

# Y-12

## OAK RIDGE Y-12 PLANT

LOCKHEED MARTIN



### EMERGENCY PLANNING AND COMMUNITY

### RIGHT-TO-KNOW ACT

### SECTION 312 TIER TWO REPORT FORMS

RECEIVED

R. A. Evans

MAY 07 1998

OSTI

Environmental Compliance  
Organization

February 1998

MASTER

Prepared by the  
Oak Ridge Y-12 Plant  
Oak Ridge, Tennessee 37831  
managed by  
Lockheed Martin Energy Systems, Inc.  
for the U.S. Department of Energy  
under Contract No. DE-AC05-84OR21400

MANAGED BY  
LOCKHEED MARTIN ENERGY SYSTEMS, INC.  
FOR THE UNITED STATES  
DEPARTMENT OF ENERGY

UCN-13872 (28 6-95)

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EMERGENCY PLANNING AND COMMUNITY  
RIGHT-TO-KNOW ACT  
SECTION 312 TIER TWO REPORT FORMS

R. A. Evans

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Enclosure 1  
Letter, Butz to Jackson  
Dated: February 18, 1998

LETTER TITLE:

**Contract DE-AC05-84OR21400, Emergency Planning and Community  
Right-to-Know Act (EPCRA) Section 312 Report for Calendar Year (CY) 1997**

A handwritten signature, possibly reading 'Jy', is located in the lower right quadrant of the page.

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**MASTER**

LOCKHEED MARTIN ENERGY SYSTEMS, INC.

Post Office Box 2009  
Oak Ridge, Tennessee 37831

February 18, 1998

RECEIVED

MAY 07 1998

OSTI

Mr. J. D. Jackson  
Department of Energy, Oak Ridge Operations  
Post Office Box 2001  
Oak Ridge, Tennessee 37831

Dear Mr. Jackson:

**Contract DE-AC05-84OR21400, Emergency Planning and Community  
Right-to-Know Act (EPCRA) Section 312 Report for Calendar Year (CY) 1997**

As required by provisions under Section 312, Inventory Reporting, of the EPCRA and Executive Order (EO) 12856, Federal Compliance with Right-to-Know Laws and Pollution Prevention Requirements, the Y-12 Plant staff is submitting an unclassified version of the Tier-Two Forms (Enclosure 1). This report contains data for CY 1997 for all hazardous chemicals stored at the Y-12 Plant in quantities equal to or greater than 10,000 pounds and all extremely hazardous substances stored in quantities equal to or greater than 500 pounds or the threshold planning quantity, whichever is lower. To comply with the law and EO 12856, this information must be submitted to the state and local agencies listed below on or before March 1, 1998:

Tennessee Emergency Response Council  
Attention: Ms. Betty Eaves  
3141 Sidco Drive  
Nashville, Tennessee 37204

Tennessee Emergency Management Agency  
Region Emergency Operations Center  
Attention: Mr. Charles Sitzlar  
836 Louisville Road  
Alcoa, Tennessee 37701

Anderson County Local Emergency Planning Committee (LEPC)  
Attention: Mr. Ken Fritts  
100 North Main Street  
Clinton, Tennessee 37716

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**MASTER**

Mr. J. D. Jackson, DOE-ORO

Page 2

February 18, 1998

Knox County LEPC  
Attention: Mr. Fred Berry Jr.  
City-County Building, Suite L320  
400 West Main Street  
Knoxville, Tennessee 37902

Loudon County LEPC  
Attention: Mr. Al Jordan  
12680 Highway 11W Suite 5  
Lenoir City, Tennessee 37771

Roane County LEPC  
Attention: Mr. Leroy Mitchell  
Post Office Box 43, Mideast CAA  
Rockwood, Tennessee 37854

Oak Ridge Fire Department  
City of Oak Ridge  
Attention: Mr. Mac Bailey  
Post Office Box 1  
Oak Ridge, Tennessee 37831-0001

Please forward the enclosed report forms to the referenced state and local agencies. These Tier-Two Forms require a signature of certification by the facility owner or designee. Please note that as per Title 40, Code of Federal Regulations, Part 370.41, submissions to the State Emergency Response Commission, Local Emergency Planning Committee, and Fire Department personnel 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.

Also included with this submittal is a key to the inventory, temperature, pressure, and container codes used on the report forms (Enclosure 2). This information is included to aid in the interpretation of the data presented. It is not necessary that the code information be forwarded to the referenced state and local agencies. Classified information supporting this document will be maintained on file for review by Q-cleared personnel.

Mr. J. D. Jackson, DOE-ORO

Page 3

February 18, 1998

I certify that the information in this document and all enclosures related to the Lockheed Martin Energy Systems, Inc., inventory were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Enclosure 3 contains CY 1997 inventory information submitted by personnel from East Tennessee Mechanical Contractors (formerly known as Johnson Controls). Personnel from US West reported no usage or storage of hazardous chemicals or extremely hazardous substances that would require inventory reporting for CY 1997.

If you have any questions, please contact R. A. Evans at 576-4774.

Very truly yours,



T. R. Butz  
Y-12 Plant Manager

TRB:krl

Enclosures: As Stated

cc/encs: See Page 4

Mr. J. D. Jackson, DOE-ORO

Page 4

February 18, 1998

cc/encs: T. A. Bauckham, US West

J. D. Bolling

W. L. Clements

R. A. Evans

R. T. Ford

C. M. Foster, MK-Ferguson

M. Gallahar, DOE-EOC

P. J. Gross, DOE-ORO

H. S. Hackler

T. E. Hart

R. L. Johnson Jr.

M. E. Lemmings, DOE-ORO

T. McWilliams/B. Starkey, East TN Mechanical

S. M. Peterson

J. D. Rothrock/B. E. Cochran, DOE-ORO

R. L. Sampsel

L. M. Sparks, DOE-ORO

M. Vestal, TDEC

Y-12 Records Services (1)/DOE-OSTI (2)

Y-12 Plant Shift Superintendent

EC Document Control Center-RC

cc: T. R. Butz

R. Bell/J. S. Guilford

F. P. Gustavson

C. C. Hill

J. E. Powell

C. L. Stair

Enclosure 2  
Letter, Butz to Jackson  
Dated: February 18, 1998

LETTER TITLE:

**Contract DE-AC05-84OR21400, Emergency Planning and Community  
Right-to-Know Act (EPCRA) Section 312 Report for Calendar Year (CY) 1997**

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

Tier Two  
Emergency and  
Hazardous  
Chemical  
Inventory

Specific  
Information  
by Chemical

Facility Identification

Name Oak Ridge Y-12 Plant

Street Bear Creek Road

City Oak Ridge County Anderson State TN Zip 37831

SIC Code 3499

FOR  
OFFICIAL  
USE  
ONLY

ID #

Date Received

Owner/Operator Name

Name U.S. Department of Energy

Mail Address P.O. Box 2001, Oak Ridge, TN 37831

Emergency Contact  
Name Plant Shift Superintendent  
Phone (423) 574-7172  
Name DOE Emergency Response Center  
Phone (423) 576-1005

24 Hr. Phone (423) 574-7172

24 Hr. Phone (423) 576-1005

Phone (423) 576-9850

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

| Important: Read all instructions before completing form  |                                                                                                                                                                                                                                                         | Reporting Period                                                                                                                                                                                                    | From January 1 to December 31, 1997                                                                                                                                                                                | Storage Codes and Locations<br>(Non-Confidential) |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---|---|---|---|---|---|---|---|---|----------------------------------------------------------------|---|---|---|---|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chemical Description                                     | Physical and Health Hazards<br>(check all that apply)                                                                                                                                                                                                   | Inventory                                                                                                                                                                                                           |                                                                                                                                                                                                                    | Storage Locations                                 |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| CAS 007440371<br>Chem. Name ARGON (cont'd)               | 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 type="checkbox"/>                       | Max. Daily Amount (code) <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 5 No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <table><tr><td>C</td><td>N</td><td>P</td></tr><tr><td>T</td><td>r</td><td></td></tr><tr><td>y</td><td>e</td><td></td></tr><tr><td>p</td><td>s</td><td></td></tr><tr><td>s</td><td></td><td></td></tr></table>      |                                                   | C | N | P | T | r |   | y | e |   | p                                                              | s |   | s |   |   | 9616-7 / West End Treatment Facility; 9624 / Maintenance Shop<br>9709 / Weld Test Shop; 9720-13; 9720-58 / Waste oil/Solvent Storage<br>9720-6 / Metal Fab Shops; 9723-25 / 1st Floor / Maintenance shop; 9731<br>9769; 9995; Union Valley Facility |
| C                                                        | N                                                                                                                                                                                                                                                       | P                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| T                                                        | r                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| y                                                        | e                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| p                                                        | s                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| s                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| Check all that apply:                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| EHS Name                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
|                                                          |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
|                                                          |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| CAS 007440417<br>Chem. Name BERYLLIUM & COMPOUNDS, AS BE | 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 checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 4 No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <table><tr><td>D</td><td>4</td><td>1</td></tr><tr><td>J</td><td>4</td><td>1</td></tr><tr><td>K</td><td>4</td><td>1</td></tr><tr><td>N</td><td>4</td><td>1</td></tr><tr><td>R</td><td>4</td><td>1</td></tr></table> |                                                   | D | 4 | 1 | J | 4 | 1 | K | 4 | 1 | N                                                              | 4 | 1 | R | 4 | 1 | 9201-5 / 1st Floor / Annex<br>9203A / 1st Floor<br>9202 / 2nd Floor / Room 216<br>9203A / 1st Floor<br>9203A / 1st Floor / Room 102A                                                                                                                |
| D                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| J                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| K                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| N                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| R                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| Check all that apply:                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| EHS Name                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
|                                                          |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
|                                                          |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| CAS 0011306190<br>Chem. Name CADMIUM OXIDE               | 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) <input type="checkbox"/> 2 Avg. Daily Amount (code) <input type="checkbox"/> 2 No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <table><tr><td>M</td><td>4</td><td>1</td></tr><tr><td>N</td><td>4</td><td>1</td></tr><tr><td>R</td><td>4</td><td>1</td></tr></table>                                                                               |                                                   | M | 4 | 1 | N | 4 | 1 | R | 4 | 1 | 9204-3 / 1st Floor; 9995<br>9204-3 / 2nd Floor; 9401-2<br>9995 |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| M                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| N                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| R                                                        | 4                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| Check all that apply:                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                   |   |   |   |   |   |   |   |   |   |                                                                |   |   |   |   |   |                                                                                                                                                                                                                                                     |
| 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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

