1 4	1171	1100 AREA																				
D 1 4	1171	1100 AREA																				
R 1 4	TRANSFORMERS THROUGHOUT SITE																					

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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division 02/28/97

Name and official title of owner/operator OR owner/operator's authorized representative Signature James E Rasmussen 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

Facility Information by Chemical

Name U.S. Department of Energy - Hanford Site
Street 825 Jadin Avenue County Benton State WA Zip 99352
City Richland Dun & Brad Number 03-445-6186

SIC Code 9999

Owner/Operator Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352
Emergency Contact Name Charles K. Kasch Title Emergency Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Team Leader, Quality and
Title
Emergency Management Team

For Official Use Only
ID # _____ Date Received _____

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

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.

Chemical Description	Physical and Health (Check all that apply)				Inventory	T P T P r e e s p	Storage Codes and Locations (Non-Confidential) Storage Locations
	Fire	Sudden Release of Pressure	Reactivity	Delayed (chronic)			
CAS <u>71664-318-2</u> Chem. Name <u>PHOSPHORIC ACID</u> Trade Secret <input type="checkbox"/> Check all that apply: <input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M114</u> <u>A114</u> <u>N114</u> <u>N114</u> <u>F114</u> <u>M114</u>	<u>1708KE</u> <u>109N</u> <u>1706N</u> <u>M0425</u> <u>M0942</u> <u>2025E</u> <u>100K AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>200E AREA</u>
CAS <u>71664-318-2</u> Chem. Name <u>PHOSPHORIC ACID</u> Trade Secret <input type="checkbox"/> Check all that apply: <input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D114</u> <u>N114</u> <u>I114</u> <u>N114</u> <u>E114</u> <u>N114</u>	<u>2101M</u> <u>221B</u> <u>2714A</u> <u>2715ED</u> <u>271B</u> <u>271B</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>
CAS <u>71664-318-2</u> Chem. Name <u>PHOSPHORIC ACID</u> Trade Secret <input type="checkbox"/> Check all that apply: <input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>O114</u> <u>D114</u> <u>E114</u> <u>D114</u> <u>E114</u> <u>C114</u>	<u>271B</u> <u>275EA</u> <u>275EA</u> <u>214T</u> <u>214T</u> <u>221T</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>

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

and that based on my 83 complete.
Signature James E. Rasmussen Date signed 02/28/97

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

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>		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 <u>96</u>		<input type="checkbox"/> 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	T P P E S P	Storage Codes and Locations <i>(Non-Confidential)</i>	O P T																		
CAS <u>7664</u> <u>38</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PHOSPHORIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E14</td><td>221T</td><td>200W AREA</td></tr> <tr><td>M14</td><td>221T</td><td>200W AREA</td></tr> <tr><td>N14</td><td>221T</td><td>200W AREA</td></tr> <tr><td>M14</td><td>222S</td><td>200W AREA</td></tr> <tr><td>M14</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>F14</td><td>234-5Z</td><td>200W AREA</td></tr> </table>	E14	221T	200W AREA	M14	221T	200W AREA	N14	221T	200W AREA	M14	222S	200W AREA	M14	222SA	200W AREA	F14	234-5Z	200W AREA		
E14	221T	200W AREA																					
M14	221T	200W AREA																					
N14	221T	200W AREA																					
M14	222S	200W AREA																					
M14	222SA	200W AREA																					
F14	234-5Z	200W AREA																					
CAS <u>7664</u> <u>38</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PHOSPHORIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M14</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>N14</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>D14</td><td>2706T CONEX</td><td>200W AREA</td></tr> <tr><td>N14</td><td>275UR</td><td>200W AREA</td></tr> <tr><td>N14</td><td>M0743 CONEX</td><td>200W AREA</td></tr> <tr><td>M14</td><td>6266</td><td>WSCE COMPLEX E OF 200W AREA</td></tr> </table>	M14	234-5Z	200W AREA	N14	234-5Z	200W AREA	D14	2706T CONEX	200W AREA	N14	275UR	200W AREA	N14	M0743 CONEX	200W AREA	M14	6266	WSCE COMPLEX E OF 200W AREA		
M14	234-5Z	200W AREA																					
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D14	2706T CONEX	200W AREA																					
N14	275UR	200W AREA																					
N14	M0743 CONEX	200W AREA																					
M14	6266	WSCE COMPLEX E OF 200W AREA																					
CAS <u>7664</u> <u>38</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PHOSPHORIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N14</td><td>607</td><td>BETWEEN 200E & 200W AREA</td></tr> <tr><td>M14</td><td>306E</td><td>300 AREA</td></tr> <tr><td>N14</td><td>306E</td><td>300 AREA</td></tr> </table>	N14	607	BETWEEN 200E & 200W AREA	M14	306E	300 AREA	N14	306E	300 AREA											
N14	607	BETWEEN 200E & 200W AREA																					
M14	306E	300 AREA																					
N14	306E	300 AREA																					

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>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division		Optional Attachments <input checked="" 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 <u>James E Rasmussen</u>		Date signed <u>02/28/97</u>

TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352
 SIC Code 99999 Dun & Brad Number 03-445-6186

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact
 Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Ex-Official Use Only
 ID # _____ Date Received _____

Reporting Period: From January 1 to December 31, 19 96

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

Chemical Description	Physical Hazards (Check all that apply)		Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations
	Fire	Sudden Release of Pressure		
CAS <u>11336</u> <u>36</u> <u>3</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POLYCHLORINATED BIPHENYLS</u>	<input type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>105KE TRANSFORMER</u> 100K AREA <u>4621E TRANSFORMER</u> 400 AREA <u>4621W TRANSFORMER</u> 400 AREA <u>491E</u> 400 AREA <u>491W</u> 400 AREA
CAS <u>714</u> <u>98</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u>	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Sudden Release of Pressure	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>1706KE</u> 100K AREA <u>105N</u> 100N AREA <u>1301N</u> 100N AREA <u>1512N</u> 100N AREA <u>1723N</u> 100N AREA <u>N SPRINGS</u> 100N AREA
CAS <u>714</u> <u>98</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u>	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Sudden Release of Pressure	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>2025E</u> 200E AREA <u>209E</u> 200E AREA <u>2101HV</u> 200E AREA <u>2101M</u> 200E AREA <u>221B</u> 200E AREA <u>225B</u> 200E AREA

Certification (Read and sign after completing all sections)

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E. Rasmussen Date signed 02/28/97

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

Facility Identification

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352
 Dun. & Brad Number 03-445-6186

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact

SIC Code 9999 ID # _____
 For Official Use Only Date Received _____

Name Charles K. Kasch Team Leader, Quality and The Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800
 Name _____ Title _____
 Phone _____ 24 Hr. Phone _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P S E P			
			T	P	S	E
CAS _____ Chem. Name <u>PROPANE</u> Check all that apply: <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 EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	Storage Codes and Locations (Non-Confidential) Storage Locations
CAS <u>714986</u> Chem. Name <u>PROPANE</u> Check all that apply: <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 EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	Storage Codes and Locations (Non-Confidential) Storage Locations
CAS <u>714986</u> Chem. Name <u>PROPANE</u> Check all that apply: <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 EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	Storage Codes and Locations (Non-Confidential) Storage Locations

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 James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative
 Signature James E. Rasmussen Date signed 02/28/97
 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 safeguarded measures
 A-6000-633 (02/792)

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification	Name <u>U.S. Department of Energy - Hanford Site</u>	Owner/Operator Name	Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u>
		Street <u>825 Jadwin Avenue</u>	Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
		City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>	Emergency Contact	Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u>
	SIC Code <u>99999</u> Dun & Brad Number <u>03-445-6186</u>		Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>	
	For Official Use Only	ID # _____	Name _____ Title _____	
Specific Information by Chemical	Date Received _____		Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 19 <u>96</u>	<input type="checkbox"/> 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) Storage Locations
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>4</u> <input type="text"/> <input type="text"/> <u>9</u> <u>8</u> <input type="text"/> <input type="text"/> <u>6</u> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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>366</u>	T P T Y r e p e m o e p
Chem. Name <u>PROPANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____			L 2 4 HTS PIPEYARD NE OF 200E AREA L 2 4 M0005 HTS PIPEYARD NE OF 200E AREA L 2 4 200ZP2 200W AREA L 2 4 202S CONEX 200W AREA L 2 4 214T 200W AREA L 2 4 221T 200W AREA
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>4</u> <input type="text"/> <input type="text"/> <u>9</u> <u>8</u> <input type="text"/> <input type="text"/> <u>6</u> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" 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>366</u>	L 2 4 222S 200W AREA L 2 4 222SA 200W AREA A 2 4 2300W 200W AREA L 2 4 2306W 200W AREA A 2 4 2307W 200W AREA L 2 4 2309W 200W AREA
Chem. Name <u>PROPANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____			L 2 4 2310W 200W AREA L 2 4 234-5Z 200W AREA L 2 4 2402W 200W AREA A 2 4 2707SX 200W AREA L 2 4 271U 200W AREA L 2 4 272S 200W AREA

<p>Certification: <i>(Read and sign after completing all sections)</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 <u>83</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.</p> <p>James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division</p> <p>Name and official title of owner/operator OR owner/operator's authorized representative _____</p>	<p>Optional Attachments</p> <p><input checked="" 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>
<p><i>James E Rasmussen</i></p> <p>Signature _____ Date signed <u>02/28/97</u></p>	

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-61186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Team Leader, Quality and Title <u>Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () 24 Hr. Phone ()
	For Official Use Only ID # _____ Date Received _____	
	Specific Information by Chemical	

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y R E E S P	Storage Codes and Locations <i>(Non-Confidential)</i>	O P T
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>4</u> <u>9</u> <u>8</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 A 2 4	<u>272WA</u> 200W AREA <u>2734ZK</u> 200W AREA <u>275W</u> 200W AREA <u>277W</u> 200W AREA <u>6265</u> WSCF COMPLEX E OF 200W AREA <u>609A</u> BETWEEN 200E & 200W AREA	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>4</u> <u>9</u> <u>8</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>609A</u> BETWEEN 200E & 200W AREA <u>305</u> 300 AREA <u>306E</u> 300 AREA <u>328</u> 300 AREA <u>333</u> 300 AREA <u>3722</u> 300 AREA	<input type="checkbox"/>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>7</u> <u>4</u> <u>9</u> <u>8</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	L 2 4 L 2 4 L 2 4 L 2 4 L 2 4 L 2 4	<u>384</u> 300 AREA <u>4704S</u> 400 AREA <u>4713B</u> 400 AREA <u>4713D</u> 400 AREA <u>4722C</u> 400 AREA <u>1161</u> 1100 AREA	<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>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	Optional Attachments <input checked="" 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
--	---

WA7890008967

Washington Community Right-To-Know #:

Owner/Operator Name: U.S. Department of Energy Phone: (509) 376-7411
 Mail Address: P.O. Box 550, Richland WA 99352
 Emergency Contact: Charles K. Kasch Title: Emergency Management Team
 Name: Charles K. Kasch 24 Hr. Phone: (509) 373-3800
 Name: () Title: ()
 Phone: () 24 Hr. Phone: ()

Facility Identification: TIER TWO
 Name: U.S. Department of Energy - Hanford Site
 Street: 825 Jadwin Avenue County: Benton State: WA Zip: 99352
 City: Richland
 SIC Code: 919919 Dun & Brad Number: 03-4145-61816
 For Official Use Only: ID # () Date Received ()

