

Y-12

OAK RIDGE
Y-12
PLANT

LOCKHEED MARTIN 

MANAGED BY
LOCKHEED MARTIN ENERGY SYSTEMS, INC.
FOR THE UNITED STATES
DEPARTMENT OF ENERGY
UCN-13672 (2/11/97)

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

R. A. Evans
Environmental Compliance Department
Environment, Safety, Health and Quality Organization

February 2000

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 DE-AC05-84OR21400

DISCLAIMER

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Reporting Period

From January 1 to December 31, 1999

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

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 44, 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

Revised June 1990

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Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <u>Oak Ridge Y-12 Plant</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>						Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>							
	Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>													
	FOR OFFICIAL USE ONLY		ID #				Date Received							
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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>					
			C n T y p e s	n T e m s	P r e s			
CAS <u>0 6 1 7 9 0 5 3 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIATOMACEOUS EARTH</u> 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 EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	E <input type="checkbox"/> 4 <input type="checkbox"/> 1 9206 F <input type="checkbox"/> 4 <input type="checkbox"/> 1 9201-3; 9201-5; 9202; 9203; 9204-2; 9204-2E; 9404-5; 9616-7; 9720-15 J <input type="checkbox"/> 4 <input type="checkbox"/> 1 2005; 9201-1 / Oil House; 9202; 9212 / B-1 Wing; 9212 / C-1 Wing J <input type="checkbox"/> 4 <input type="checkbox"/> 1 9212 / E Wing; 9212 / Reduction; 9616-9; 9720-2; 9720-8 M <input type="checkbox"/> 4 <input type="checkbox"/> 1 9202; 9207; 9995; 9998 N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9201-1 / 1st Floor / Oil Room; 9202; 9731; 9998	O P I				
CAS <u>0 6 1 7 9 0 5 3 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIATOMACEOUS EARTH (cont'</u> d) 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 EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	R <input type="checkbox"/> 4 <input type="checkbox"/> 1 9201-1; 9202; 9204-2; 9720-8; 9737	O P I				
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL NO. 2</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	A <input type="checkbox"/> 4 <input type="checkbox"/> 1 1404-1; 1404-5; 2005; 9201-1; 9201-3; 9201-4; 9201-5; 9203; 9204-2 A <input type="checkbox"/> 4 <input type="checkbox"/> 1 9204-4; 9206; 9210; 9211; 9212; 9416-35; 9702; 9706-2; 9710-2; 9712 A <input type="checkbox"/> 4 <input type="checkbox"/> 1 9720-2; 9720-5; 9731; 9998; Post 10; Post 24; Post 33; Post 8 B <input type="checkbox"/> 4 <input type="checkbox"/> 1 9714 / TSD Garage; 9754-3 C <input type="checkbox"/> 4 <input type="checkbox"/> 1 9710-3; 9722-2; 9999 D <input type="checkbox"/> 4 <input type="checkbox"/> 1 9401-1; 9998	O P I				

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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

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Optional Attachments

I have attached a site plan

I have attached a list of site
names to this application.

I have attached a description of
clues and other safeguarding measures.

Revised June 1990

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CAS <u>0 0 0 0 7 5 4 5 6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Freon 22</u>			<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)		<input type="checkbox"/> <u>0</u> <u>4</u> Max. Daily Amount (code) <input type="checkbox"/> <u>0</u> <u>4</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>3</u> <u>6</u> No. of Days On-Site (days)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">F</td><td style="width: 10%;">4</td><td style="width: 10%;">1</td><td colspan="4" style="width: 60%; text-align: center;">9202; 9204-1</td><td style="width: 10%;">o p l</td></tr> <tr><td>F</td><td>4</td><td>1</td><td colspan="4"></td><td> </td></tr> <tr><td>F</td><td>4</td><td>2</td><td colspan="4">9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-3; 9212; 9401-3</td><td> </td></tr> <tr><td>F</td><td>4</td><td>2</td><td colspan="4">9404-1; 9710-2; 9720-20; 9720-6; 9737</td><td> </td></tr> <tr><td>L</td><td>4</td><td>1</td><td colspan="4">9215; 9808; 9959</td><td> </td></tr> <tr><td>L</td><td>4</td><td>2</td><td colspan="4">9201-3; 9206; 9208; 9420; 9720-8; 9737; 9808 / Refrigeration Shop</td><td> </td></tr> <tr><td>L</td><td>4</td><td>2</td><td colspan="4">9959; 9995</td><td> </td></tr> </table>						F	4	1	9202; 9204-1				o p l	F	4	1						F	4	2	9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-3; 9212; 9401-3					F	4	2	9404-1; 9710-2; 9720-20; 9720-6; 9737					L	4	1	9215; 9808; 9959					L	4	2	9201-3; 9206; 9208; 9420; 9720-8; 9737; 9808 / Refrigeration Shop					L	4	2	9959; 9995				
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Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <u>Oak Ridge Y-12 Plant</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> </u>						Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>					
							Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>					
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>											