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

Signature

Date signed

Optional Attachments

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

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                       |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>Dun & Bradstreet Number<br>FOR ID #<br>OFFICIAL USE ONLY Date Received |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Phone (423) 576-9850<br>Emergency Contact<br>Name Plant Shift Superintendent<br>Phone (423) 574-7172<br>Title<br>Name DOE Emergency Response Center<br>Phone (423) 576-1005<br>Title<br>Name<br>Phone (423) 576-1005<br>Title |  |                                                                                                                                                                                                                                                                                 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                       |  | <b>Reporting Period</b><br>From January 1 to December 31, 1997                                                                                                                                                                                                                                                                                   |  | <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations                                                                                                                                                                                                      |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                         |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                          |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                 |  | <b>OP</b>                                                                                                                                                                                                                                                                       |  |
| CAS 001317653<br>Chem. Name CALCIUM CARBONATE<br>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                        |  | Fire<br>Sudden Release of Pressure<br>Reactivity<br>Immediate (acute)<br>Delayed (chronic)                                                                                                                                            |  | Max. Daily Amount (code)<br>Avg. Daily Amount (code)<br>No. of Days On-Site (days)                                                                                                                                                                                                                                                               |  | E 4 1 9404-5; 9831<br>F 4 1 1501-2; 9201-3; 9204-2; 9204-2E; 9206; 9401-3; 9420; 9623; 9624<br>F 4 1 9720-15; 9720-6; 9723-25; 9831; 9983-BK; 9995<br>J 4 1 9204-2E; 9401-3; 9404-20; 9720-50; 9720-8; 9723-25<br>M 4 1 9203 / 1st floor; 9995; UVSPF<br>N 4 1 9202; 9203; 9995 |  |
| CAS 001317653<br>Chem. Name CALCIUM CARBONATE (cont'd)<br>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                               |  | Fire<br>Sudden Release of Pressure<br>Reactivity<br>Immediate (acute)<br>Delayed (chronic)                                                                                                                                            |  | Max. Daily Amount (code)<br>Avg. Daily Amount (code)<br>No. of Days On-Site (days)                                                                                                                                                                                                                                                               |  | R 4 1 9616-11; 9714; 9720-13                                                                                                                                                                                                                                                    |  |
| CAS 0110043524<br>Chem. Name CALCIUM CHLORIDE<br>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                        |  | Fire<br>Sudden Release of Pressure<br>Reactivity<br>Immediate (acute)<br>Delayed (chronic)                                                                                                                                            |  | Max. Daily Amount (code)<br>Avg. Daily Amount (code)<br>No. of Days On-Site (days)                                                                                                                                                                                                                                                               |  | D 4 1 9712<br>E 4 1 9201-1; 9201-4; 9201-5; 9204-3 / 1st Floor / Room 101<br>E 4 1 9204-3 / 1st Floor / Room 109; 9738 / Foundry<br>F 4 1 9404-20<br>J 4 1 9219 / Grounds and Roads Work Area; 9831<br>K 4 1 2009                                                               |  |
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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. |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                  |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures         |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                  |  | Signature                                                                                                                                                                                                                                                                       |  |
| Date signed                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                 |  |

| Facility Identification                                                                                                                                                                                                                                                                                       |  |                                       |  | Owner/Operator Name                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Name                                                                                                                                                                                                                                                                                                          |  | U.S. Department of Energy             |  | Phone (423) 576-9850                                                                                     |  |
| Street                                                                                                                                                                                                                                                                                                        |  | Bear Creek Road                       |  | Mail Address P.O. Box 2001, Oak Ridge, TN 37831                                                          |  |
| City                                                                                                                                                                                                                                                                                                          |  | Oak Ridge                             |  | State TN Zip 37831                                                                                       |  |
| County                                                                                                                                                                                                                                                                                                        |  | Anderson                              |  | Dun & Brad Number                                                                                        |  |
| SIC Code                                                                                                                                                                                                                                                                                                      |  | 3499                                  |  | Emergency Contact                                                                                        |  |
| FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                         |  | ID #                                  |  | Name Plant Shift Superintendent                                                                          |  |
| Date Received                                                                                                                                                                                                                                                                                                 |  | Date Received                         |  | Phone (423) 574-7172                                                                                     |  |
|                                                                                                                                                                                                                                                                                                               |  |                                       |  | 24 Hr. Phone (423) 574-7172                                                                              |  |
|                                                                                                                                                                                                                                                                                                               |  |                                       |  | Name DOE Emergency Response Center                                                                       |  |
|                                                                                                                                                                                                                                                                                                               |  |                                       |  | 24 Hr. Phone (423) 576-1005                                                                              |  |
|                                                                                                                                                                                                                                                                                                               |  |                                       |  | 24 Hr. Phone (423) 576-1005                                                                              |  |
| Important: Read all instructions before completing form                                                                                                                                                                                                                                                       |  |                                       |  | Check if information below is identical to the information submitted last year. <input type="checkbox"/> |  |
| Reporting Period                                                                                                                                                                                                                                                                                              |  | From January 1 to December 31, 1997   |  |                                                                                                          |  |
| Physical and Health Hazards (check all that apply)                                                                                                                                                                                                                                                            |  | Inventory                             |  | Storage Codes and Locations (Non-Confidential)                                                           |  |
| Fire                                                                                                                                                                                                                                                                                                          |  | Max. Daily Amount (code)              |  | Storage Locations                                                                                        |  |
| Sudden Release of Pressure                                                                                                                                                                                                                                                                                    |  | Avg. Daily Amount (code)              |  | 9202; 9769 / 3rd Floor / Room 308                                                                        |  |
| Reactivity                                                                                                                                                                                                                                                                                                    |  | No. of Days On-Site (days)            |  | 9203; 9219 / Grounds and Roads Work Area; 9995; Union Valley Facility                                    |  |
| Immediate (acute)                                                                                                                                                                                                                                                                                             |  |                                       |  | 9720-50                                                                                                  |  |
| Delayed (chronic)                                                                                                                                                                                                                                                                                             |  |                                       |  |                                                                                                          |  |
| CAS 010043524                                                                                                                                                                                                                                                                                                 |  | Chem. Name CALCIUM CHLORIDE (cont'd)  |  |                                                                                                          |  |
| Check at that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                                                                                           |  | EHS Name                              |  |                                                                                                          |  |
| CAS 0011305620                                                                                                                                                                                                                                                                                                |  | Chem. Name CALCIUM HYDROXIDE          |  |                                                                                                          |  |
| Check at that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                                                                                           |  | EHS Name                              |  |                                                                                                          |  |
| CAS 0011305620                                                                                                                                                                                                                                                                                                |  | Chem. Name CALCIUM HYDROXIDE (cont'd) |  |                                                                                                          |  |
| Check at that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS                                                                                           |  | EHS Name                              |  |                                                                                                          |  |
| 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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |  |                                       |  | <input type="checkbox"/> I have attached a site plan                                                     |  |
| Name and official title of owner/operator's authorized representative                                                                                                                                                                                                                                         |  |                                       |  | <input type="checkbox"/> I have attached a list of site coordinate abbreviations                         |  |
| Signature                                                                                                                                                                                                                                                                                                     |  |                                       |  | <input type="checkbox"/> I have attached a description of dikes and other safeguard measures             |  |
| Date signed                                                                                                                                                                                                                                                                                                   |  |                                       |  |                                                                                                          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                        |  |
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| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>FOR ID #<br>OFFICIAL USE ONLY<br>Date Received                  |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                |  | <b>Reporting Period</b> From January 1 to December 31, 1997 <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                                   |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                   |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                       |  |
| CAS 0074404400 Trade Secret<br>Chem. Name CARBON (GRAPHITE, SYNTHETIC)<br>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<br>EHS Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)                       |  | Max. Daily Amount (code) 04 Avg. Daily Amount (code) 04 No. of Days On-Site (days) 365                                                                                                                                                                                                                                                                 |  |
| CAS 0074404400 Trade Secret<br>Chem. Name CARBON (GRAPHITE, SYNTHETIC)<br>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<br>EHS Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)                       |  | Max. Daily Amount (code) 04 Avg. Daily Amount (code) 04 No. of Days On-Site (days) 365                                                                                                                                                                                                                                                                 |  |
| CAS 00001124389 Trade Secret<br>Chem. Name CARBON DIOXIDE<br>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 checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 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) 05 Avg. Daily Amount (code) 05 No. of Days On-Site (days) 365                                                                                                                                                                                                                                                                 |  |
| <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations<br>C n T r e s s<br>C 4 1 9616-7 / Groundwater Treatment Facility<br>D 4 1 9204-2; 9206; 9404-9; 9720-19A; 9720-27; 9998 / H-1 Foundry<br>E 4 1 9201-5; 9201-5N; 9204-2E<br>F 4 1 9201-5; 9206; 9212; 9215; 9404-9; 9720-5<br>I 4 1 9422<br>J 4 1 9616-7 / West Tank Farm                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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.<br>Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed<br>Optional Attachments<br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                        |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499 Dun & Brad Number<br>FOR ID #<br>OFFICIAL USE<br>ONLY Date Received                                                                                                                                                                                                                                                                               |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory<br>Specific Information by Chemical                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Important: Read all instructions before completing form</b><br>Reporting Period From January 1 to December 31, 1997<br>Check if information below is identical to the information submitted last year.                                                                                                                                              |  |
| <b>Chemical Description</b><br>CAS 007782 505 Trade Secret<br>Chem. Name CHLORINE<br>Check all that apply:<br>EHS Name CHLORINE<br>Pure Mix Solid Liquid Gas                                                                                                                                                                                                                                                                                                                                                  |  | <b>Physical and Health Hazards</b><br>(check all that apply)<br>Fire Sudden Release of Pressure Reactivity Immediate (acute) Delayed (chronic)<br>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)                                                                                                                         |  |
| <b>Chemical Description</b><br>CAS 061790 532 Trade Secret<br>Chem. Name DIATOMACEOUS EARTH<br>Check all that apply:<br>EHS Name<br>Pure Mix Solid Liquid Gas                                                                                                                                                                                                                                                                                                                                                 |  | <b>Inventory</b><br>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)                                                                                                                                                                                                                                                       |  |
| <b>Chemical Description</b><br>CAS 0000000000 Trade Secret<br>Chem. Name DIESEL FUEL NO. 2<br>Check all that apply:<br>EHS Name<br>Pure Mix Solid Liquid Gas                                                                                                                                                                                                                                                                                                                                                  |  | <b>Inventory</b><br>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)                                                                                                                                                                                                                                                       |  |
| <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations<br>L 4 2 1404-2; 1405; 9204-1; 9737<br>E 4 1 9206<br>F 4 1 9201-5; 9204-2<br>J 4 1 2005; 9201-1 / Oil House; 9202; 9212 / B-1 Wing; 9212 / C-1 Wing<br>J 4 1 9212 / E Wing; 9212 / Reduction; 9616-9; 9720-2<br>M 4 1 9207<br>N 4 1 9201-1 / 1st Floor / Oil Room<br>A 4 1 1404-1; 1404-5; 2005; 9712<br>B 4 1 9714 / TSD Garage; 9754-3<br>D 4 1 9401-1<br>F 4 1 2001; 9720-50<br>N 4 1 9401-1<br>P 4 1 2005; 9712 / Tanker Truck |  | <b>Optional Attachments</b><br>I have attached a site plan<br>I have attached a list of site coordinate abbreviations<br>I have attached a description of dikes and other safeguard measures                                                                                                                                                           |  |