HAZARDOUS CHEMICAL INVENTORY
 Specific Information by Chemical

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P I				Storage Codes and Locations (Non-Confidential)	Storage Locations
			F	R	P	L		
CAS <u>7149186</u> Chem. Name: <u>PROPANE</u> Check all that apply: <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 EHS Name: <u>()</u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>L24</u> <u>A24</u>	<u>1171</u> <u>509</u>	<u>()</u> <u>()</u>	<u>1100 AREA</u> <u>CORNER OF ROUTE 1 & RN</u>	<u>()</u>	
CAS <u>1148086107</u> Chem. Name: <u>SILICA, CRYSTALLINE-QUARTZ</u> Check all that apply: <input checked="" 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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>J14</u> <u>D14</u> <u>N14</u> <u>J14</u> <u>N14</u> <u>D14</u>	<u>183C CONEX</u> <u>105NA</u> <u>1143N</u> <u>1723N</u> <u>M0425</u> <u>M0942</u>	<u>()</u> <u>()</u> <u>()</u> <u>()</u> <u>()</u> <u>()</u>	<u>1000 AREA</u> <u>1000 AREA</u> <u>1000 AREA</u> <u>1000 AREA</u> <u>1000 AREA</u> <u>1000 AREA</u>	<u>()</u>	
CAS <u>1148086107</u> Chem. Name: <u>SILICA, CRYSTALLINE-QUARTZ</u> Check all that apply: <input checked="" 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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>K14</u> <u>J14</u> <u>D14</u> <u>J14</u> <u>E14</u> <u>F14</u>	<u>202A</u> <u>209E CONEX</u> <u>212B</u> <u>212B</u> <u>214A</u> <u>214A</u>	<u>()</u> <u>()</u> <u>()</u> <u>()</u> <u>()</u> <u>()</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<u>()</u>	

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 safety measures

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 83 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: James E. Raasmussen Signature
 Date signed: 02/28/97

TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 99999 Dun & Brad Number 03-445-6186

For ID # _____
 Official Use Only Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____

Phone () _____ 24 Hr. Phone () _____

Specific Information by Chemical

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> 225B <u>J14</u> 225B CONEX <u>J14</u> 225BC <u>F14</u> 225BE <u>D14</u> 2703E <u>J14</u> 2703E	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>K14</u> 2703E CONEX <u>M14</u> 2703E <u>N14</u> 2703E CONEX <u>F14</u> 2714A <u>J14</u> 2714A <u>F14</u> 2715B	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</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)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>D14</u> 271B <u>F14</u> 271B <u>J14</u> 271B <u>D14</u> 272BB <u>F14</u> M0845 <u>J14</u> M0845	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E Rasmussen Date signed 02/28/97

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

Facility Identification

TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue County Benton State WA Zip 99352
 City Richland

SIC Code 919919 Dun & Brad Number 03-4145-61816

Owner/Operator Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact Charles K. Kasch Title Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

For Official Use Only: ID # _____ Date Received _____

Specific Information by Chemical: _____

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

CAS	Chem. Name	Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P I Y F e p e s m	Storage Codes and Locations (Non-Confidential)	Storage Locations
<input type="checkbox"/> 1418018	<input type="checkbox"/> 7	Trade Secret	<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)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days)	J 1 1 4 J 1 1 4 J 1 1 4 J 1 1 4 I 1 1 4	P012 HTS PIPEYARD NE OF 200E AREA M0005 HTS PIPEYARD NE OF 200E AREA 221T 200W AREA 224T 200W AREA 234-5Z 200W AREA	O P L
<input type="checkbox"/> 1418018	<input type="checkbox"/> 7	Trade Secret	<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)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days)	F 1 1 4 J 1 1 4 J 1 1 4 J 1 1 4 J 1 1 4	236Z 200W AREA 2402H 200W AREA 2402WE 200W AREA 2620W 200W AREA M0223 CONEX M0743 CONEX	
<input type="checkbox"/> 1418018	<input type="checkbox"/> 7	Trade Secret	<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)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days)	D 1 1 4 J 1 1 4 J 1 1 4 J 1 1 4 D 1 1 4	607 BETWEEN 200E & 200W AREA 616 BETWEEN 200E & 200W AREA M0712 METEROLOGY COMPLEX NE OF 200W AREA 305 300 AREA 306E CONEX 300 AREA 306E CONEX 300 AREA	

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative: James E. Rasmussen

Signature: _____ Date signed: 02/28/97

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	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u> For Official Use Only: ID # _____ Date Received _____ Specific Information by Chemical: _____	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
---	---	--

Important: Read all instructions before completing form		Reporting Period: From January 1 to December 31, 19 <u>96</u>		<input type="checkbox"/> 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	T P T Y r e e m e s p	Storage Codes and Locations <i>(Non-Confidential)</i>	O P T																		
CAS <u>14808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> Check all that apply: <input checked="" 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 type="checkbox"/> Immediate (acute) <input checked="" 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>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N</td><td>I</td><td>4</td></tr> <tr><td>C</td><td>I</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>	N	I	4	C	I	4													306E 300 AREA 427 400 AREA	
N	I	4																					
C	I	4																					
CAS <u>7440235</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" 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 checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (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>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>I</td><td>4</td></tr> <tr><td>C</td><td>I</td><td>4</td></tr> <tr><td>M</td><td>I</td><td>4</td></tr> <tr><td>C</td><td>I</td><td>2</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> </table>	C	I	4	C	I	4	M	I	4	C	I	2	D	I	4	D	I	4	1720DR 100DR AREA 221T 200W AREA 234-5Z 200W AREA 272TW 200W AREA HS057 200W AREA HS058 200W AREA	
C	I	4																					
C	I	4																					
M	I	4																					
C	I	2																					
D	I	4																					
D	I	4																					
CAS <u>7440235</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" 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 checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (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>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>I</td><td>4</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> <tr><td>D</td><td>I</td><td>4</td></tr> </table>	D	I	4	D	I	4	D	I	4	D	I	4	D	I	4	D	I	4	HS059 200W AREA HS060 200W AREA HS061 200W AREA HS062 200W AREA HS063 200W AREA HS064 200W AREA	
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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>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	Optional Attachments <input checked="" 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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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>99999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	Specific Information by Chemical	

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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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CAS <u>7440235</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" 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="checkbox"/> Max. Daily Amount (code) <u>06</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>06</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<input type="checkbox"/> C 2 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 405 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 400 AREA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
CAS <u>497198</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<input type="checkbox"/> N 1 4 <input type="checkbox"/> J 1 4 <input type="checkbox"/> N 1 4 <input type="checkbox"/> N 1 4 <input type="checkbox"/> F 1 4 <input type="checkbox"/> N 1 4	<input type="checkbox"/> 1706KE <input type="checkbox"/> 183K <input type="checkbox"/> M0425 <input type="checkbox"/> 2025E <input type="checkbox"/> 2101M <input type="checkbox"/> 2703E CONEX	<input type="checkbox"/> 100K AREA <input type="checkbox"/> 100K AREA <input type="checkbox"/> 100N AREA <input type="checkbox"/> 200E AREA <input type="checkbox"/> 200E AREA <input type="checkbox"/> 200E AREA	<input type="checkbox"/>

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James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

02/28/97

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
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only ID # _____
 Date Received _____

Specific Information by Chemical

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Quality and Emergency Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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CAS <u>497198</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 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>366</u> No. of Days On-Site (days)	<u>J14</u> <u>K14</u> <u>J14</u> <u>N14</u> <u>N16</u> <u>M14</u>	<u>2714A</u> <u>271B</u> <u>275EA</u> <u>222S</u> <u>222S</u> <u>222SA</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200W AREA</u> <u>200W AREA</u> <u>200W AREA</u>	<input type="checkbox"/>	
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Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

Optional Attachments

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 I have attached a list of site coordinate addresses
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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03 - 445 - 6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
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	Specific Information by Chemical For Official Use Only ID # _____ Date Received _____	

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Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">T Y P E</td> <td style="text-align: center;">P I O S</td> <td style="text-align: center;">T O I C</td> <td style="text-align: center;">S T O R E</td> <td style="text-align: center;">C O D E</td> <td style="text-align: center;">L O C A T I O N</td> </tr> <tr> <td colspan="6" style="text-align: center;">Storage Codes and Locations (Non-Confidential)</td> </tr> <tr> <td colspan="6" style="text-align: center;">Storage Locations</td> </tr> </table>	T Y P E	P I O S	T O I C	S T O R E	C O D E	L O C A T I O N	Storage Codes and Locations (Non-Confidential)						Storage Locations						O P T												
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 Signature James E Rasmussen

02/28/97

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Date signed

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
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	Street <u>825 Jadwin Avenue</u>		Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
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Reporting Period: From January 1 to December 31, 19 96 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s e s p		Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>4</u> <u>9</u> <u>7</u> <input type="checkbox"/> <u>1</u> <u>9</u> <input type="checkbox"/> <u>8</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<u>N</u> <u>1</u> <u>4</u> <u>C</u> <u>1</u> <u>4</u> <u>D</u> <u>1</u> <u>4</u>	<u>1</u> <u>1</u> <u>6</u> <u>1</u> <u>1</u> <u>7</u> <u>1</u> <u>1</u> <u>7</u>	<u>1</u> <u>1</u> <u>0</u> <u>0</u> AREA <u>1</u> <u>1</u> <u>0</u> <u>0</u> AREA <u>1</u> <u>1</u> <u>0</u> <u>0</u> AREA	<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>7</u> <u>6</u> <u>4</u> <u>7</u> <input type="checkbox"/> <u>1</u> <u>4</u> <input type="checkbox"/> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>5</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<u>N</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u> <u>F</u> <u>1</u> <u>4</u> <u>M</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u>	<u>1</u> <u>8</u> <u>2</u> <u>B</u> <u>1</u> <u>0</u> <u>0</u> <u>H</u> <u>R</u> <u>3</u> PUMP & TREAT <u>1</u> <u>7</u> <u>0</u> <u>G</u> <u>K</u> <u>E</u> <u>1</u> <u>0</u> <u>5</u> <u>N</u> <u>1</u> <u>1</u> <u>4</u> <u>3</u> <u>N</u> <u>A</u> <u>1</u> <u>7</u> <u>0</u> <u>6</u> <u>N</u>	<u>1</u> <u>0</u> <u>0</u> <u>B</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>H</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>K</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA	<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>7</u> <u>6</u> <u>4</u> <u>7</u> <input type="checkbox"/> <u>1</u> <u>4</u> <input type="checkbox"/> <u>5</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>5</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>6</u> No. of Days On-Site (days)	<u>E</u> <u>1</u> <u>4</u> <u>F</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u> <u>F</u> <u>1</u> <u>4</u> <u>N</u> <u>1</u> <u>4</u>	<u>1</u> <u>7</u> <u>1</u> <u>N</u> <u>1</u> <u>8</u> <u>3</u> <u>N</u> <u>M</u> <u>0</u> <u>4</u> <u>2</u> <u>S</u> <u>M</u> <u>0</u> <u>9</u> <u>4</u> <u>2</u> <u>2</u> <u>0</u> <u>2</u> <u>5</u> <u>E</u> <u>2</u> <u>0</u> <u>2</u> <u>5</u> <u>E</u>	<u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA <u>1</u> <u>0</u> <u>0</u> <u>N</u> AREA <u>2</u> <u>0</u> <u>0</u> <u>E</u> AREA <u>2</u> <u>0</u> <u>0</u> <u>E</u> AREA	<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 83, 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

02/28/97

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

Facility Identification

Name: TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
 Street: U.S. Department of Energy - Hanford Site
 City: Richland County: Benton State: WA Zip: 99352

Name: U.S. Department of Energy Phone: (509) 376-7411
 Mail Address: P.O. Box 550, Richland WA 99352
 Emergency Contact: _____

SIC Code: 99999 Dun & Brad Number: 03-445-6186
 ID #: _____ Date Received: _____

For Official Use Only

Name: Charles K. Kasch Title: Emergency Management Team
 Phone: (509) 376-5183 24 Hr. Phone: (509) 373-3800

Name: _____ Title: _____
 Phone: _____ 24 Hr. Phone: _____

Important: Read all instructions before completing form

Chemical Description	Physical and Health Hazards (Check all that apply)		Inventory	Storage Codes and Locations (Non-Confidential)	Storage Locations
	Fire	Sudden Release of Pressure			
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u>	<input type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<u>05</u> Max. Daily Amount (code)	<u>202A</u>	<u>200E AREA</u>
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Reactivity	<input checked="" type="checkbox"/> Immediate (acute)	<u>04</u> Avg. Daily Amount (code)	<u>2703E CONEX</u>	<u>200E AREA</u>
	<input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Delayed (chronic)	<u>366</u> No. of Days On-Site (days)	<u>2703E</u>	<u>200E AREA</u>
EHS Name _____	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Sudden Release of Pressure	<u>05</u> Max. Daily Amount (code)	<u>271B</u>	<u>200E AREA</u>
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Reactivity	<input type="checkbox"/> Immediate (acute)	<u>04</u> Avg. Daily Amount (code)	<u>272B</u>	<u>200E AREA</u>
	<input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Delayed (chronic)	<u>366</u> No. of Days On-Site (days)	<u>283E</u>	<u>200E AREA</u>
EHS Name _____	<input type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<u>05</u> Max. Daily Amount (code)	<u>284E</u>	<u>200E AREA</u>
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Reactivity	<input checked="" type="checkbox"/> Immediate (acute)	<u>04</u> Avg. Daily Amount (code)	<u>P012</u>	<u>200E AREA</u>
	<input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Delayed (chronic)	<u>366</u> No. of Days On-Site (days)	<u>2007P2</u>	<u>200E AREA</u>
EHS Name _____	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Sudden Release of Pressure	<u>05</u> Max. Daily Amount (code)	<u>2211</u>	<u>200E AREA</u>
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Reactivity	<input type="checkbox"/> Immediate (acute)	<u>04</u> Avg. Daily Amount (code)	<u>222S</u>	<u>200E AREA</u>
	<input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Delayed (chronic)	<u>366</u> No. of Days On-Site (days)	<u>222SA</u>	<u>200E AREA</u>
EHS Name _____	<input type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<u>05</u> Max. Daily Amount (code)	<u>222SA</u>	<u>200E AREA</u>
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Reactivity	<input checked="" type="checkbox"/> Immediate (acute)	<u>04</u> Avg. Daily Amount (code)	<u>234-5Z</u>	<u>200E AREA</u>
	<input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Delayed (chronic)	<u>366</u> No. of Days On-Site (days)	<u>234-5Z</u>	<u>200E AREA</u>
EHS Name _____	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Sudden Release of Pressure	<u>05</u> Max. Daily Amount (code)	<u>284W</u>	<u>200E AREA</u>
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Reactivity	<input type="checkbox"/> Immediate (acute)	<u>04</u> Avg. Daily Amount (code)	<u>522R</u>	<u>200E AREA</u>
	<input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Delayed (chronic)	<u>366</u> No. of Days On-Site (days)	<u>METEROLOGY COMPLEX NE OF 200W AREA</u>	<u>200E AREA</u>
EHS 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 83, 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.

James E. Remissen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative: _____
 Signature: James E. Remissen Date signed: 02/28/07

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

Optional Attachments _____

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification			Owner/Operator Name		
	Name <u>U.S. Department of Energy - Hanford Site</u>			Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u>		
	Street <u>825 Jadwin Avenue</u>			Mail Address <u>P.O. Box 550, Richland WA 99352</u>		
City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>			Emergency Contact			
SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>			Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u>			
For Official Use Only			Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>			
Specific Information by Chemical			Name _____ Title _____			
ID # _____			Phone (-) _____ 24 Hr. Phone (-) _____			
Date Received _____						

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e s s e s m	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M 1 4</u> <u>N 1 4</u> <u>N 1 4</u> <u>F 1 4</u> <u>K 1 4</u> <u>N 1 4</u>	<u>6266</u> WSCF COMPLEX E OF 200W AREA <u>6266</u> WSCF COMPLEX E OF 200W AREA <u>6269</u> WSCF COMPLEX E OF 200W AREA <u>306E</u> 300 AREA <u>306E CONEX</u> 300 AREA <u>306E</u> 300 AREA	<input type="checkbox"/>
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E 1 4</u> <u>N 1 4</u> <u>N 1 4</u> <u>D 1 4</u> <u>M 1 4</u> <u>B 1 4</u>	<u>324</u> 300 AREA <u>328</u> 300 AREA <u>331</u> 300 AREA <u>331D</u> 300 AREA <u>3705</u> 300 AREA <u>384</u> 300 AREA	<input type="checkbox"/>
CAS <u>7647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F 1 4</u> _____ _____ _____ _____ _____	<u>4704S</u> 400 AREA _____ _____ _____ _____	<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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division 02/28/97

Name and official title of owner/operator OR owner/operator's authorized representative Signature James E Rasmussen 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	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9 9 9 9</u> Dun & Brad Number <u>0 3</u> - <u>4 4 5</u> - <u>6 1 8 6</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	Specific Information by Chemical For Official Use Only ID # _____ Date Received _____	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Quality and Emergency Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	Important: Read all instructions before completing form	

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations <i>(Non-Confidential)</i>	O p t
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"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Reactivity <input checked="" 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)	<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"/>	<u>100B AREA</u> <u>100K AREA</u> <u>100K AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u>	<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"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Reactivity <input checked="" 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)	<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"/>	<u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>200E AREA</u>	<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"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" 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 checked="" type="checkbox"/> Reactivity <input checked="" 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)	<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"/>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</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>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative	Optional Attachments <input checked="" 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>James E Rasmussen</u> _____	Date signed <u>02/28/97</u> _____

Facility Identification

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Street Number 03-445-6186

Owner/Operator Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact Charles K. Kasch Title Team Leader, Safety and Health Management Team
 Name Charles K. Kasch 24 Hr. Phone (509) 373-3800
 Name () Title ()
 Phone () 24 Hr. Phone ()

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

For Official Use Only

ID # _____ Date Received _____

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.

CAS	Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		T P I S S P
				Storage Codes	Storage Locations	
13110732	SODIUM HYDROXIDE	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="checkbox"/>	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	204AR 2101M 2101M 211A 211A 211A	200E AREA 200E AREA 200E AREA 200E AREA 200E AREA 200E AREA	<input type="checkbox"/>
13110732	SODIUM HYDROXIDE	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="checkbox"/>	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	211BA 2703E CONEX 2703E 2714A 271B 271B	200E AREA 200E AREA 200E AREA 200E AREA 200E AREA 200E AREA	<input type="checkbox"/>
13110732	SODIUM HYDROXIDE	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="checkbox"/>	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	271B 271B 2750E 275EA 275EA 275EA	200E AREA 200E AREA 200E AREA 200E AREA 200E AREA 200E AREA	<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 83, 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.

Signature James E. Raspmussen Date signed 02/28/97

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

Facility Identification
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Bradstreet Number 03-445-61186

For Official Use Only
 ID # _____ Date Received _____

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact
 Name Charles K. Kasch Team Leader, Safety and Health Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____
 Phone _____ 24 Hr. Phone _____

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.

CAS	Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)						
				T	P	Y	P	S	P	
1310732	SODIUM HYDROXIDE	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	283E 214T 214T 222S 222S 222S	200E AREA	200W AREA	200W AREA	200W AREA	200W AREA	200W AREA
1310732	SODIUM HYDROXIDE	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	222SA 222SA 222SA 234-57 234-57	200W AREA	200W AREA	200W AREA	200W AREA	200W AREA	200W AREA
1310732	SODIUM HYDROXIDE	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>366</u>	234-57 241Z 2706T CONEX 2706T CONEX 291Z 622R	200W AREA	200W AREA	200W AREA	200W AREA	200W AREA	200W AREA

Optional Attachments
METEOROLOGY COMPLEX NE OF 200W AREA

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83 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.

Signature James E. Rasmussen Date signed 02/28/97

Name and official title of owner/operator OR owner/operator's authorized representative
James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

A-6000-G33 (02/92)

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
 Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Richland County Benton State WA Zip 99352

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352

SIC Code 9999 Dun & Brad Number 03-445-6186
 Emergency Contact
 Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

For Official Use Only
 ID # _____
 Date Received _____

Specific Information by Chemical
 Name _____ Title _____
 Phone () _____ 24 Hr. Phone () _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		O P P T	
			T y p e	P l a c e		
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>I14</u> <u>N14</u> <u>M14</u> <u>N14</u> <u>D14</u>	<u>6266</u> <u>6266</u> <u>6268</u> <u>6269</u> <u>6269</u> <u>306E CONEX</u>	<u>WSCF COMPLEX E OF 200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>WSCF COMPLEX E OF 200W AREA</u> <u>300 AREA</u>	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> <u>I14</u> <u>N14</u> <u>A14</u> <u>N14</u> <u>D14</u>	<u>306E CONEX</u> <u>306E</u> <u>306E</u> <u>310</u> <u>331</u> <u>331D</u>	<u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u>	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>F14</u> <u>E14</u> <u>F14</u> <u>M14</u> <u>N14</u> <u>E14</u>	<u>331D</u> <u>333</u> <u>337</u> <u>3705</u> <u>3705</u> <u>PIT 6</u>	<u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>W OF 300 AREA</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 83 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.
 James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division
 Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed 02/28/97

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

Facility Identification

TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Name U.S. Department of Energy - Hanford Site

Street 825 Jadwin Avenue

City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Street Number 013 - 4415 - 61186

For Official Use Only

ID #

Date Received

Name

Phone

Title

24 Hr. Phone

Name U.S. Department of Energy Phone (509) 376-7411

Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team

Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name

Phone

Title

24 Hr. Phone

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.

Chemical Description	Physical and Health Hazards (Check all that apply)		Inventory	Storage Codes and Locations (Non-Confidential)		T P P e s s e r	O p t
	Fire	Sudden Release of Pressure		Reactivity	Immediate (acute)		
CAS <u>0001310732</u> Chem. Name <u>SODIUM HYDROXIDE</u> Check all that apply: <input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D14 4831 400 AREA C14 4 1171 1100 AREA D14 4 1171 1100 AREA N14 4 2440 STEVENS CENTER	
CAS <u>0007631994</u> Chem. Name <u>SODIUM NITRATE</u> Check all that apply: <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F14 4 225B 200E AREA N14 4 2703E 200E AREA F14 4 271B 200E AREA J14 4 2718 200E AREA D14 4 275EA 200E AREA J14 4 221T 200W AREA	
CAS <u>0007631994</u> Chem. Name <u>SODIUM NITRATE</u> Check all that apply: <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J14 4 222S 200W AREA M14 4 222S 200W AREA N14 4 222S 200W AREA I14 4 222SA 200W AREA J14 4 222SA 200W AREA J14 4 222SA 200W AREA	

Signature: James E. Rasmussen Date signed: 02/28/97

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 83 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.

James F. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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
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A-6000-633 (02/92)

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	For Official Use Only ID # _____ Date Received _____	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____
	Specific Information by Chemical	

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T																	
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" 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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C14</td><td>202A</td><td>200E AREA</td></tr> <tr><td>C14</td><td>204AR</td><td>200E AREA</td></tr> <tr><td>J14</td><td>204AR</td><td>200E AREA</td></tr> <tr><td>J14</td><td>2101M</td><td>200E AREA</td></tr> <tr><td>J14</td><td>211A</td><td>200E AREA</td></tr> <tr><td>N14</td><td>2703E</td><td>200E AREA</td></tr> </table>	C14	202A	200E AREA	C14	204AR	200E AREA	J14	204AR	200E AREA	J14	2101M	200E AREA	J14	211A	200E AREA	N14	2703E	200E AREA	<input type="checkbox"/>
C14	202A	200E AREA																				
C14	204AR	200E AREA																				
J14	204AR	200E AREA																				
J14	2101M	200E AREA																				
J14	211A	200E AREA																				
N14	2703E	200E AREA																				
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" 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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C14</td><td>271B</td><td>200E AREA</td></tr> <tr><td>O14</td><td>271B</td><td>200E AREA</td></tr> <tr><td>D14</td><td>275EA</td><td>200E AREA</td></tr> <tr><td>J14</td><td>275EA</td><td>200E AREA</td></tr> <tr><td>J14</td><td>221T</td><td>200W AREA</td></tr> <tr><td>M14</td><td>222S</td><td>200W AREA</td></tr> </table>	C14	271B	200E AREA	O14	271B	200E AREA	D14	275EA	200E AREA	J14	275EA	200E AREA	J14	221T	200W AREA	M14	222S	200W AREA	<input type="checkbox"/>
C14	271B	200E AREA																				
O14	271B	200E AREA																				
D14	275EA	200E AREA																				
J14	275EA	200E AREA																				
J14	221T	200W AREA																				
M14	222S	200W AREA																				
CAS <u>7632000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRITE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" 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="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M14</td><td>222S</td><td>200W AREA</td></tr> <tr><td>N14</td><td>222S</td><td>200W AREA</td></tr> <tr><td>I14</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>N14</td><td>222SA</td><td>200W AREA</td></tr> <tr><td>N14</td><td>234-5Z</td><td>200W AREA</td></tr> <tr><td>F14</td><td>236Z</td><td>200W AREA</td></tr> </table>	M14	222S	200W AREA	N14	222S	200W AREA	I14	222SA	200W AREA	N14	222SA	200W AREA	N14	234-5Z	200W AREA	F14	236Z	200W AREA	<input type="checkbox"/>
M14	222S	200W AREA																				
N14	222S	200W AREA																				
I14	222SA	200W AREA																				
N14	222SA	200W AREA																				
N14	234-5Z	200W AREA																				
F14	236Z	200W AREA																				