| Facility Identification                                                                                                                                                                                                                                                                                               |  |                                     |  | Owner/Operator Name                                                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name <u>Oak Ridge Y-12 Plant</u>                                                                                                                                                                                                                                                                                      |  |                                     |  | Name <u>U.S. Department of Energy</u> Phone <u>(423) 576-9850</u>                                                                                                                                                                        |  |
| Street <u>Bear Creek Road</u>                                                                                                                                                                                                                                                                                         |  |                                     |  | Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>                                                                                                                                                                                   |  |
| City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u>                                                                                                                                                                                                                                         |  |                                     |  |                                                                                                                                                                                                                                          |  |
| SIC Code <u>3499</u> Dun & Brad Number <u>    </u>                                                                                                                                                                                                                                                                    |  |                                     |  | Emergency Contact                                                                                                                                                                                                                        |  |
| FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                 |  |                                     |  | Name <u>Plant Shift Superintendent</u> Title <u>    </u>                                                                                                                                                                                 |  |
| ID # <u>    </u>                                                                                                                                                                                                                                                                                                      |  |                                     |  | Phone <u>(423) 574-7172</u> 24 Hr. Phone <u>(423) 574-7172</u>                                                                                                                                                                           |  |
| Date Received <u>    </u>                                                                                                                                                                                                                                                                                             |  |                                     |  | Name <u>DOE Emergency Response Center</u> Title <u>    </u>                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |  |                                     |  | Phone <u>(423) 576-1005</u> 24 Hr. Phone <u>(423) 576-1005</u>                                                                                                                                                                           |  |
| Important: Read all instructions before completing form                                                                                                                                                                                                                                                               |  |                                     |  | Check if information below is identical to the information submitted last year. <input type="checkbox"/>                                                                                                                                 |  |
| Reporting Period                                                                                                                                                                                                                                                                                                      |  | From January 1 to December 31, 1997 |  |                                                                                                                                                                                                                                          |  |
| Physical and Health Hazards (check all that apply)                                                                                                                                                                                                                                                                    |  | Inventory                           |  | Storage Codes and Locations (Non-Confidential)                                                                                                                                                                                           |  |
| Fire                                                                                                                                                                                                                                                                                                                  |  | Max. Daily Amount (code)            |  | 9616-7 / West End Treatment Facility; 9623 / CPCF - Laboratory                                                                                                                                                                           |  |
| Sudden Release of Pressure                                                                                                                                                                                                                                                                                            |  | Avg. Daily Amount (code)            |  | 9201-4 / 1st Floor                                                                                                                                                                                                                       |  |
| Reactivity                                                                                                                                                                                                                                                                                                            |  | No. of Days On-Site (days)          |  | 9202                                                                                                                                                                                                                                     |  |
| Immediate (acute)                                                                                                                                                                                                                                                                                                     |  |                                     |  | 9624; 9731 / 2nd Floor                                                                                                                                                                                                                   |  |
| Delayed (chronic)                                                                                                                                                                                                                                                                                                     |  |                                     |  |                                                                                                                                                                                                                                          |  |
| Fire                                                                                                                                                                                                                                                                                                                  |  | Max. Daily Amount (code)            |  | 9215                                                                                                                                                                                                                                     |  |
| Sudden Release of Pressure                                                                                                                                                                                                                                                                                            |  | Avg. Daily Amount (code)            |  | 9201-2; 9201-5; 9206 / West Dock; 9212 / E Wing; 9720-2                                                                                                                                                                                  |  |
| Reactivity                                                                                                                                                                                                                                                                                                            |  | No. of Days On-Site (days)          |  | 9201-1; 9202; 9204-3 / Basement / Room 11; 9709; 9720-2                                                                                                                                                                                  |  |
| Immediate (acute)                                                                                                                                                                                                                                                                                                     |  |                                     |  | 9712                                                                                                                                                                                                                                     |  |
| Delayed (chronic)                                                                                                                                                                                                                                                                                                     |  |                                     |  | 9202; 9207 / 5th Floor; 9207 / 4th Floor; 9769 / 3rd Floor                                                                                                                                                                               |  |
| Fire                                                                                                                                                                                                                                                                                                                  |  | Max. Daily Amount (code)            |  | 9995 / Basement Floor; 9995 / 1st Floor                                                                                                                                                                                                  |  |
| Sudden Release of Pressure                                                                                                                                                                                                                                                                                            |  | Avg. Daily Amount (code)            |  |                                                                                                                                                                                                                                          |  |
| Reactivity                                                                                                                                                                                                                                                                                                            |  | No. of Days On-Site (days)          |  |                                                                                                                                                                                                                                          |  |
| Immediate (acute)                                                                                                                                                                                                                                                                                                     |  |                                     |  |                                                                                                                                                                                                                                          |  |
| Delayed (chronic)                                                                                                                                                                                                                                                                                                     |  |                                     |  |                                                                                                                                                                                                                                          |  |
| Chemical Description                                                                                                                                                                                                                                                                                                  |  | Chem. Name <u>FERRIC SULFATE</u>    |  |                                                                                                                                                                                                                                          |  |
| CAS <u>0010028225</u>                                                                                                                                                                                                                                                                                                 |  | EHS Name <u>    </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 checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS                                           |  |                                     |  |                                                                                                                                                                                                                                          |  |
| Chem. Name <u>FREON 113</u>                                                                                                                                                                                                                                                                                           |  | EHS Name <u>    </u>                |  |                                                                                                                                                                                                                                          |  |
| CAS <u>0000076131</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 checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS                                           |  |                                     |  |                                                                                                                                                                                                                                          |  |
| Chem. Name <u>FREON 113 (cont'd)</u>                                                                                                                                                                                                                                                                                  |  | EHS Name <u>    </u>                |  |                                                                                                                                                                                                                                          |  |
| CAS <u>0000076131</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 checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS                                           |  |                                     |  |                                                                                                                                                                                                                                          |  |
| 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>26</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 type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                               |  |                                     |  | Signature                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                       |  |                                     |  | Date signed                                                                                                                                                                                                                              |  |

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                        |  |
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| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                       |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499 Dun & Brad Number<br>FOR OFFICIAL USE ONLY<br>ID #<br>Date Received                                                                                                                                           |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Reporting Period</b> From January 1 to December 31, 1997 <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                                   |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                         |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                                                                                                                                              |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                       |  |
| CAS 0000075718<br>Chem. Name FREON 12<br>Trade Secret<br>Check all that apply:<br>Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                                      |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input checked="" type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/>                                                                                                                  |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                           |  |
| CAS 0000075456<br>Chem. Name FREON 22<br>Trade Secret<br>Check all that apply:<br>Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                                      |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input checked="" type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/>                                                                                                                  |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                           |  |
| CAS 0000075694<br>Chem. Name FREON(R) 11<br>Trade Secret<br>Check all that apply:<br>Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                                   |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/>                                                                                                                  |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                           |  |
| <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations                                                                                                                                                                                                                                                                                                          |  | C n P T r y e o p m s e p s<br>L 4 2 9201-1; 9201-3; 9201-5N; 9204-1 / Dock 119; 9204-2E; 9204-4; 9712<br>L 4 2 9714 / TSD Garage; 9737; 9808 / Refrigeration Shop; 9959; 9981<br>F 4 2 9203; 9737<br>L 4 2 9201-3; 9208; 9420; 9720-8; 9737; 9808 / Refrigeration Shop; 9959<br>D 4 1 9201-5E; 9720-2 / Bay 40 Oil storage<br>F 4 1 9203 / 1st floor / Room 45 - TEM Lab |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |  |                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                           |  | Signature Date signed                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures                                                                                |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                        |  |
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| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory<br>Specific Information by Chemical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>Dun & Brad Number<br>FOR ID#<br>OFFICIAL USE ONLY<br>Date Received                        |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                          |  | <b>Reporting Period</b> From January 1 to December 31, 1997 <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                                   |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                             |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                       |  |
| <b>CAS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Chem. Name</b> GASOLINE, UNLEADED<br><br><b>Check all that apply:</b> <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<br><b>EHS Name</b> |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input checked="" type="checkbox"/> Delayed (chronic) |  | <input type="checkbox"/> Max. Daily Amount (code)<br><input type="checkbox"/> Avg. Daily Amount (code)<br><input type="checkbox"/> No. of Days On-Site (days)                                                                                                                                                                                          |  |
| <b>CAS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Chem. Name</b> GASOLINE, UNLEADED (cont'd)<br><br><b>Check all that apply:</b> <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<br><b>EHS Name</b>                 |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input checked="" type="checkbox"/> Delayed (chronic) |  | <input type="checkbox"/> Max. Daily Amount (code)<br><input type="checkbox"/> Avg. Daily Amount (code)<br><input type="checkbox"/> No. of Days On-Site (days)                                                                                                                                                                                          |  |
| <b>CAS</b> 007440597<br><b>Chem. Name</b> HELIUM<br><br><b>Check all that apply:</b> <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<br><b>EHS Name</b>                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Sudden Release of Pressure<br><input type="checkbox"/> Reactivity<br><input type="checkbox"/> Immediate (acute)<br><input type="checkbox"/> Delayed (chronic)                       |  | <input type="checkbox"/> Max. Daily Amount (code)<br><input type="checkbox"/> Avg. Daily Amount (code)<br><input type="checkbox"/> No. of Days On-Site (days)                                                                                                                                                                                          |  |
| <b>Certification (Read and sign after completing all sections)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Optional Attachments</b>                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures                 |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Signature Date signed                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                        |  |