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>83</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. James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature <u>James E Rasmussen</u> Date signed <u>02/28/97</u>	Optional Attachments <input checked="" 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
---	---

**TIER TWO
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Name U.S. Department of Energy - Hanford Site
 Street 825 Jadwin Avenue
 City Ritchland County Benton state WA Zip 99352
 SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only
 ID # _____ Date Received _____

Owner/Operator Name
 Name U.S. Department of Energy Phone (509) 376-7411
 Mail Address P.O. Box 550, Richland WA 99352
 Emergency Contact

Name Charles K. Kasch Team Leader, Safety and Health Management Team
 Title Health Management Team
 Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

Name _____ Title _____
 Phone _____ 24 Hr. Phone _____

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y P e e e m e e p				Storage Codes and Locations (Non-Confidential) Storage Locations
			O	P	T	P	
CAS <u>76132000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRIE</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)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input checked="" type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input checked="" type="checkbox"/> No. of Days On-Site (days) <u>3 6 6</u>	<u>J</u>	<u>1</u>	<u>4</u>	<u>241Z</u> <u>291Z</u> <u>622R</u> <u>626E</u> <u>306E</u> <u>331</u> <u>331D</u> <u>331D</u> <u>337</u>	<u>200W AREA</u> <u>200W AREA</u> <u>METEROLOGY COMPLEX E. OF 200W AREA</u> <u>WSCF COMPLEX NE OF 200W AREA</u> <u>300 AREA</u> <u>300 AREA</u>
CAS <u>76132000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM NITRIE</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)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input checked="" type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input checked="" type="checkbox"/> No. of Days On-Site (days) <u>3 6 6</u>	<u>D</u>	<u>1</u>	<u>4</u>	<u>331D</u> <u>331D</u> <u>337</u>	<u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u>
CAS <u>64742581</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SPENT LUBRICATING OIL, HYDROTREATED</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)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input checked="" type="checkbox"/> Avg. Daily Amount (code) <u>04</u> <input checked="" type="checkbox"/> No. of Days On-Site (days) <u>3 6 6</u>	<u>A</u>	<u>1</u>	<u>4</u>	<u>2711E</u> <u>2711E</u> <u>1171</u> <u>1171</u> <u>1172A</u> <u>1176</u>	<u>200E AREA</u> <u>200E AREA</u> <u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u> <u>1100 AREA</u>

Optional Attachments _____
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 James E. Raasmussen, Director, Environmental Assurance, Permits, and Policy Division
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 I have attached a list of site coordinate abbreviations
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 A-68004-633 (02/92)

TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u> For Official Use Only ID # _____ Date Received _____	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u> Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u> Name _____ Title _____ Phone () 24 Hr. Phone ()
	Important: Read all instructions before completing form Reporting Period: From January 1 to December 31, 19 <u>96</u> <input type="checkbox"/> Check if information below is identical to the information submitted last year.	
	Chemical Description Physical and Health Hazards (Check all that apply) Inventory T P T Y r e p e s p Storage Codes and Locations (Non-Confidential) Storage Locations O P T	

CAS 8052 41 3 Trade Secret

Chem. Name STODDARD SOLVENT

Check all that apply: Pure Mix Solid Liquid Gas EHS

EHS Name _____

Fire Sudden Release of Pressure
 Reactivity
 Immediate (acute)
 Delayed (chronic)

04 Max. Daily Amount (code)
04 Avg. Daily Amount (code)
366 No. of Days On-Site (days)

F 1 4	190KE	100K AREA
D 1 4	105NA	100N AREA
D 1 4	M0942	100N AREA
C 1 4	2711E	200E AREA
D 1 4	2711E	200E AREA
D 1 4	607	BETWEEN 200E & 200W AREA

CAS 8052 41 3 Trade Secret

Chem. Name STODDARD SOLVENT

Check all that apply: Pure Mix Solid Liquid Gas EHS

EHS Name _____

Fire Sudden Release of Pressure
 Reactivity
 Immediate (acute)
 Delayed (chronic)

04 Max. Daily Amount (code)
04 Avg. Daily Amount (code)
366 No. of Days On-Site (days)

E 1 4	4831	400 AREA
E 1 4	1164	1100 AREA
C 1 4	1171	1100 AREA
D 1 4	1176	1100 AREA

CAS 7664 93 9 Trade Secret

Chem. Name SULFURIC ACID

Check all that apply: Pure Mix Solid Liquid Gas EHS

EHS Name SULFURIC ACID

Fire Sudden Release of Pressure
 Reactivity
 Immediate (acute)
 Delayed (chronic)

05 Max. Daily Amount (code)
05 Avg. Daily Amount (code)
366 No. of Days On-Site (days)

R 1 4	151B	100B AREA
R 1 4	181B	100B AREA
R 1 4	182B	100B AREA
R 1 4	151D	100D AREA
R 1 4	181D	100D AREA
R 1 4	182D	100D AREA

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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

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

Signature James E. Rasmussen Date signed 02/28/97

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 U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 99999 Dun & Brad Number 03-445-6186

For Official Use Only
ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y i e p o m o s p	Storage Codes and Locations (Non-Confidential)		O P T
				Storage Locations		
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" 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"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> <u>M14</u> <u>A14</u> <u>A14</u> <u>C14</u> <u>E14</u>	<u>1706KE</u> <u>183KE</u> <u>107N</u> <u>108N</u> <u>163N</u> <u>1714N</u>	<u>100K AREA</u> <u>100K AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u> <u>100N AREA</u>	<input type="checkbox"/>
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" 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"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M14</u> <u>A14</u> <u>C14</u> <u>N14</u> <u>E14</u> <u>A14</u>	<u>M0425</u> <u>2025E</u> <u>2025E</u> <u>2025E</u> <u>211A</u> <u>211BA</u>	<u>100N AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u>	<input type="checkbox"/>
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" 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"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>R14</u> <u>M14</u> <u>E14</u> <u>J14</u> <u>R14</u> <u>M14</u>	<u>252E</u> <u>2703E</u> <u>2714A</u> <u>2714A</u> <u>284E</u> <u>222S</u>	<u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200E AREA</u> <u>200W AREA</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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature James E Rasmussen Date signed 02/28/97

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	Facility Identification		Owner/Operator Name	
	Name <u>U.S. Department of Energy - Hanford Site</u>		Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 Jadwin Avenue</u>		Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact		
SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u>		
For Official Use Only		Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>		
ID # _____		Name _____ Title _____		
Date Received _____		Phone () _____ 24 Hr. Phone () _____		

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e e s e p	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T
CAS <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 checked="" 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 Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	M 1 4 N 1 4 M 1 4 N 1 4 R 1 4 R 1 4	<u>222SA</u> 200W AREA <u>222SA</u> 200W AREA <u>234-5Z</u> 200W AREA <u>234-5Z</u> 200W AREA <u>234-5Z</u> 200W AREA <u>252W</u> 200W AREA	<input type="checkbox"/>
CAS <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 checked="" 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 Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	R 1 4 R 1 4 M 1 4 N 1 4 M 1 4 N 1 4	<u>284W</u> 200W AREA <u>251W</u> SWITCHING STATION N OF 200W AREA <u>622R</u> METEROLOGY COMPLEX NE OF 200W AREA <u>622R</u> METEROLOGY COMPLEX NE OF 200W AREA <u>6266</u> WSCF COMPLEX E OF 200W AREA <u>6266</u> WSCF COMPLEX E OF 200W AREA	<input type="checkbox"/>
CAS <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 checked="" 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 Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>05</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>05</u> <input type="checkbox"/> No. of Days On-Site (days) <u>366</u>	M 1 4 N 1 4 N 1 4 M 1 4 N 1 4 A 1 4	<u>6268</u> WSCF COMPLEX E OF 200W AREA <u>6268</u> WSCF COMPLEX E OF 200W AREA <u>6269</u> WSCF COMPLEX E OF 200W AREA <u>306E</u> 300 AREA <u>306E</u> 300 AREA <u>310</u> 300 AREA	<input type="checkbox"/>

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 <u>83</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.	<input checked="" 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>James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division</u>	Signature <u>James E. Rasmussen</u> Date signed <u>02/28/97</u>

TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification

Name U.S. Department of Energy - Hanford Site
Street 825 Jadwin Avenue
City Richland County Benton State WA Zip 99352

SIC Code 9999 Dun & Brad Number 03-445-6186

For Official Use Only

ID # _____
Date Received _____

Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411
Mail Address P.O. Box 550, Richland WA 99352

Emergency Contact

Name Charles K. Kasch Title Team Leader, Safety and Health Management Team
Phone (509) 376-5183 24 Hr. Phone (509) 373-3800

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

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

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e s s e s m	Storage Codes and Locations (Non-Confidential)	O P T
				Storage Locations	
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>E I 4</u> <u>R I 4</u> <u>R I 4</u> <u>R I 4</u> <u>R I 4</u> <u>M I 4</u>	<u>333</u> <u>351B</u> <u>352C</u> <u>352E</u> <u>352F</u> <u>3705</u>	<u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u> <u>300 AREA</u>
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>N I 4</u> <u>R I 4</u> <u>E I 4</u> <u>R I 4</u> <u>R I 4</u> <u>R I 4</u>	<u>3746D</u> <u>384</u> <u>PIT 6</u> <u>427</u> <u>4621E</u> <u>4621W</u>	<u>300 AREA</u> <u>300 AREA</u> <u>W OF 300 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u>
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>366</u> No. of Days On-Site (days)	<u>M I 4</u> <u>R I 4</u> <u>R I 4</u> <u>R I 4</u> <u>R I 4</u>	<u>4701C</u> <u>4703</u> <u>4862</u> <u>623</u> <u>623A</u>	<u>400 AREA</u> <u>400 AREA</u> <u>400 AREA</u> <u>GABLE MTN</u> <u>RATTLESNAKE MTN</u>

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

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TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>	Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>
	SIC Code 9 9 9 9 Dun & Brad Number 0 3 - 4 4 5 - 6 1 8 6	Emergency Contact Name <u>Charles K. Kasch</u> Title <u>Team Leader, Safety and Health Management Team</u> Phone <u>(509) 376-5183</u> 24 Hr. Phone <u>(509) 373-3800</u>
	For Official Use Only ID # Date Received 	Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____

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.