| Tier Two<br>Emergency<br>and<br>Hazardous<br>Chemical<br>Inventory                                                                                                                                                                                                                                            |  | Facility Identification                                                                      |          |                                                                                                          |  | Owner/Operator Name |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------|--|---------------------|--|
| Name Oak Ridge Y-12 Plant                                                                                                                                                                                                                                                                                     |  | Name U.S. Department of Energy                                                               |          | Phone (423) 576-9850                                                                                     |  |                     |  |
| Street Bear Creek Road                                                                                                                                                                                                                                                                                        |  | Mail Address P.O. Box 2001, Oak Ridge, TN 37831                                              |          |                                                                                                          |  |                     |  |
| City Oak Ridge                                                                                                                                                                                                                                                                                                |  | County Anderson                                                                              | State TN | Zip 37831                                                                                                |  |                     |  |
| SIC Code 3499                                                                                                                                                                                                                                                                                                 |  | Dun & Brad<br>Number                                                                         |          |                                                                                                          |  |                     |  |
| FOR<br>OFFICIAL<br>USE<br>ONLY                                                                                                                                                                                                                                                                                |  | ID #                                                                                         |          |                                                                                                          |  |                     |  |
| Date Received                                                                                                                                                                                                                                                                                                 |  |                                                                                              |          |                                                                                                          |  |                     |  |
| Reporting Period                                                                                                                                                                                                                                                                                              |  | From January 1 to December 31, 1997                                                          |          | Check if information below is identical to the information submitted last year. <input type="checkbox"/> |  |                     |  |
| Important: Read all instructions before completing form                                                                                                                                                                                                                                                       |  | Inventory                                                                                    |          | Storage Codes and Locations<br>(Non-Confidential)<br>Storage Locations                                   |  |                     |  |
| Chemical Description                                                                                                                                                                                                                                                                                          |  | Physical and Health Hazards<br>(check all that apply)                                        |          | C T P<br>T r<br>y e<br>p m<br>e s                                                                        |  |                     |  |
| CAS 007647 01 0 Trade Secret                                                                                                                                                                                                                                                                                  |  | Fire                                                                                         |          | A 4 1 9204-2 / Tank                                                                                      |  |                     |  |
| Chem. Name HYDROCHLORIC ACID                                                                                                                                                                                                                                                                                  |  | Sudden Release of Pressure                                                                   |          | D 4 1 9201-5                                                                                             |  |                     |  |
| Check all that apply:                                                                                                                                                                                                                                                                                         |  | Reactivity                                                                                   |          | E 4 1 9201-4                                                                                             |  |                     |  |
| EHS Name HYDROCHLORIC ACID                                                                                                                                                                                                                                                                                    |  | Immediate (acute)                                                                            |          | F 4 1 9404-5                                                                                             |  |                     |  |
|                                                                                                                                                                                                                                                                                                               |  | Delayed (chronic)                                                                            |          | M 4 1 1405; 9201-5; 9202; 9204-2E / 3rd Floor; 9204-3                                                    |  |                     |  |
|                                                                                                                                                                                                                                                                                                               |  |                                                                                              |          | M 4 1 9206 / 2nd Floor / Room 100E; 9207; 9212 / E Wing / Room 1021                                      |  |                     |  |
| CAS 007647 01 0 Trade Secret                                                                                                                                                                                                                                                                                  |  | Fire                                                                                         |          | M 4 1 9401-3 / 1st Floor; 9616-7 / Laboratory; 9720-2; 9731                                              |  |                     |  |
| Chem. Name HYDROCHLORIC ACID (cont'd)                                                                                                                                                                                                                                                                         |  | Sudden Release of Pressure                                                                   |          | M 4 1 9737 / 1st Floor / Room 9; 9769; 9995; Union Valley Facility                                       |  |                     |  |
| Check all that apply:                                                                                                                                                                                                                                                                                         |  | Reactivity                                                                                   |          |                                                                                                          |  |                     |  |
| EHS Name HYDROCHLORIC ACID                                                                                                                                                                                                                                                                                    |  | Immediate (acute)                                                                            |          |                                                                                                          |  |                     |  |
|                                                                                                                                                                                                                                                                                                               |  | Delayed (chronic)                                                                            |          |                                                                                                          |  |                     |  |
| CAS 007664 39 3 Trade Secret                                                                                                                                                                                                                                                                                  |  | Fire                                                                                         |          | L 4 1 9720-40                                                                                            |  |                     |  |
| Chem. Name HYDROGEN FLUORIDE                                                                                                                                                                                                                                                                                  |  | Sudden Release of Pressure                                                                   |          | M 4 1 9201-5N; 9204-3; 9204-4; 9212 / E Wing / Room 1021; 9720-2                                         |  |                     |  |
| Check all that apply:                                                                                                                                                                                                                                                                                         |  | Reactivity                                                                                   |          | N 4 1 9202; 9204-2E / 3rd Floor; 9204-3; 9995; Union Valley Facility                                     |  |                     |  |
| EHS Name HYDROGEN FLUORIDE                                                                                                                                                                                                                                                                                    |  | Immediate (acute)                                                                            |          |                                                                                                          |  |                     |  |
|                                                                                                                                                                                                                                                                                                               |  | Delayed (chronic)                                                                            |          |                                                                                                          |  |                     |  |
| 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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |  | <input type="checkbox"/> I have attached a site plan                                         |          |                                                                                                          |  |                     |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                       |  | <input type="checkbox"/> I have attached a list of site coordinate abbreviations             |          |                                                                                                          |  |                     |  |
| Signature                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> I have attached a description of dikes and other safeguard measures |          |                                                                                                          |  |                     |  |
| Date signed                                                                                                                                                                                                                                                                                                   |  |                                                                                              |          |                                                                                                          |  |                     |  |

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                       |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>Dun & Brad Number<br>FOR ID #<br>OFFICIAL USE ONLY<br>Date Received                       |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent<br>Phone (423) 574-7172<br>Name DOE Emergency Response Center<br>Phone (423) 576-1005<br>Title<br>24 Hr. Phone (423) 574-7172<br>Title<br>24 Hr. Phone (423) 576-1005 |  | Phone (423) 576-9850                                                                                                                                                                                                                                                                 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                          |  | Reporting Period From January 1 to December 31, 1997                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                             |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                         |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                             |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                              |  | <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations                                                                                                                                                                                                           |  |
| CAS 007722841<br>Chem. Name HYDROGEN PEROXIDE<br>Check all that apply:<br>Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS<br>EHS Name HYDROGEN PEROXIDE                                                                                 |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/>            |  | Max. Daily Amount (code) 03<br>Avg. Daily Amount (code) 03<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                  |  | 9616-7 / West End Treatment Facility / Groundwater Treatment Facility<br>9811-1 / OIL DIKE 7 (OD7) / WTSD-WSA<br>9811-1 / OIL DIKE 8 (OD8) / WTSD-WSA<br>9995<br>9202; 9203; 9204-3; 9206; 9624; 9995; UVSPF<br>9119; 9706-2; 9720-8; 9995                                           |  |
| CAS 000067630<br>Chem. Name ISOPROPYL ALCOHOL<br>Check all that apply:<br>Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                                              |  | Fire <input checked="" type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/> |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                  |  | 9201-1; 9201-5; 9201-5N; 9204-2; 9204-2E / 3rd Floor / Room 309; 9208<br>9720-8<br>9103; 9202; 9206; 9616-7 / Laboratory; 9720-2; 9720-8; 9737<br>9204-2E / 3rd Floor / Room 311; 9207; 9212 / B-1 Wing; 9212 / E Wing<br>9401-1; 9720-2; 9723-25; 9737; 9738; Union Valley Facility |  |
| CAS 007447418<br>Chem. Name LITHIUM CHLORIDE<br>Check all that apply:<br>Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name                                                                                                               |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/>            |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                  |  | 9204-2<br>1405; 2002; 9202; 9204-2E; 9204-4; 9720-2<br>9204-2                                                                                                                                                                                                                        |  |
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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. |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                               |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures              |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                               |  | Signature                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                               |  | Date signed                                                                                                                                                                                                                                                                          |  |

|                                                               |  |                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499 Dun & Bradstreet Number<br>FOR OFFICIAL USE ONLY<br>ID #<br>Date Received |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br><b>Emergency Contact</b><br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
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Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 1997

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

| Chemical Description                                                                | Physical and Health Hazards<br>(check all that apply)                                                                                                                                                                                                                                                                   | Inventory                                                                                    | Storage Codes and Locations<br>(Non-Confidential)<br>Storage Locations | OP |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|
| CAS 013587161<br>Chem. Name LITHIUM DEUTERIDE<br>Check all that apply:<br>EHS Name  | Fire <input checked="" type="checkbox"/><br>Sudden Release of Pressure <input checked="" type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/><br>Trade Secret <input type="checkbox"/> | Max. Daily Amount (code) 05<br>Avg. Daily Amount (code) 05<br>No. of Days On-Site (days) 365 | 9201-5; 9204-2; 9720-46                                                |    |
| CAS 007580678<br>Chem. Name LITHIUM HYDRIDE<br>Check all that apply:<br>EHS Name    | Fire <input checked="" type="checkbox"/><br>Sudden Release of Pressure <input checked="" type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/><br>Trade Secret <input type="checkbox"/> | Max. Daily Amount (code) 05<br>Avg. Daily Amount (code) 05<br>No. of Days On-Site (days) 365 | 9201-5; 9204-2; 9720-46<br>9202; 9731                                  |    |
| CAS 0011310652<br>Chem. Name LITHIUM HYDROXIDE<br>Check all that apply:<br>EHS Name | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input checked="" type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/><br>Trade Secret <input type="checkbox"/>            | Max. Daily Amount (code) 05<br>Avg. Daily Amount (code) 05<br>No. of Days On-Site (days) 365 | 9204-2; West Tank Farm<br>9204-2                                       |    |

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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. |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><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                                                                                                                                                                                                                                                                                             |  | Date signed                                                                                                                                                                                                                                                             |

|                                                               |  |                                                                                                                                                             |  |                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499 |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831                                                                                  |  |
| Specific Information by Chemical                              |  | FOR OFFICIAL USE ONLY<br>ID #<br>Date Received                                                                                                              |  | <b>Emergency Contact</b><br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |

Important: Read all instructions before completing form

|                  |                                     |                          |                                                                                 |
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| Reporting Period | From January 1 to December 31, 1997 | <input type="checkbox"/> | Check if information below is identical to the information submitted last year. |
|------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------|

| Chemical Description                                                                                                                                                                                                                                                                                     | Physical and Health Hazards<br>(check all that apply)                                                                                                                                                                                         | Inventory                                                                                                                                                                                                                 | Storage Codes and Locations<br>(Non-Confidential)<br>Storage Locations                 | O P I                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|
| CAS 001317711<br>Chem. Name MAGNESIUM IRON SILICATE<br>Trade Secret<br>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | 9720-2; 9720-50; 9831<br>9720-15; 9738                                                 | <table><tr><td>C</td><td>n</td><td>P</td></tr><tr><td>T</td><td>r</td><td></td></tr><tr><td>y</td><td>e</td><td></td></tr><tr><td>p</td><td>s</td><td></td></tr><tr><td>e</td><td>s</td><td></td></tr></table> <table><tr><td>J</td><td>4</td><td>1</td></tr><tr><td>R</td><td>4</td><td>1</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> | C | n | P | T | r |   | y | e |   | p | s |  | e | s |  | J | 4 | 1 | R                        | 4 | 1 |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> |
| C                                                                                                                                                                                                                                                                                                        | n                                                                                                                                                                                                                                             | P                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| T                                                                                                                                                                                                                                                                                                        | r                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| y                                                                                                                                                                                                                                                                                                        | e                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| p                                                                                                                                                                                                                                                                                                        | s                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| e                                                                                                                                                                                                                                                                                                        | s                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| J                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| R                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
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|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
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| CAS 0013309484<br>Chem. Name MAGNESIUM OXIDE<br>Trade Secret<br>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name         | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | 9204-2; 9404-2<br>9204-3<br>9202; 9203; 9204-3                                         | <table><tr><td>D</td><td>4</td><td>1</td></tr><tr><td>M</td><td>4</td><td>1</td></tr><tr><td>N</td><td>4</td><td>1</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>                                                                                                                                                                                                             | D | 4 | 1 | M | 4 | 1 | N | 4 | 1 |   |   |  |   |   |  |   |   |   | <input type="checkbox"/> |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| D                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| M                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| N                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| CAS 007439976<br>Chem. Name MERCURY METAL<br>Trade Secret<br>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<br>EHS Name | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 6<br>Avg. Daily Amount (code) <input type="checkbox"/> 6<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | 9202; 9203; 9710-2; 9720-26<br>9201-2; 9208; 9720-8; 9737 / 2nd Floor<br>9212 / E Wing | <table><tr><td>M</td><td>4</td><td>1</td></tr><tr><td>N</td><td>4</td><td>1</td></tr><tr><td>R</td><td>4</td><td>1</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>                                                                                                                                                                                                             | M | 4 | 1 | N | 4 | 1 | R | 4 | 1 |   |   |  |   |   |  |   |   |   | <input type="checkbox"/> |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| M                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| N                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
| R                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                          |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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. |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                                                                                             |  | Signature Date signed                                                                                                                                                                                                                                                   |  |

|                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                 |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499                                                                                              |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831                                                                                                                                                                                                                                                                              |  |
| Specific Information by Chemical                                                                                                                                                                                                                                                                              |  | FOR OFFICIAL USE ONLY<br>ID #<br>Date Received                                                                                                                                                                                                           |  | <b>Emergency Contact</b><br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005                                                                                                                                                                                             |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                          |  | <b>Reporting Period</b> From January 1 to December 31, 1997 <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                                                                                              |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                   |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                             |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>CAS</b> 000067561 <b>Trade Secret</b> <input type="checkbox"/><br><b>Chem. Name</b> METHANOL                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input checked="" type="checkbox"/> Delayed (chronic) |  | <b>Storage Codes and Locations</b><br>(Non-Confidential)<br>- Storage Locations<br>C n P<br>T r<br>y o<br>p m<br>e s<br>D 4 1 9200-2; 9767-13; 9767-4<br>F 4 1 9201-1; 9201-3; 9201-5; 9201-5E; 9204-2; 9204-2E; 9204-4; 9212; 9215<br>F 4 1 9404-16; 9723-25; 9738<br>F 4 2 9201-5N; 9212; 9215<br>M 4 1 9201-5; 9202; 9203; 9204-2; 9204-4; 9207; 9215; 9200-2; 9737; 9769<br>M 4 1 9995; Union Valley Facility |  |
| <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<br><b>EHS Name</b>                                                                       |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>CAS</b> 000067561 <b>Trade Secret</b> <input type="checkbox"/><br><b>Chem. Name</b> METHANOL (cont'd)                                                                                                                                                                                                      |  | <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input checked="" type="checkbox"/> Delayed (chronic) |  | <b>Storage Codes and Locations</b><br>(Non-Confidential)<br>- Storage Locations<br>C n P<br>T r<br>y o<br>p m<br>e s<br>N 4 1 9201-5E; 9208; 9401-3; 9720-2; 9723-25<br>N 4 2 9723-25<br>R 4 1 9720-2                                                                                                                                                                                                             |  |
| <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<br><b>EHS Name</b>                                                                       |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>CAS</b> 000744002 <b>Trade Secret</b> <input type="checkbox"/><br><b>Chem. Name</b> NICKEL AND NICKEL COMPOUND<br>DS                                                                                                                                                                                       |  | <input type="checkbox"/> Fire<br><input type="checkbox"/> Sudden Release of Pressure<br><input type="checkbox"/> Reactivity<br><input checked="" type="checkbox"/> Immediate (acute)<br><input checked="" type="checkbox"/> Delayed (chronic)            |  | <b>Storage Codes and Locations</b><br>(Non-Confidential)<br>- Storage Locations<br>C n P<br>T r<br>y o<br>p m<br>e s<br>D 4 1 9204-4 / 2nd Floor / Plating Shop; 9720-8<br>F 4 1 9201-1; 9201-3; 9203; 9208<br>J 4 1 9204-4 / 2nd Floor / Plating Shop; 9720-2; 9720-50; 9831<br>K 4 1 9212; 9401-3; 9624<br>M 4 1 9203; 9204-3; 9995; UVSPF<br>N 4 1 9203; 9204-3; 9204-4 / 2nd Floor / Plating Shop; 9624       |  |
| <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<br><b>EHS Name</b>                                                                       |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Certification (Read and sign after completing all sections)</b>                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                          |  | Signature Date signed                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures                                       |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                             |  |                                                                                                          |  |                                                                                                                                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499 Dun & Brad Number<br>FOR ID #<br>OFFICIAL USE ONLY Date Received                             |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent<br>Phone (423) 574-7172<br>Name DOE Emergency Response Center<br>Phone (423) 576-1005<br>24 Hr. Phone (423) 574-7172<br>24 Hr. Phone (423) 576-1005 |  | Phone (423) 576-9850                                                                                     |  |                                                                                                                                                                                                                                                                         |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                          |  | From January 1 to December 31, 1997                                                                                                                                                                                                                                                                                         |  | Check if information below is identical to the information submitted last year. <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                         |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                             |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                            |  | <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations                               |  |                                                                                                                                                                                                                                                                         |  |
| CAS 007440020<br>Chem. Name NICKEL AND NICKEL COMPOUND<br>DS (cont'd)<br>Check at 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<br>EHS Name                                                                                                                                                            |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                |  | 9201-5; 9204-3; 9212; 9720-2; 9720-8                                                                     |  |                                                                                                                                                                                                                                                                         |  |
| CAS 007440031<br>Chem. Name NIOBIUM METAL<br>Check at 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<br>EHS Name                                                                                                                                                                                                   |  | Fire <input checked="" type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/>            |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                |  | 9202<br>9202<br>9202; 9401-3<br>9831<br>9202; 9203; 9204-3; 9995; UVSPF<br>9202; 9203                    |  |                                                                                                                                                                                                                                                                         |  |
| CAS 007440031<br>Chem. Name NIOBIUM METAL (cont'd)<br>Check at 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<br>EHS Name                                                                                                                                                                                          |  | Fire <input checked="" type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/>            |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                |  | 9201-1; 9202; 9401-3; 9703-15; 9720-6; 9723-25; 9737; 9831; 9995                                         |  |                                                                                                                                                                                                                                                                         |  |
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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.<br>Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed |  |                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                             |  |                                                                                                          |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures |  |

|                                                               |  |                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>Dun & Brad Number - - - - -<br>FOR ID #<br>OFFICIAL USE ONLY<br>Date Received |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| Important: Read all instructions before completing form       |  |                                                                                                                                                                                                                                              |  | Check if information below is identical to the information submitted last year. <input type="checkbox"/>                                                                                                                                                                                                                                               |  |