Chemical Description	Physical and Health Hazards <i>(Check all that apply)</i>	Inventory	T P T Y r e p e s s Storage Codes and Locations <i>(Non-Confidential)</i> Storage Locations	O P t																														
CAS 6 8 0 3 7 0 1 4 Trade Secret <input type="checkbox"/> Chem. Name <u>SYNTHETIC PARAFFINIC HYDROCARBON</u> Check all that apply: Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	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="checkbox"/>	Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-Site (days) 3 6 6	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">R</td><td style="width:5%; text-align: center;">I</td><td style="width:5%; text-align: center;">4</td><td style="width:85%;">2101M</td><td style="width:10%; text-align: right;">200E AREA</td></tr> <tr> <td style="text-align: center;">F</td><td style="text-align: center;">I</td><td style="text-align: center;">4</td><td>272WA CONEX</td><td style="text-align: right;">200W AREA</td></tr> <tr> <td style="text-align: center;">R</td><td style="text-align: center;">I</td><td style="text-align: center;">4</td><td>TRANSFORMERS THROUGHOUT 300 AREA</td><td></td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	R	I	4	2101M	200E AREA	F	I	4	272WA CONEX	200W AREA	R	I	4	TRANSFORMERS THROUGHOUT 300 AREA												<input type="checkbox"/>					
R	I	4	2101M	200E AREA																														
F	I	4	272WA CONEX	200W AREA																														
R	I	4	TRANSFORMERS THROUGHOUT 300 AREA																															
CAS 7 5 6 9 4 Trade Secret <input type="checkbox"/> Chem. Name <u>TRICHLOROFLUOROMETHANE (FREON 11)</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 checked="" type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) <input checked="" type="checkbox"/>	Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-Site (days) 3 6 6	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">F</td><td style="width:5%; text-align: center;">I</td><td style="width:5%; text-align: center;">4</td><td style="width:85%;">105N</td><td style="width:10%; text-align: right;">100N AREA</td></tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">I</td><td style="text-align: center;">4</td><td>105NA</td><td style="text-align: right;">100N AREA</td></tr> <tr> <td style="text-align: center;">L</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td>2101M</td><td style="text-align: right;">200E AREA</td></tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td>214A</td><td style="text-align: right;">200E AREA</td></tr> <tr> <td style="text-align: center;">N</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td>2714A</td><td style="text-align: right;">200E AREA</td></tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td>MO843 SHED</td><td style="text-align: right;">200E AREA</td></tr> </table>	F	I	4	105N	100N AREA	D	I	4	105NA	100N AREA	L	2	4	2101M	200E AREA	D	1	4	214A	200E AREA	N	1	4	2714A	200E AREA	D	1	4	MO843 SHED	200E AREA	<input type="checkbox"/>
F	I	4	105N	100N AREA																														
D	I	4	105NA	100N AREA																														
L	2	4	2101M	200E AREA																														
D	1	4	214A	200E AREA																														
N	1	4	2714A	200E AREA																														
D	1	4	MO843 SHED	200E AREA																														
CAS 7 5 6 9 4 Trade Secret <input type="checkbox"/> Chem. Name <u>TRICHLOROFLUOROMETHANE (FREON 11)</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 checked="" type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) <input checked="" type="checkbox"/>	Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 0 4 No. of Days On-Site (days) 3 6 6	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">N</td><td style="width:5%; text-align: center;">1</td><td style="width:5%; text-align: center;">4</td><td style="width:85%;">MO843 SHED</td><td style="width:10%; text-align: right;">200E AREA</td></tr> <tr> <td style="text-align: center;">L</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td>272S</td><td style="text-align: right;">200W AREA</td></tr> <tr> <td style="text-align: center;">L</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td>MO721 CONEX</td><td style="text-align: right;">200W AREA</td></tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td>607</td><td style="text-align: right;">BETWEEN 200E & 200W AREA</td></tr> <tr> <td style="text-align: center;">F</td><td style="text-align: center;">1</td><td style="text-align: center;">4</td><td>607</td><td style="text-align: right;">BETWEEN 200E & 200W AREA</td></tr> <tr> <td style="text-align: center;">L</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td><td>331D</td><td style="text-align: right;">300 AREA</td></tr> </table>	N	1	4	MO843 SHED	200E AREA	L	2	4	272S	200W AREA	L	2	4	MO721 CONEX	200W AREA	D	1	4	607	BETWEEN 200E & 200W AREA	F	1	4	607	BETWEEN 200E & 200W AREA	L	2	4	331D	300 AREA	<input type="checkbox"/>
N	1	4	MO843 SHED	200E AREA																														
L	2	4	272S	200W AREA																														
L	2	4	MO721 CONEX	200W AREA																														
D	1	4	607	BETWEEN 200E & 200W AREA																														
F	1	4	607	BETWEEN 200E & 200W AREA																														
L	2	4	331D	300 AREA																														

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 83 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.

James E. Rasmussen, Director, Environmental Assurance, Permits, and Policy Division

James E. Rasmussen
Signature

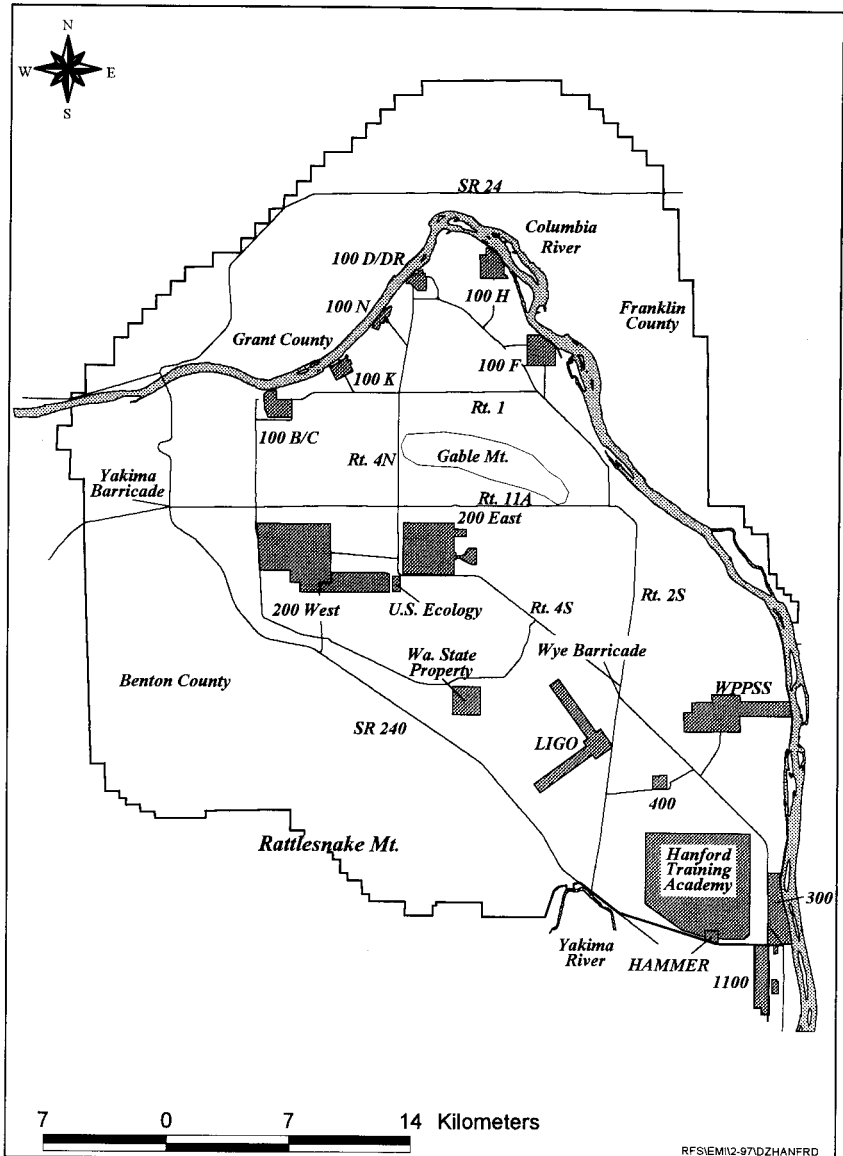
02/28/97

Date signed

Optional Attachments

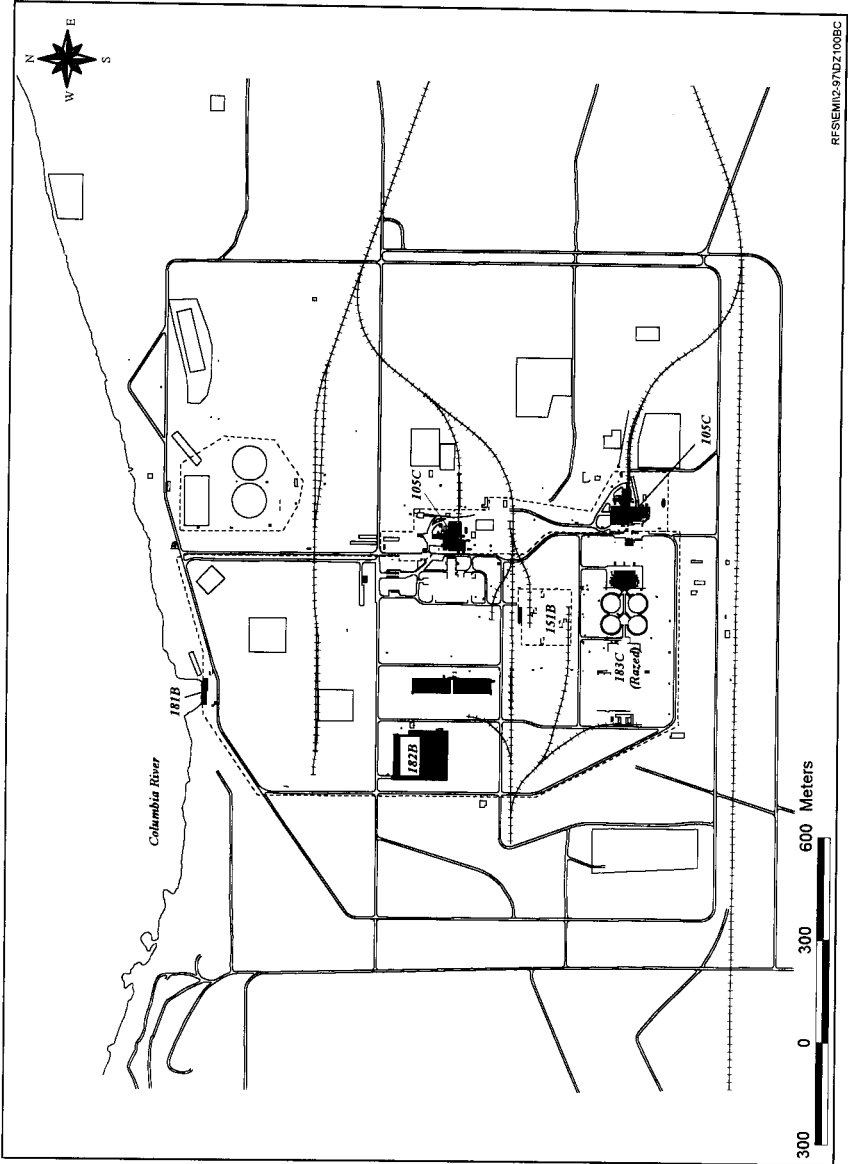
- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other safeguard measures