| Chemical Description                                                                               | Physical and Health Hazards<br>(check all that apply)                                                                               | Inventory                                                                                             | Storage Codes and Locations<br>(Non-Confidential)<br>Storage Locations                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAS 007697 372<br>Chem. Name NITRIC ACID<br>Check all that apply:<br>EHS Name NITRIC ACID          | Fire<br>Sudden Release of Pressure<br>Reactivity<br>Immediate (acute)<br>Delayed (chronic)<br>Trade Secret <input type="checkbox"/> | Max. Daily Amount (code)<br>Avg. Daily Amount (code)<br>No. of Days On-Site (days)<br>0 4 0 4 3 6 5 5 | 9206; 9815<br>9206 / 2nd Floor / Room 100E; 9212 / B-1 Wing / Penthouse<br>9204-3 / 2nd Floor<br>9201-5 / 2nd Floor; 9201-5N / 1st Floor / Plating Shop; 9202; 9203<br>9204-2E / 3rd Floor / Room 316; 9204-3 / 1st Floor<br>9204-4 / 2nd Floor / Plating Shop; 9207 / 1st Floor / Room 7-1006 |
| CAS 007697 372<br>Chem. Name NITRIC ACID (cont'd)<br>Check all that apply:<br>EHS Name NITRIC ACID | Fire<br>Sudden Release of Pressure<br>Reactivity<br>Immediate (acute)<br>Delayed (chronic)<br>Trade Secret <input type="checkbox"/> | Max. Daily Amount (code)<br>Avg. Daily Amount (code)<br>No. of Days On-Site (days)<br>0 4 0 4 3 6 5 5 | 9212 / E Wing / Room 1021; 9401-2 / Plating Shop / Annex; 9616-7; 9731<br>9769; 9995; Union Valley Facility<br>9769; 9995                                                                                                                                                                      |
| CAS 007727 379<br>Chem. Name NITROGEN<br>Check all that apply:<br>EHS Name                         | Fire<br>Sudden Release of Pressure<br>Reactivity<br>Immediate (acute)<br>Delayed (chronic)<br>Trade Secret <input type="checkbox"/> | Max. Daily Amount (code)<br>Avg. Daily Amount (code)<br>No. of Days On-Site (days)<br>0 5 0 5 3 6 5 5 | 9977-1<br>9201-2 / Weld Shops; 9201-3; 9204-2E; 9401-1; 9401-5; 9420; 9735; 9737<br>9738; 9769; 9808; 9995<br>9204-3; 9206; 9212                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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. |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><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                                                                                                                                                                                                                                                                                             |  | Date signed                                                                                                                                                                                                                                                             |

Tier Two

Emergency and Hazardous Chemical Inventory

Specific Information by Chemical

Facility Identification

Name Oak Ridge Y-12 Plant

Street Bear Creek Road

City Oak Ridge County Anderson State TN Zip 37831

SIC Code 3499

FOR OFFICIAL USE ONLY

ID #

Date Received

Owner/Operator Name

Name U.S. Department of Energy

Mail Address P.O. Box 2001, Oak Ridge, TN 37831

Emergency Contact

Name Plant Shift Superintendent

Phone (423) 574-7172

Name DOE Emergency Response Center

Phone (423) 576-1005

24 Hr. Phone (423) 574-7172

Title

24 Hr. Phone (423) 576-1005

Title

Important: Read all instructions before completing form. Reporting Period From January 1 to December 31, 1997

| Chemical Description                                                        | Physical and Health Hazards<br>(check all that apply)                                                                                                                                                                                        | Inventory                                                                                                                                                                                                                 | Storage Codes and Locations<br>(Non-Confidential)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAS 007782 447<br>Chem. Name OXYGEN                                         | Fire <input checked="" 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) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 5<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <div><div>C n t y p e s</div><div>A 7 2</div></div> <div><div>2002; 2005; 9201-2; 9204-2 / Maintenance; 9204-2E / 2nd Floor</div></div> <div><div>9215 / M Wing; 9420; 9709 / Weld Test Shop; 9720-6; 9738 / Foundry</div></div> <div><div>9769; 9808; 9995 / Basement Floor</div></div>                                                                                                                                                                                                                                                                     |
| CAS <div><div>Trade Secret</div></div><br>Chem. Name PETROLEUM OIL          | Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) <input checked="" type="checkbox"/>            | Max. Daily Amount (code) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <div><div>A 4 1</div><div>9201-3; 9204-2 / PV Room</div></div> <div><div>D 4 1</div><div>2005; 9201-1; 9201-5; 9201-5E; 9201-5N; 9201-5W; 9204-2; 9204-2E</div></div> <div><div>D 4 1</div><div>9204-4; 9206; 9208; 9211; 9212 / A Wing; 9212 / E Wing</div></div> <div><div>D 4 1</div><div>9215 / Basement; 9215 / M Wing; 9401-2; 9709; 9712; 9714 / TSD Garage</div></div> <div><div>D 4 1</div><div>9720-2; 9727-4; 9767-1; 9767-11; 9767-13; 9767-3; 9808; 9998</div></div> <div><div>E 4 1</div><div>9714 / TSD Garage; 9720-2; 9977-1</div></div>    |
| CAS <div><div>Trade Secret</div></div><br>Chem. Name PETROLEUM OIL (cont'd) | 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) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <div><div>F 4 1</div><div>2002; 2005; 9201-1; 9201-3; 9201-5; 9204-1; 9204-2; 9204-2E; 9204-4</div></div> <div><div>F 4 1</div><div>9207; 9208; 9212 / A Wing; 9212 / B Wing; 9212 / E Wing; 9404-16</div></div> <div><div>F 4 1</div><div>9404-20; 9616-9; 9712; 9714 / TSD Garage; 9723-21; 9723-25; 9737; 9998</div></div> <div><div>F 4 2</div><div>9401-1; 9404-1</div></div> <div><div>M 4 1</div><div>9201-1; 9201-3; 9206; 9737</div></div> <div><div>N 4 1</div><div>2002; 2005; 9201-3; 9201-5E; 9201-5N; 9204-2; 9212 / E Wing; 9215A</div></div> |

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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

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

Signature

Date signed

Optional Attachments

☐ I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

☐ I have attached a description of dikes and other safeguard measures

[illegible]

|                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                             |  |                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                               |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499                                                                 |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Phone (423) 576-9850 |  |
| <b>Specific Information by Chemical</b><br>FOR OFFICIAL USE ONLY<br>ID # _____<br>Date Received _____                                                                                                                                                                                                                                                                                       |  | <b>Emergency Contact</b><br>Name Plant Shift Superintendent<br>Title _____<br>Phone (423) 574-7172<br>Name DOE Emergency Response Center<br>Title _____<br>Phone (423) 576-1005<br>Name _____<br>Title _____<br>Phone _____ |  | Check if information below is identical to the information submitted last year. <input type="checkbox"/>                                |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                             |  |                                                                                                                                         |  |
| <b>Reporting Period</b><br>From January 1 to December 31, 1997                                                                                                                                                                                                                                                                                                                              |  | <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations                                                                                                                                                  |  |                                                                                                                                         |  |
| <b>Chemical Description</b><br>CAS 00001518<br>Chem. Name POTASSIUM CYANIDE<br>Check all that apply:<br><input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS<br>EHS Name POTASSIUM CYANIDE |  | <b>Physical and Health Hazards</b><br>(check all that apply)<br>Fire _____<br>Sudden Release of Pressure _____<br>Reactivity _____<br>Immediate (acute) _____<br>Delayed (chronic) _____                                    |  | <b>Inventory</b><br>Max. Daily Amount (code) _____<br>Avg. Daily Amount (code) _____<br>No. of Days On-Site (days) _____                |  |
| CAS 00000749<br>Chem. Name PROPANE<br>Check all that apply:<br><input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS<br>EHS Name                                                            |  | Fire _____<br>Sudden Release of Pressure _____<br>Reactivity _____<br>Immediate (acute) _____<br>Delayed (chronic) _____                                                                                                    |  | Max. Daily Amount (code) _____<br>Avg. Daily Amount (code) _____<br>No. of Days On-Site (days) _____                                    |  |
| CAS 00000575<br>Chem. Name PROPYLENE GLYCOL<br>Check all that apply:<br><input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS<br>EHS Name                                                   |  | Fire _____<br>Sudden Release of Pressure _____<br>Reactivity _____<br>Immediate (acute) _____<br>Delayed (chronic) _____                                                                                                    |  | Max. Daily Amount (code) _____<br>Avg. Daily Amount (code) _____<br>No. of Days On-Site (days) _____                                    |  |

**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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

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

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

|                                                               |  |                                                                                                                                                             |  |                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499 |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831                                                                                  |  |
| Specific Information by Chemical                              |  | FOR OFFICIAL USE ONLY<br>ID #<br>Date Received                                                                                                              |  | <b>Emergency Contact</b><br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 1997