HANFORD SITE



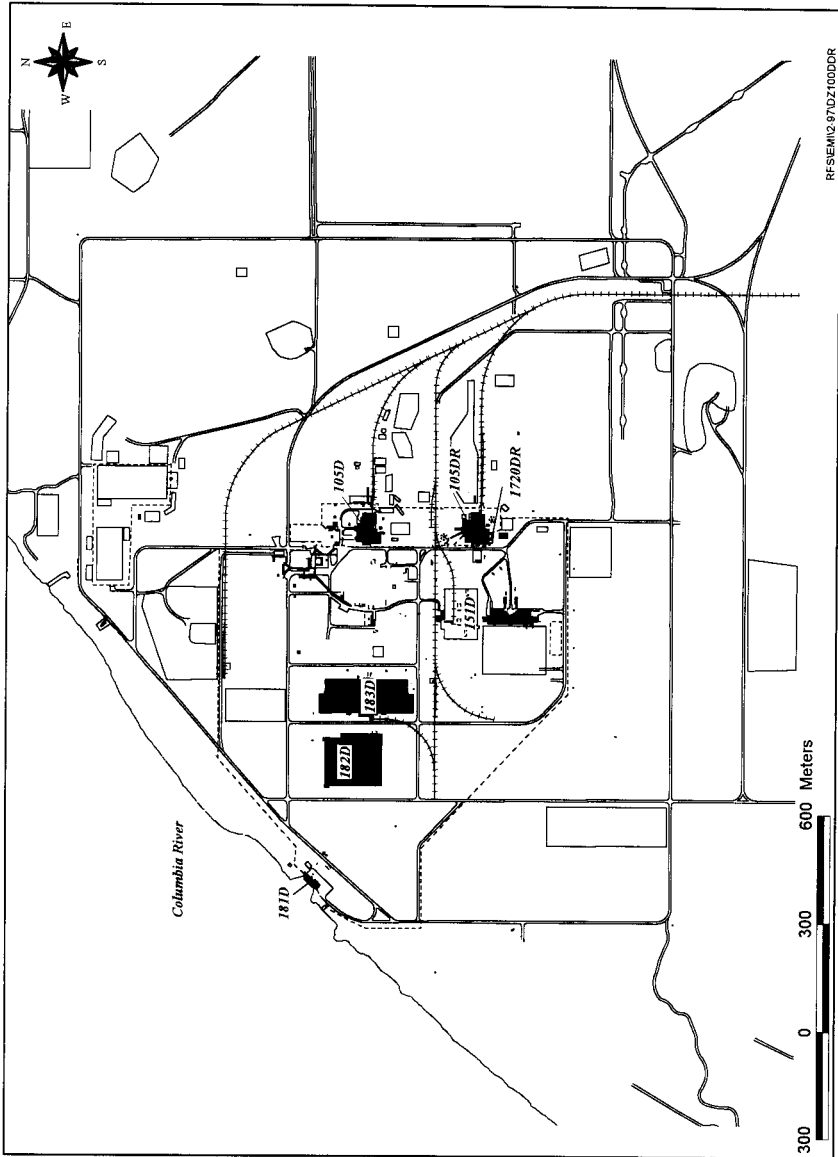
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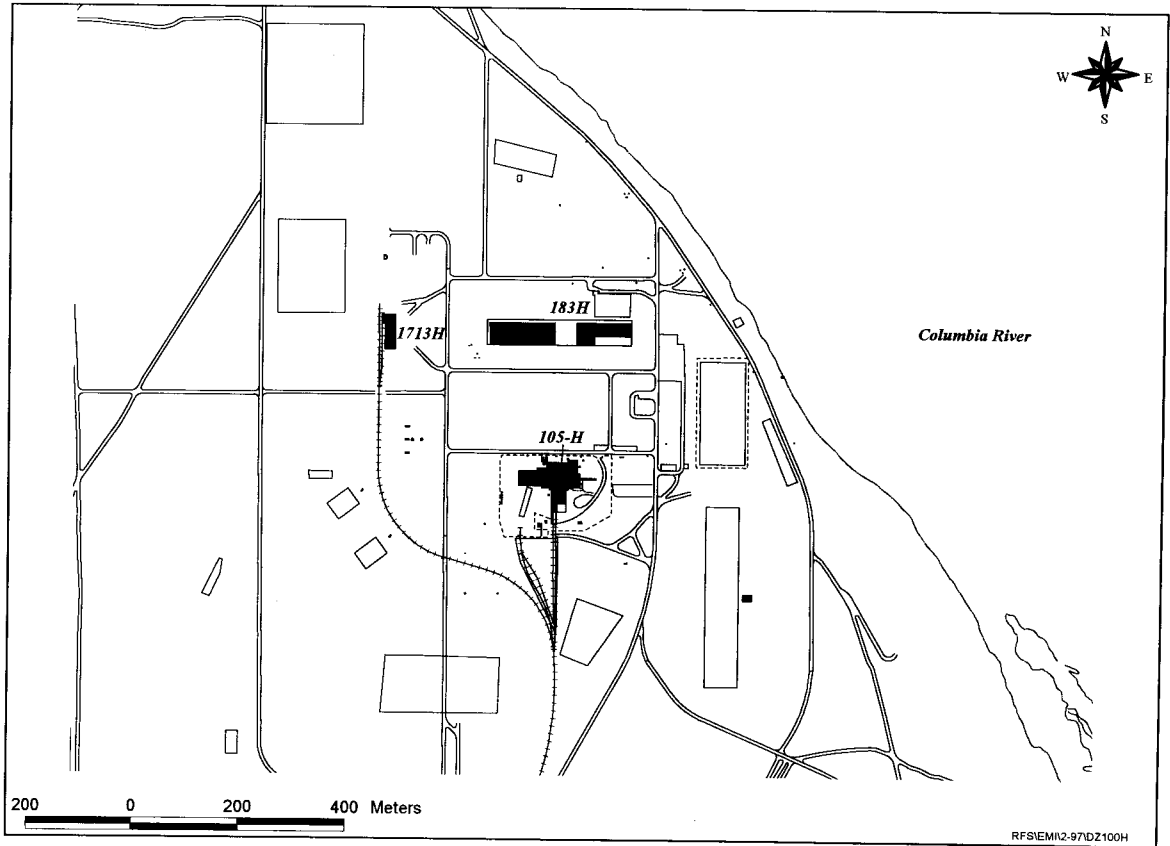
100B/C AREA