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

| Chemical Description                                                                                                                                                                                                                                                                                     | Physical and Health Hazards<br>(check all that apply)                                                                                                                                                                                                    | Inventory                                                                                                                                                                                                                 | Storage Codes and Locations<br>(Non-Confidential)<br>Storage Locations                                                                                                                                                                                                                                                                                                                                                                                                                                         | Optional Attachments |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---|-----------------|----------------|---|---------------------------------------------------------------------|---|------------------------------------------------------|------------------------------------------------------------------|---|---|-----------------------------|---|---|---------------------------------------------------------------------|--|--|------------------------|--------------------------|--|--|--|--|--|--------------------------|
| CAS 014808198<br>Chem. Name SILICA, CRYSTALLINE-QUARTZ<br>Z<br>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name          | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <table><tr><td>C</td><td>P</td><td>9404-5; 9720-15</td></tr><tr><td>T</td><td>r</td><td>1501-2; 9104-5; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2E; 9204-3</td></tr><tr><td>y</td><td>e</td><td>9204-4; 9206; 9401-3; 9404-5; 9420; 9623; 9624; 9703-15; 9720-13</td></tr><tr><td>e</td><td>s</td><td>9720-6; 9831; 9983</td></tr><tr><td>p</td><td>s</td><td>9401-3; 9404-20; 9420; 9623; 9720-50; 9720-6; 9720-8; 9723-25; 9831</td></tr><tr><td></td><td></td><td>9712; 9720-50; 9720-52</td></tr></table> | C                    | P | 9404-5; 9720-15 | T              | r | 1501-2; 9104-5; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2E; 9204-3 | y | e                                                    | 9204-4; 9206; 9401-3; 9404-5; 9420; 9623; 9624; 9703-15; 9720-13 | e | s | 9720-6; 9831; 9983          | p | s | 9401-3; 9404-20; 9420; 9623; 9720-50; 9720-6; 9720-8; 9723-25; 9831 |  |  | 9712; 9720-50; 9720-52 | <input type="checkbox"/> |  |  |  |  |  |                          |
| C                                                                                                                                                                                                                                                                                                        | P                                                                                                                                                                                                                                                        | 9404-5; 9720-15                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| T                                                                                                                                                                                                                                                                                                        | r                                                                                                                                                                                                                                                        | 1501-2; 9104-5; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2E; 9204-3                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| y                                                                                                                                                                                                                                                                                                        | e                                                                                                                                                                                                                                                        | 9204-4; 9206; 9401-3; 9404-5; 9420; 9623; 9624; 9703-15; 9720-13                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| e                                                                                                                                                                                                                                                                                                        | s                                                                                                                                                                                                                                                        | 9720-6; 9831; 9983                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| p                                                                                                                                                                                                                                                                                                        | s                                                                                                                                                                                                                                                        | 9401-3; 9404-20; 9420; 9623; 9720-50; 9720-6; 9720-8; 9723-25; 9831                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          | 9712; 9720-50; 9720-52                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| CAS 014808198<br>Chem. Name SILICA, CRYSTALLINE-QUARTZ<br>Z (cont'd)<br>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <table><tr><td>M</td><td>4</td><td>1</td><td>9204-3; 9995</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9201-1; 9202; 9203; 9204-3; 9206; 9401-3; 9712; 9995</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                            | M                    | 4 | 1               | 9204-3; 9995   | N | 4                                                                   | 1 | 9201-1; 9202; 9203; 9204-3; 9206; 9401-3; 9712; 9995 |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  | <input type="checkbox"/> |
| M                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                         | 9204-3; 9995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| N                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                         | 9201-1; 9202; 9203; 9204-3; 9206; 9401-3; 9712; 9995                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| CAS 007631905<br>Chem. Name SODIUM BISULFITE<br>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<br>EHS Name   | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 5<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | <table><tr><td>A</td><td>4</td><td>1</td><td>9417-8; 9417-9</td></tr><tr><td>E</td><td>4</td><td>1</td><td>9767-8</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9202 / 2nd Floor / Room 215</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                          | A                    | 4 | 1               | 9417-8; 9417-9 | E | 4                                                                   | 1 | 9767-8                                               | M                                                                | 4 | 1 | 9202 / 2nd Floor / Room 215 |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  | <input type="checkbox"/> |
| A                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                         | 9417-8; 9417-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| E                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                         | 9767-8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
| M                                                                                                                                                                                                                                                                                                        | 4                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                         | 9202 / 2nd Floor / Room 215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |   |                 |                |   |                                                                     |   |                                                      |                                                                  |   |   |                             |   |   |                                                                     |  |  |                        |                          |  |  |  |  |  |                          |

**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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

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

**Optional Attachments**

☐ I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

☐ I have attached a description of dikes and other safeguard measures

|                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory<br>Specific Information by Chemical                                                                                                                                                                                                                                                             |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>Dun & Brad Number<br>FOR OFFICIAL USE ONLY<br>ID #<br>Date Received |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                    |  | <b>Reporting Period</b> From January 1 to December 31, 1997 <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                                   |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                   |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                       |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                       |  |
| <b>CAS</b> 000497198 <b>Trade Secret</b> <input type="checkbox"/><br>Chem. Name SODIUM CARBONATE MONOHYD<br>RATE<br>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name          |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/> |  | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 5                                                                                                                   |  |
| <b>CAS</b> 000497198 <b>Trade Secret</b> <input type="checkbox"/><br>Chem. Name SODIUM CARBONATE MONOHYD<br>RATE (cont'd)<br>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/> |  | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 5                                                                                                                   |  |
| <b>CAS</b> 0007647145 <b>Trade Secret</b> <input type="checkbox"/><br>Chem. Name SODIUM CHLORIDE<br>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name               |  | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/> |  | Max. Daily Amount (code) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 5<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 5                                                                                                                   |  |
| <b>Storage Codes and Locations (Non-Confidential)</b>                                                                                                                                                                                                                                                                                                         |  | <b>Storage Locations</b>                                                                                                                                                                                                           |  | <b>Optional Attachments</b>                                                                                                                                                                                                                                                                                                                            |  |
| <b>C n P T r y e o p m s e p s</b><br>D 4 1 9818<br>E 4 1 9206; 9215; 9818<br>F 4 1 9104-5; 9202; 9420; 9815<br>J 4 1 9206<br>M 4 1 9202; 9204-3; 9211; 9623; 9769; 9995; UVSPF<br>N 4 1 9202; 9203; 9204-3; 9210; 9211; 9624; 9737; 9995; UVSPF                                                                                                              |  |                                                                                                                                                                                                                                    |  | <b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> 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 Oak Ridge Y-12 Plant  
Street Bear Creek Road  
City Oak Ridge County Anderson State TN Zip 37831  
SIC Code 3499  
FOR ID #  
OFFICIAL USE  
ONLY Date Received

Owner/Operator Name

Name U.S. Department of Energy  
Mail Address P.O. Box 2001, Oak Ridge, TN 37831  
Emergency Contact  
Name Plant Shift Superintendent  
Phone (423) 574-7172 Title  
Name DOE Emergency Response Center  
Phone (423) 576-1005 Title  
Phone (423) 576-1005 Title

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

| Important: Read all instructions before completing form                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          | Reporting Period                                                                                                                                                                                                          | From January 1 to December 31, 1997                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chemical Description                                                                                                                                                                                                                                                                                                                          | Physical and Health Hazards<br>(check all that apply)                                                                                                                                                                                                    | Inventory                                                                                                                                                                                                                 | Storage Codes and Locations<br>(Non-Confidential)<br>Storage Locations                                                                                                                                                                                                      |
| CAS 001310732<br>Chem. Name SODIUM HYDROXIDE<br>Trade Secret<br>Check all that apply:<br>Pure <input checked="" 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"/><br>EHS Name          | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 5<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | A 4 1 1404-2; 1405; 9204-2<br>C 4 1 9404-18; 9616-7<br>D 4 1 9201-2; 9201-5N; 9204-4; 9206; 9401-2; 9805<br>E 4 1 9206; 9401-2<br>F 4 1 West Tank Farm<br>J 4 1 9401-3; 9720-2                                                                                              |
| CAS 001310732<br>Chem. Name SODIUM HYDROXIDE (cont'd)<br>Trade Secret<br>Check all that apply:<br>Pure <input checked="" 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"/><br>EHS Name | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input checked="" type="checkbox"/> | Max. Daily Amount (code) <input type="checkbox"/> 5<br>Avg. Daily Amount (code) <input type="checkbox"/> 5<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | K 4 1 9720-13<br>M 4 1 9206; 9212; 9805<br>N 4 1 9104-3; 9109; 9115; 9116; 9119; 9201-1; 9201-2; 9201-3; 9201-5; 9204-2<br>N 4 1 9204-2E; 9204-3; 9207; 9401-3; 9616-7; 9769; 9818; 9995                                                                                    |
| CAS 007681529<br>Chem. Name SODIUM HYPOCHLORITE<br>Trade Secret<br>Check all that apply:<br>Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/><br>EHS Name                             | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input checked="" type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/>            | Max. Daily Amount (code) <input type="checkbox"/> 4<br>Avg. Daily Amount (code) <input type="checkbox"/> 4<br>No. of Days On-Site (days) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 | E 4 1 9409-10; 9409-12; 9409-13; 9409-15; 9409-17; 9409-18; 9409-19; 9409-2<br>E 4 1 9409-20; 9409-22; 9409-22E; 9409-23; 9409-24; 9409-26; 9409-29<br>E 4 1 9409-32; 9409-34; 9720-2<br>N 4 1 9202; 9731; 9769; 9995; 9998; Union Valley Facility<br>R 4 1 9201-5N; 9204-4 |

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

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

Optional Attachments

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Facility Identification</b><br>Name Oak Ridge Y-12 Plant<br>Street Bear Creek Road<br>City Oak Ridge County Anderson State TN Zip 37831<br>SIC Code 3499<br>Dun & Brad Number<br>FOR OFFICIAL USE ONLY<br>ID #<br>Date Received                                                                                                                                                                                                                   |  | <b>Owner/Operator Name</b><br>Name U.S. Department of Energy Phone (423) 576-9850<br>Mail Address P.O. Box 2001, Oak Ridge, TN 37831<br>Emergency Contact<br>Name Plant Shift Superintendent Title<br>Phone (423) 574-7172 24 Hr. Phone (423) 574-7172<br>Name DOE Emergency Response Center Title<br>Phone (423) 576-1005 24 Hr. Phone (423) 576-1005 |  |
| <b>Important: Read all instructions before completing form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Reporting Period</b> From January 1 to December 31, 1997 <input type="checkbox"/> Check if information below is identical to the information submitted last year.                                                                                                                                                                                   |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Inventory</b>                                                                                                                                                                                                                                                                                                                                       |  |
| CAS 006834920<br>Chem. Name SODIUM METASILICATE, ANH YDROUS<br>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<br>EHS Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 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)                                                                                                                                                                                                                                  |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 04<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                           |  |
| CAS 085029750<br>Chem. Name SODIUM ZINC POLYPHOSPHATE<br>Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>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)                                                                                                                                                                                                                                             |  | Max. Daily Amount (code) 04<br>Avg. Daily Amount (code) 03<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                           |  |
| CAS 007664939<br>Chem. Name SULFURIC ACID<br>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<br>EHS Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 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)                                                                                                                                                                                                                                  |  | Max. Daily Amount (code) 05<br>Avg. Daily Amount (code) 05<br>No. of Days On-Site (days) 365                                                                                                                                                                                                                                                           |  |
| <b>Storage Codes and Locations (Non-Confidential)</b><br>Storage Locations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | C n T y p e C 4 1 9401-2 / Plating Shop<br>F 4 1 9204-4; 9714; 9720-13<br>I 4 1 9401-2 / Plating Shop; 9623; 9720-2<br>N 4 1 9219; 9401-1; 9995; UVSPF<br>R 4 1 9201-1; 9201-4; 9210; 9215; 9404-20; 9709; 9995                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | J 4 1 1405                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | A 4 1 9201-5 / Outside Tank; 9401-3 / Main Utilities Area (Boilers etc.)<br>C 4 1 9401-3; 9404-18; 9616-7 / West End Treatment Facility; 9616-9<br>E 4 1 9401-2 / Plating Shop / Annex; 9409-10; 9409-13; 9409-15; 9409-18<br>E 4 1 9409-2; 9409-22; 9409-23; 9409-26; 9409-29; 9409-32; 9409-4; 9720-2<br>M 4 1 1405; 9201-2; 9201-5N / 1st Floor / Room 133; 9204-2<br>M 4 1 9204-2E / 3rd Floor; 9204-4 / 2nd Floor; 9206 / 2nd Floor / Room 100E |  |                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Certification (Read and sign after completing all sections)</b><br>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, 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.<br>Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed<br><b>Optional Attachments</b><br><input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                        |  |

| Facility Identification                                                                                                                                                                                                                                                                                       |  |  |  | Owner/Operator Name                                                                                      |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------|--|--|--|
| Name Oak Ridge Y-12 Plant                                                                                                                                                                                                                                                                                     |  |  |  | Name U.S. Department of Energy                                                                           |  |  |  |
| Street Bear Creek Road                                                                                                                                                                                                                                                                                        |  |  |  | Mail Address P.O. Box 2001, Oak Ridge, TN 37831                                                          |  |  |  |
| City Oak Ridge County Anderson State TN Zip 37831                                                                                                                                                                                                                                                             |  |  |  | Emergency Contact                                                                                        |  |  |  |
| SIC Code 3499 Dun & Brad Number                                                                                                                                                                                                                                                                               |  |  |  | Name Plant Shift Superintendent Title                                                                    |  |  |  |
| FOR ID #                                                                                                                                                                                                                                                                                                      |  |  |  | Phone (423) 574-7172 24 Hr. Phone (423) 574-7172                                                         |  |  |  |
| OFFICIAL USE                                                                                                                                                                                                                                                                                                  |  |  |  | Name DOE Emergency Response Center Title                                                                 |  |  |  |
| ONLY Date Received                                                                                                                                                                                                                                                                                            |  |  |  | Phone (423) 576-1005 24 Hr. Phone (423) 576-1005                                                         |  |  |  |
| Important: Read all instructions before completing form                                                                                                                                                                                                                                                       |  |  |  | Check if information below is identical to the information submitted last year. <input type="checkbox"/> |  |  |  |
| Reporting Period From January 1 to December 31, 1997                                                                                                                                                                                                                                                          |  |  |  |                                                                                                          |  |  |  |
| Tier Two<br>Emergency and Hazardous Chemical Inventory<br>Specific Information by Chemical                                                                                                                                                                                                                    |  |  |  | Storage Codes and Locations (Non-Confidential)                                                           |  |  |  |
| Chemical Description                                                                                                                                                                                                                                                                                          |  |  |  | Physical and Health Hazards                                                                              |  |  |  |
| Inventory                                                                                                                                                                                                                                                                                                     |  |  |  | Storage Locations                                                                                        |  |  |  |
| CAS 007664939 Trade Secret                                                                                                                                                                                                                                                                                    |  |  |  | M 4 1 9207; 9212 / B-1 Wing; 9401-2 / Plating Shop / Annex                                               |  |  |  |
| Chem. Name SULFURIC ACID (cont'd)                                                                                                                                                                                                                                                                             |  |  |  | M 4 1 9623 / CPCF - Laboratory; 9735; 9737; 9769 / 2nd Floor                                             |  |  |  |
| 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 checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS                                   |  |  |  | M 4 1 9769 / 3rd Floor; 9995 / 1st Floor; Union Valley Facility                                          |  |  |  |
| EHS Name SULFURIC ACID                                                                                                                                                                                                                                                                                        |  |  |  | N 4 1 9201-5; 9616-7 / Laboratory                                                                        |  |  |  |
| CAS 007440611 Trade Secret                                                                                                                                                                                                                                                                                    |  |  |  | R 4 1 9119; 9201-2; 9201-4; 9201-5; 9201-5N; 9202; 9203; 9204-1; 9204-2                                  |  |  |  |
| Chem. Name URANIUM AND URANIUM COMPO                                                                                                                                                                                                                                                                          |  |  |  | R 4 1 9204-2E; 9204-3; 9204-4; 9206; 9207; 9212; 9215; 9401-4; 9401-5                                    |  |  |  |
| 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 checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS                                   |  |  |  | R 4 1 9710-2; 9711-1; 9720-1; 9720-12; 9720-18; 9720-3; 9720-5; 9735; 9769                               |  |  |  |
| EHS Name                                                                                                                                                                                                                                                                                                      |  |  |  | R 4 1 9825A; 9980; 9983-17; 9995; 9998                                                                   |  |  |  |
| CAS 000005713 Trade Secret                                                                                                                                                                                                                                                                                    |  |  |  | E 4 1 9206 / West Dock; 9219; 9983-AL                                                                    |  |  |  |
| Chem. Name UREA                                                                                                                                                                                                                                                                                               |  |  |  | F 4 1 9404-20; 9720-13                                                                                   |  |  |  |
| 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 checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS                                   |  |  |  | J 4 1 9720-13; 9720-2; 9769                                                                              |  |  |  |
| EHS Name                                                                                                                                                                                                                                                                                                      |  |  |  | K 4 1 West Tank Farm                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                               |  |  |  | M 4 1 9202                                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                               |  |  |  | N 4 1 9204-3; 9616-7 / Laboratory; 9995; Union Valley Facility                                           |  |  |  |
| 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 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |  |  |  | <input type="checkbox"/> I have attached a site plan                                                     |  |  |  |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                       |  |  |  | <input type="checkbox"/> I have attached a list of site coordinate abbreviations                         |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                     |  |  |  | <input type="checkbox"/> I have attached a description of dikes and other safeguard measures             |  |  |  |
| Date signed                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                                                          |  |  |  |

|                                                                                                       |                                  |  |                                                         |  |                                                                                                                                                                                                                                                                      |  |  |
|-------------------------------------------------------------------------------------------------------|----------------------------------|--|---------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Tier Two</b><br>Emergency and Hazardous Chemical Inventory<br><br>Specific Information by Chemical | <b>Facility Identification</b>   |  |                                                         |  | <b>Owner/Operator Name</b>                                                                                                                                                                                                                                           |  |  |
|                                                                                                       | Name <u>Oak Ridge Y-12 Plant</u> |  | U.S. Department of Energy                               |  | Name <u>U.S. Department of Energy</u>                                                                                                                                                                                                                                |  |  |
|                                                                                                       | Street <u>Bear Creek Road</u>    |  | County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> |  | Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>                                                                                                                                                                                                               |  |  |
|                                                                                                       | City <u>Oak Ridge</u>            |  | SIC Code <u>3499</u>                                    |  | Emergency Contact<br>Name <u>Plant Shift Superintendent</u> Title _____<br>Phone <u>(423) 574-7172</u> 24 Hr. Phone <u>(423) 574-7172</u><br>Name <u>DOE Emergency Response Center</u> Title _____<br>Phone <u>(423) 576-1005</u> 24 Hr. Phone <u>(423) 576-1005</u> |  |  |
| FOR OFFICIAL USE ONLY<br>ID # _____<br>Date Received _____                                            |                                  |  |                                                         |  |                                                                                                                                                                                                                                                                      |  |  |

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                         |                                                                                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Important: Read all instructions before completing form                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               | Reporting Period From January 1 to December 31, 1997                                                              |                                                                                                         | Check if information below is identical to the information submitted last year. <input type="checkbox"/>                                                                                                                                 |  |
| <b>Chemical Description</b>                                                                                                                                                                                                                                                                           | <b>Physical and Health Hazards</b><br>(check all that apply)                                                                                                                                                                                  | <b>Inventory</b>                                                                                                  | <b>Storage Codes and Locations (Non-Confidential)</b>                                                   | <b>Optional Attachments</b>                                                                                                                                                                                                              |  |
| CAS <u>000057136</u><br>Chem. Name <u>UREA (cont'd)</u><br><br>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name _____ | Fire <input checked="" type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input checked="" type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/> | Max. Daily Amount (code) <u>05</u><br>Avg. Daily Amount (code) <u>04</u><br>No. of Days On-Site (days) <u>365</u> | <b>Storage Codes and Locations (Non-Confidential)</b><br><u>Storage Locations</u><br><br><u>9720-50</u> | <input type="checkbox"/> I have attached a site plan<br><input type="checkbox"/> I have attached a list of site coordinate abbreviations<br><input type="checkbox"/> I have attached a description of dikes and other safeguard measures |  |
| CAS _____<br>Chem. Name _____<br><br>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name _____                                      | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/>                       | Max. Daily Amount (code) _____<br>Avg. Daily Amount (code) _____<br>No. of Days On-Site (days) _____              |                                                                                                         |                                                                                                                                                                                                                                          |  |
| CAS _____<br>Chem. Name _____<br><br>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS<br>EHS Name _____                                      | Fire <input type="checkbox"/><br>Sudden Release of Pressure <input type="checkbox"/><br>Reactivity <input type="checkbox"/><br>Immediate (acute) <input type="checkbox"/><br>Delayed (chronic) <input type="checkbox"/>                       | Max. Daily Amount (code) _____<br>Avg. Daily Amount (code) _____<br>No. of Days On-Site (days) _____              |                                                                                                         |                                                                                                                                                                                                                                          |  |

|                                                                                                                                                                                                                                                                                                               |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Certification (Read and sign after completing all sections)</b>                                                                                                                                                                                                                                            |                                   |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. |                                   |
| Name and official title of owner/operator OR owner/operator's authorized representative                                                                                                                                                                                                                       | Signature _____ Date signed _____ |