RFS/EM/12-97/02/100B/C

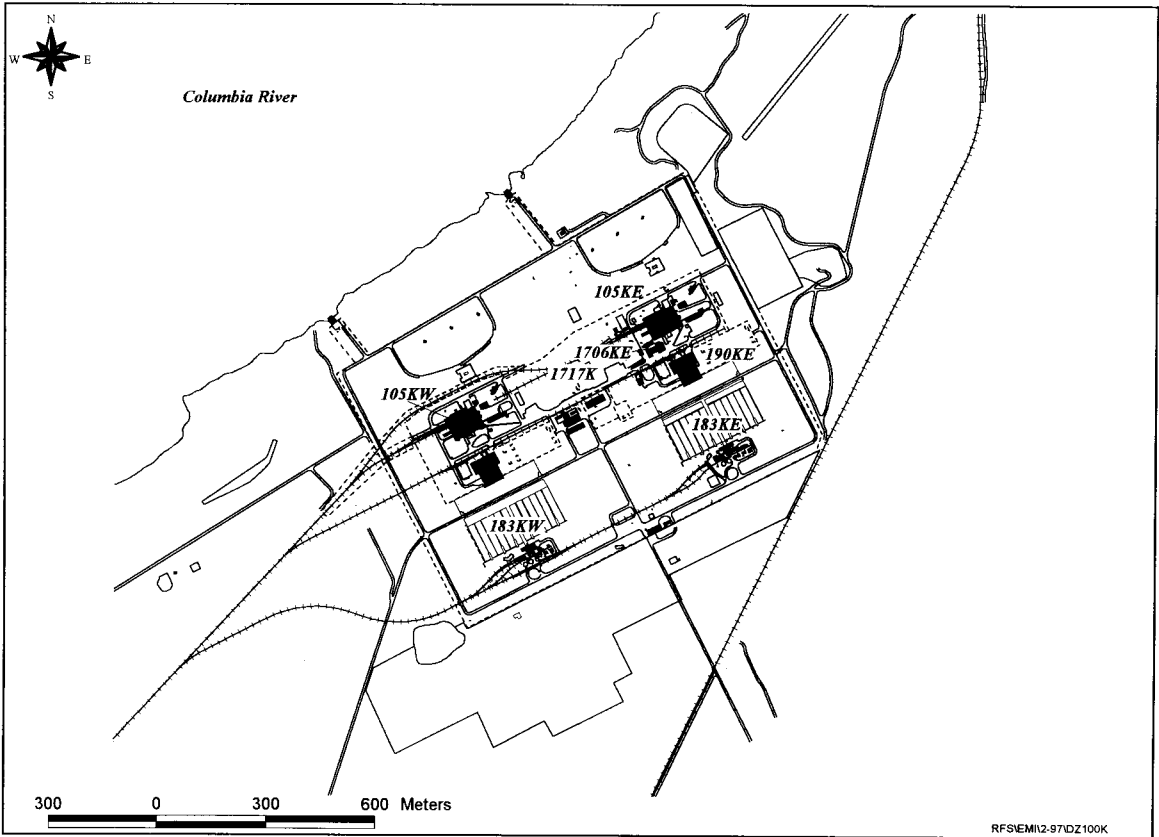
100D/DR AREA



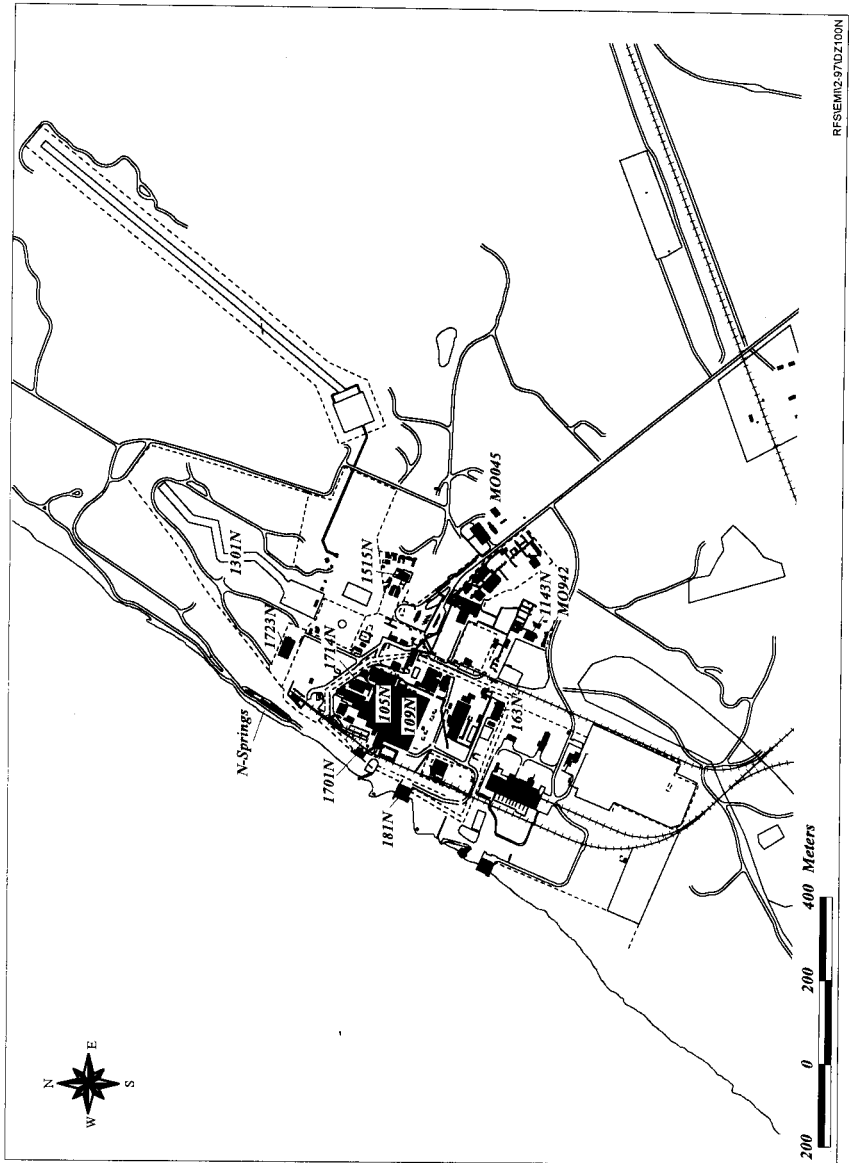


100H AREA

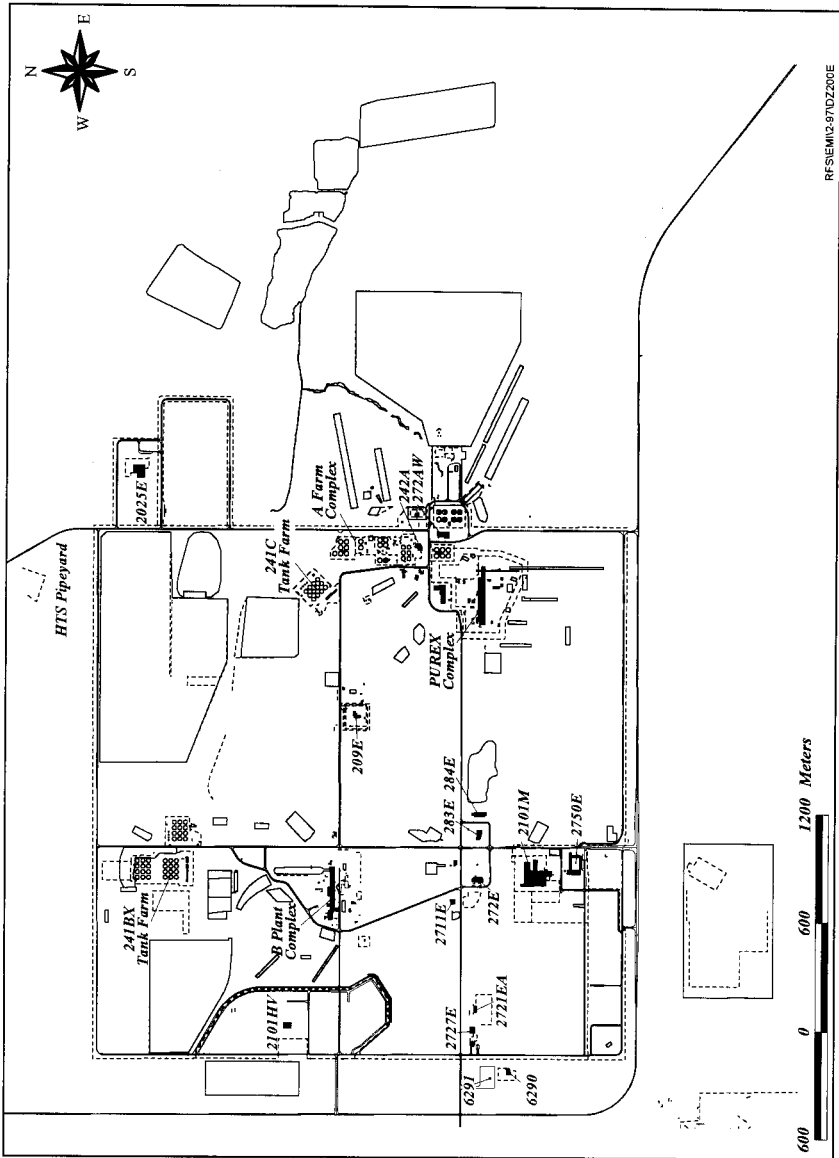
100K AREA



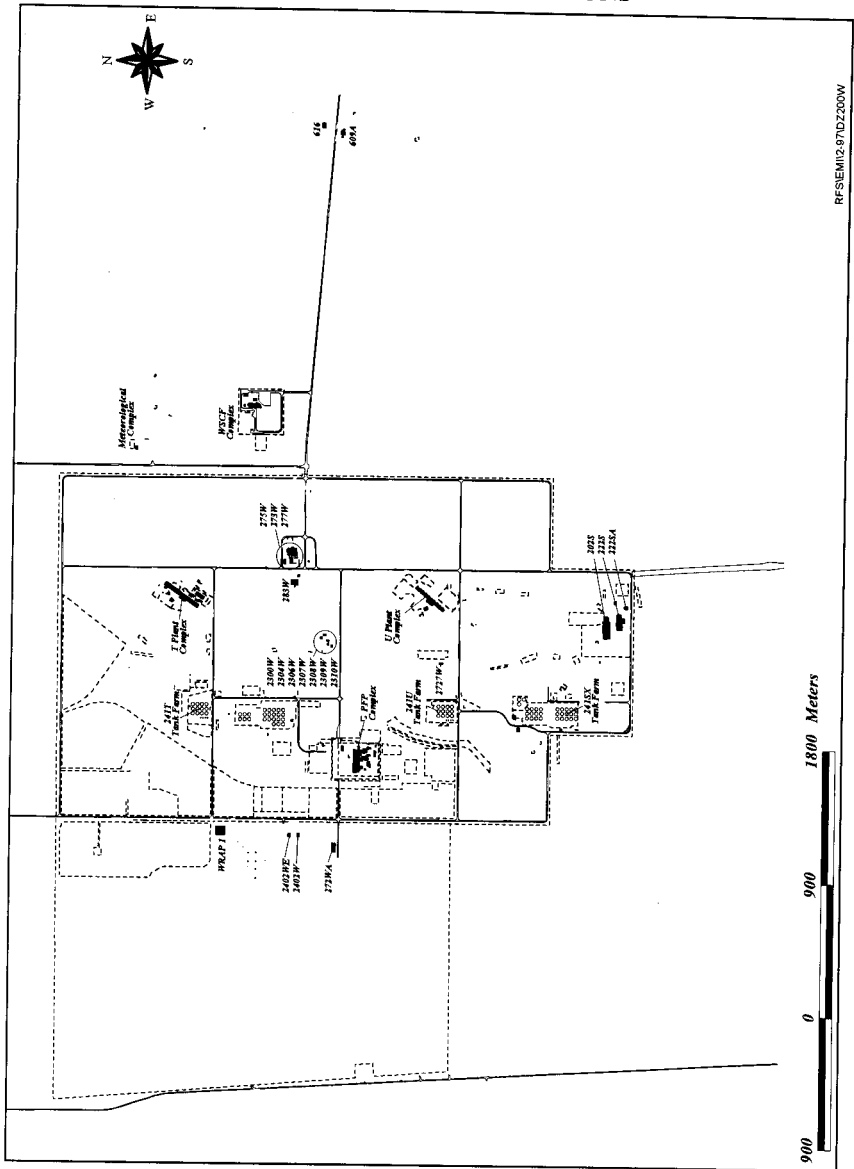
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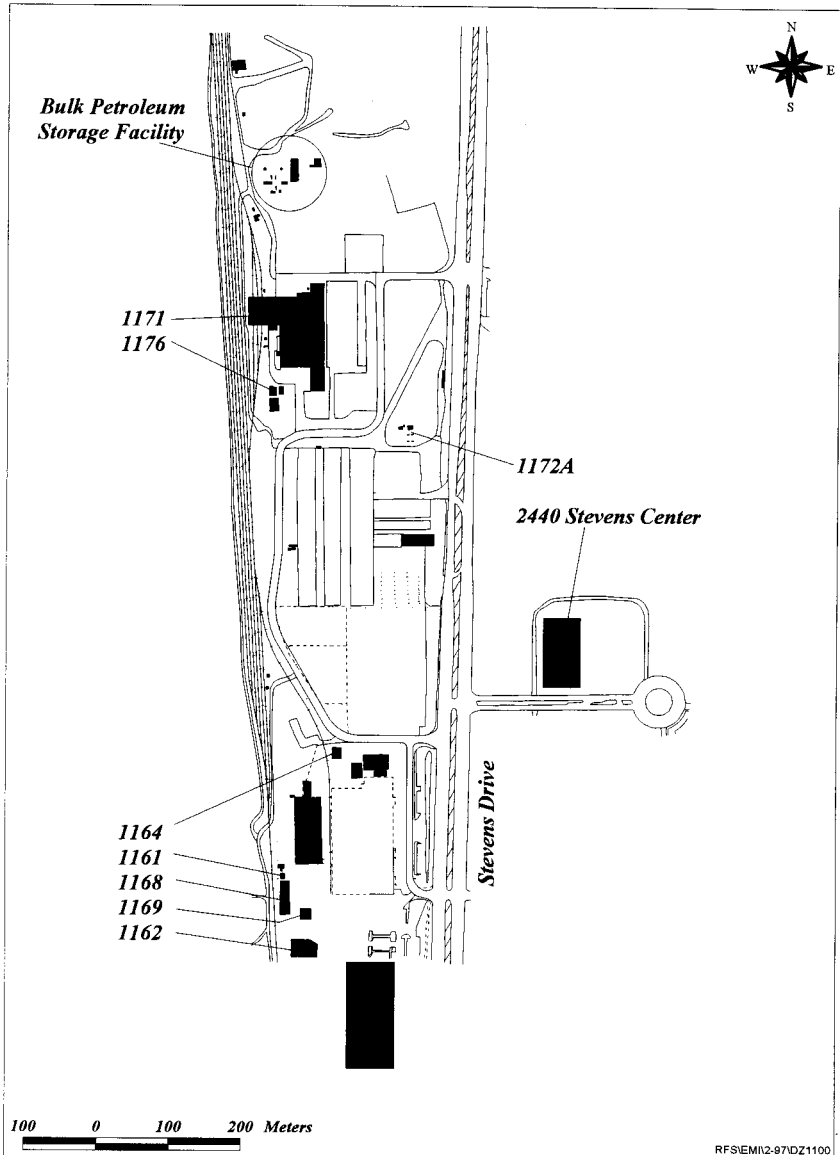
200E AREA AND ADJACENT LOCATIONS



200W AREA AND ADJACENT LOCATIONS



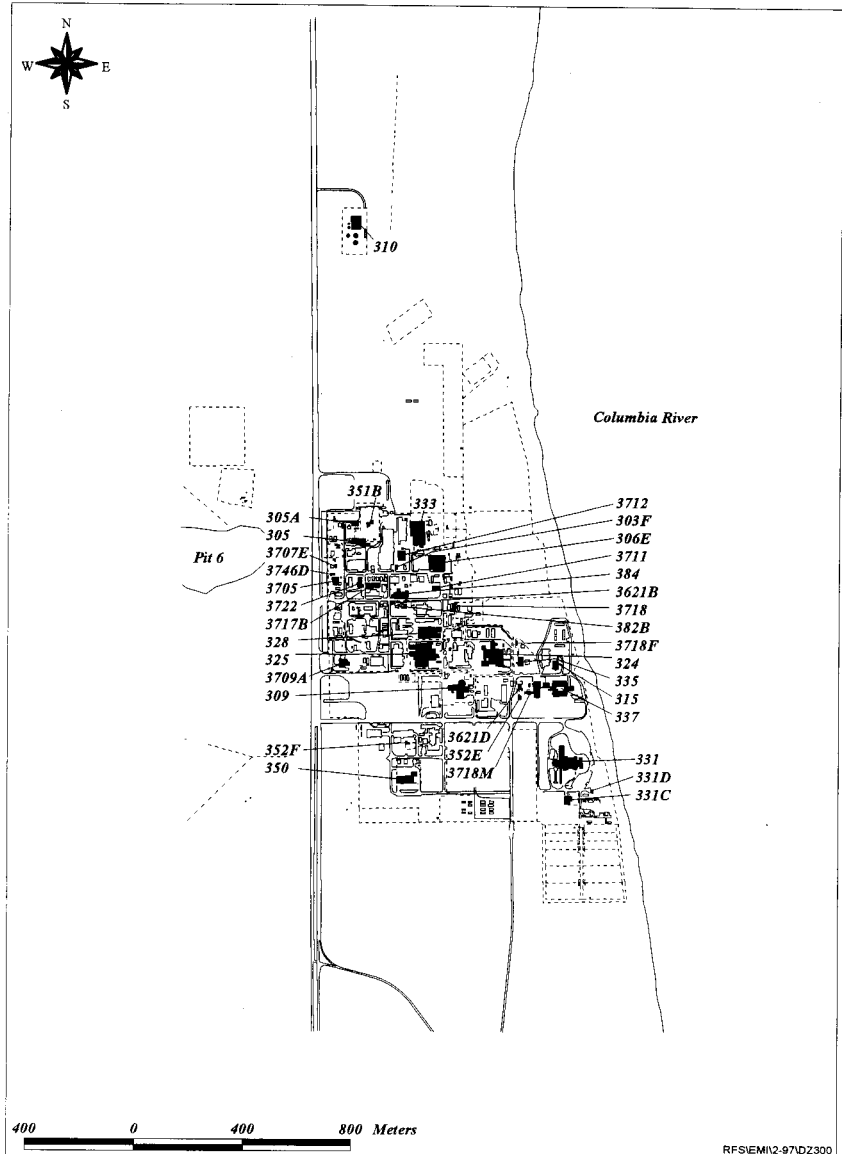
1100 AREA AND ADJACENT LOCATIONS



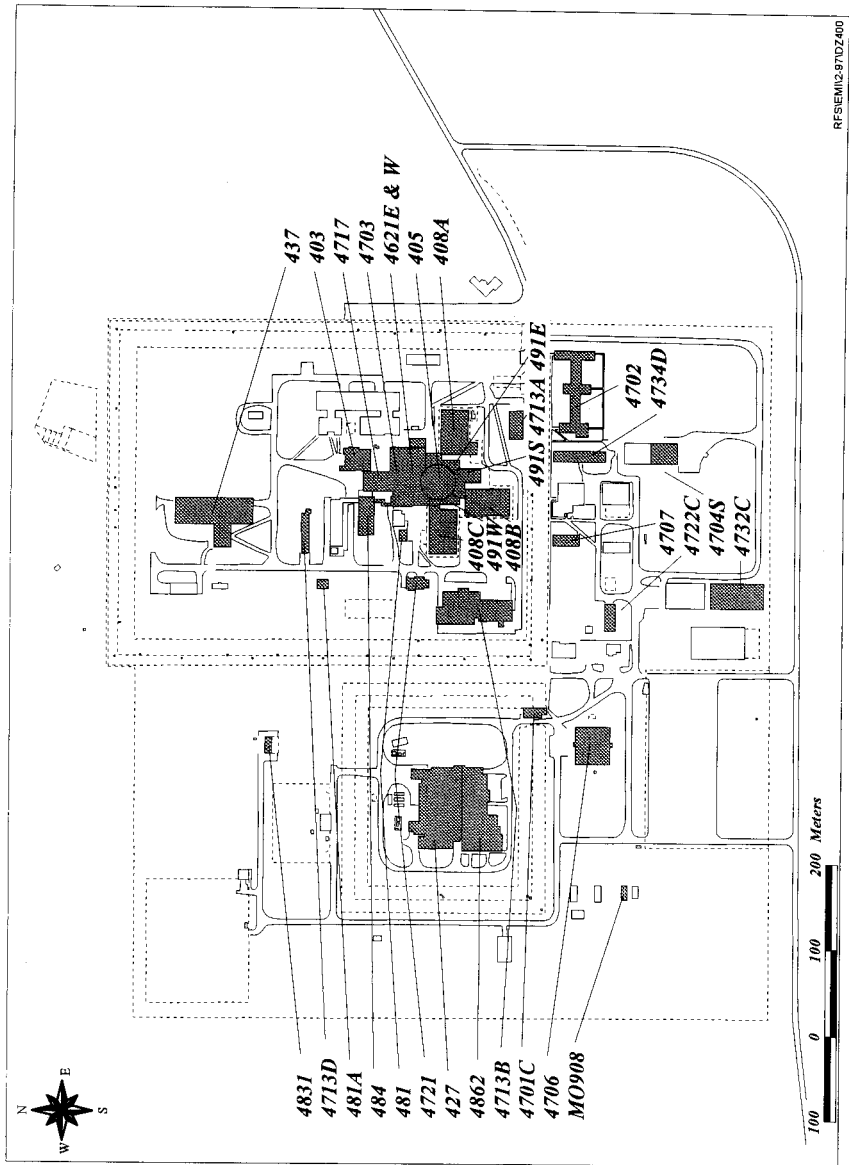
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300 AREA AND ADJACENT LOCATIONS



400 AREA



**1996 HANFORD SITE TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY**

TIER TWO INSTRUCTIONS

General Information

Submission of this Tier Two form (when requested) is required by Title III of the Superfund Amendments and Reauthorization Act of 1986, Section 312, Public Law 99-499, codified at 42 U.S.C. Section 11022. The purpose of this Tier Two form is to provide State and local officials and the public with specific information on hazardous chemicals present at your facility during the past year.

Certification

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the first page of the Tier Two report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheets as well as all attachments. An *original* signature is required on at least the first page of the submission. Submissions to the SERC, LEPC, and local fire departments must each contain an *original* signature on at least the first page. Subsequent pages must contain either an original signature, a photocopy of the original signature, or a signature stamp. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.

Who Must Submit This Form

Section 312 of Title III requires that the owner or operator of a facility submit this Tier Two form if so requested by a State emergency response commission, a local emergency planning committee, or the local fire departments with jurisdiction over the facility.

This request may apply to the owner or operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970, to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility. MSDS requirements are specified in the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, found in Title 29 of the Code of Federal Regulations at §1910.1200. This form does not have to be submitted if all of the chemicals located at your facility are excluded under Section 311(e) of Title III.

What Chemicals are Included

If you are submitting Tier Two forms in lieu of Tier One, you must report the required information on this Tier Two form for each hazardous chemical present at your facility in quantities equal to or greater than established threshold amounts (discussed below), unless the chemicals are excluded under Section 311(e) of Title III. Hazardous chemicals are any substance for which your facility must maintain an MSDS under OSHA's Hazard Communication Standard.

What Chemicals are Excluded

Section 311(e) of Title III excludes the following substances:

- (i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
- (ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- (iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;
- (iv) Any substance to the extent it is used in a research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual;
- (v) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

OSHA Hazard Communication regulations, 29 CFR §1910.1200(b), stipulate exemptions from the requirement to prepare or have available an MSDS.

Reporting Thresholds

Minimum thresholds have been established for Tier One/Tier Two reporting under Title III, Section 312. These thresholds are as follows:

For Extremely Hazardous Substances (EHSs) designated under section 302 of Title III, the reporting threshold is 500 pounds or the threshold planning quantity (TPQ), whichever is lower;

For all other hazardous chemicals for which facilities are required to have or prepare an MSDS, the minimum reporting threshold is 10,000 pounds.

You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds. For instructions on threshold determinations for components of mixtures, see the Chemical Information section on page A-3 of these instructions.

When to Submit This Form

Owners or operators of facilities that have hazardous chemicals on hand in quantities equal to or greater than set threshold levels must submit Tier Two forms by March 1.

Where to Submit This Form

Send completed Tier Two form to each of the following organizations:

1. Your State Emergency Response Commission.
2. Your Local Emergency Planning Committee.
3. The fire department with jurisdiction over your facility.

Penalties

Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Each day a violation continues shall constitute a separate violation.

Reporting Period

Enter the appropriate calendar year, beginning January 1 and ending December 31.

Facility Identification

Enter the full name of your facility (and company identifier where appropriate). Enter the full street address or state road. If a street address is not available, enter other appropriate identifiers that describe the physical location of your facility (e.g., longitude and latitude). Include city, county, state, and zip code.

Enter the primary Standard Industrial Classification (SIC) code and the Dun & Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, contact the State or regional office of Dun & Bradstreet to obtain your facility number or have one assigned.

Owner/Operator

Enter the owner's or operator's full name, mailing address, and phone number.

Emergency Contact

Enter the name, title, and work phone number of at least one local person or office who can act as a referral if emergency responders need assistance in responding to a chemical accident at the facility. Provide an emergency phone number where such emergency information will be available 24 hours a day, every day. The requirement is mandatory. The facility must make some arrangement to ensure a 24 hour contact is available.

Identical Information

Check the box indicating identical information, located below the emergency contacts on the Tier Two form, if the current chemical information being reported is identical to that submitted last year. Chemical descriptions, hazards, amounts, and locations must be provided in this year's form, even if the information is identical to that submitted last year.

Chemical Information: Description, Hazards, Amounts, and Locations

The main section of the Tier Two form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

If you choose to indicate that all of the information on a specific hazardous chemical is identical to that submitted last year, check the appropriate optional box provided at the right side of the storage codes and locations on the Tier Two form. Chemical descriptions, hazards, amounts, and locations must be provided even if the information is identical to that submitted last year.

Calculate all amounts as weight in pounds. To convert gas or liquid volume to weight in pounds, multiply by an appropriate density factor. If a chemical is part of a mixture, you have the option of reporting either the weight of the entire mixture or only the portion of the mixture that is a particular hazardous chemical. The option used for each mixture must be consistent with the option used in your Section 311 reporting.

Chemical Description

Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers' of as many constituent chemicals as possible. Enter the chemical name or common name of each hazardous chemical. Check box for ALL applicable descriptors: pure or mixture; and solid, liquid, or gas; and whether the chemical is or contains an EHS. If the chemical is a mixture containing an EHS, enter the chemical name of each EHS in the mixture.

If you are withholding the name of a chemical in accordance with criteria specified in Title III, Section 322, enter the generic class or category that is structurally descriptive of the chemical (e.g., list toluene diisocyanate as organic isocyanate) and check the box marked Trade Secret. Trade secret information should be submitted to EPA and must include a substantiation. Please refer to EPA's final regulation on trade secrecy (53 FR 28772, July 29, 1988) for detailed information on how to submit trade secrecy claims.

Physical and Health Hazards

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical hazard categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

HAZARD CATEGORY COMPARISON FOR REPORTING UNDER SECTIONS 311 AND 312

EPA's hazard categories	OSHA's hazard categories
Fire Hazard	Flammable Combustible Liquid Pyrophoric Oxidizer
Sudden Release of Pressure	Explosive Compressed Gas
Reactive	Unstable Reactive Organic Peroxide Water Reactive
Immediate (Acute) Health Hazard	Highly Toxic Toxic Irritant Sensitizer Corrosive Other hazardous chemicals with an adverse effect with short term exposure
Delayed (Chronic) Health Hazard	Carcinogen Other hazardous chemicals with an adverse effect with long term exposure

Maximum Amount

For each hazardous chemical, estimate the greatest amount present at your facility on any single day during the reporting period. Find the appropriate range value code on Table I. Enter this code as the Maximum Daily Amount.

Average Daily Amount

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site. Find the appropriate range value code in Table I. Enter this code as the Average Daily Amount.

TABLE I -- REPORTING RANGES

Range Value Code	Weight range in pounds	
	From	To
01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,000,000
08	50,000,000	99,999,999
08	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	higher than 1 billion

Number of Days On-Site

Enter the number of days that the hazardous chemical was found on-site.

Storage Codes and Storage Locations

List all non-confidential chemical locations in this column, along with storage types/conditions associated with each location. Please note that a particular chemical may be located in several places around the facility. Each row of boxes followed by a line represents a unique location for the same chemical.

For each location, find the appropriate codes' for defining the storage types (from Table II) and pressure and temperature conditions (see Table III). Enter the applicable code for the storage type in the first box, the pressure code in the second box, and the temperature code in the third box.

TABLE II -- STORAGE TYPES

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

TABLE III--TEMPERATURE AND PRESSURE CONDITIONS

Codes	Pressure conditions	Codes	Temperature conditions
1	Ambient pressure	4	Ambient temperature
2	Greater than ambient pressure	5	Greater than ambient temperature
3	Less than ambient pressure	6	Less than ambient temperature, but not cryogenic
		7	Cryogenic conditions

Storage Locations

Provide a brief description of the precise location of the chemical, so that emergency responders can locate the area easily. You may find it advantageous to provide the optional site plan or site coordinates as explained below. For each chemical, indicate at a minimum the building or lot. Additionally, where practical, the room or area may be indicated. You may respond in narrative form with appropriate site coordinates or abbreviations. If the chemical is present in more than one building, lot, or area location, continue your responses down the page as needed. If the chemical exists everywhere at the plant site simultaneously, you may report that the chemical is ubiquitous at the site.

Optional attachments

If you choose to attach one of the following, check the appropriate Attachments box at the bottom of the Tier Two form.

- a. A site plan with site coordinates indicated for buildings, lots, areas, etc. throughout your facility.
- b. A list of site coordinate abbreviations that correspond to buildings, lots, areas, etc. throughout your facility.
- c. A description of dikes and other safeguard measures for storage locations throughout your facility.

Confidential Information

Under Title III, Section 324, you may elect to withhold location information on a specific chemical from disclosure to the public. If you choose to do so, enter the word "confidential" in the Non-Confidential Location section of the Tier Two form on the first line of the storage locations. On a separate Tier Two Confidential Location Information Sheet, enter the name and CAS number of each chemical for which you are keeping the location confidential. Enter the appropriate location and storage information, as described above for non-confidential locations. Attach the Tier Two Confidential Location Information Sheet to the Tier Two form. This separates confidential locations from other information that will be disclosed to the public.

Certification

Instructions for this section are included on page one of these instructions.

1996 HANFORD SITE TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

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1996 HANFORD SITE TIER TWO
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

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