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999

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

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)									
			C n T y p e s t	P r e s e p	Storage Locations							
CAS <u>0 0 0 0 7 5 4 5 6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 22 (cont'd)</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<u>R</u> <u>4</u> <u>1</u>	<u>R</u> <u>4</u> <u>1</u>	<u>R</u> <u>4</u> <u>2</u>	9201-1; 9201-3; 9204-3; 9767-10; 9767-11; 9767-12; 9767-13; 9767-3 9767-4; 9767-8 9202						
CAS <u>0 0 0 0 7 5 6 9 4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON(R) 11</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<u>D</u> <u>4</u> <u>1</u>	<u>F</u> <u>4</u> <u>1</u>	<u>F</u> <u>4</u> <u>2</u>	<u>L</u> <u>4</u> <u>2</u>	<u>M</u> <u>4</u> <u>1</u>	<u>R</u> <u>4</u> <u>1</u>	9201-5E; 9720-2 / Bay 40 Oil storage 9201-3; 9202; 9203; 9204-2E; 9995 9201-3; 9202; 9204-2; 9212; 9714; 9720-20; 9720-6; 9995; 9998 9202 9995 9201-3; 9202; 9212; 9720-2; 9737; 9995; UVSPF			
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE, UNLEADED</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>5</u> Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<u>A</u> <u>4</u> <u>1</u>	<u>A</u> <u>4</u> <u>1</u>	<u>B</u> <u>4</u> <u>1</u>	<u>C</u> <u>4</u> <u>1</u>	<u>D</u> <u>4</u> <u>1</u>	<u>F</u> <u>4</u> <u>1</u>	2005; 9201-5; 9204-3; 9204-4; 9616-7; 9624; 9709; 9712; 9770-1; 9984 9995; EAST PINE RIDGE 9714 / Underground Tank; 9754-3 / Underground Tank 9202 9401-1; 9720-13; 9998 9201-1; 9201-2 / Storage Shed; 9202; 9204-1; 9206; 9219; 9404-20			

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 44, 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

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Reporting Period

From January 1 to December 31, 1999

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Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <u>Oak Ridge Y-12 Plant</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun. & Brad <u>Number</u> <u> - - - </u> FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>						Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>		
							Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>		
	<i>Important: Read all instructions before completing form</i>						Reporting Period From January 1 to December 31, 1999		
							<input type="checkbox"/> Check if information below is identical to the information submitted last year		
Chemical Description CAS <u>0 0 7 6 4 7 0 1 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROGEN CHLORIDE (GAS O NLY)</u>			Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations				
CAS <u>0 0 7 6 4 7 0 1 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN CHLORIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROGEN CHLORIDE (GAS O NLY)</u>			Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily <input type="checkbox"/> 0 <input type="checkbox"/> 4 Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days <input type="checkbox"/> 3 <input type="checkbox"/> 6 On-Site (days)	<input type="checkbox"/> A <input type="checkbox"/> 4 <input type="checkbox"/> 1 9204-2 <input type="checkbox"/> D <input type="checkbox"/> 4 <input type="checkbox"/> 1 9201-5 <input type="checkbox"/> E <input type="checkbox"/> 4 <input type="checkbox"/> 1 9201-4; 9202; 9204-2E <input type="checkbox"/> F <input type="checkbox"/> 4 <input type="checkbox"/> 1 9202; 9204-1; 9404-5 <input type="checkbox"/> G <input type="checkbox"/> 4 <input type="checkbox"/> 1 9995; UVSPF <input type="checkbox"/> L <input type="checkbox"/> 4 <input type="checkbox"/> 1 9709				
CAS <u>0 0 7 6 4 7 0 1 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN CHLORIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROGEN CHLORIDE (GAS O NLY)</u>			Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily <input type="checkbox"/> 0 <input type="checkbox"/> 4 Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days <input type="checkbox"/> 3 <input type="checkbox"/> 6 On-Site (days)	<input type="checkbox"/> M <input type="checkbox"/> 4 <input type="checkbox"/> 1 1405; 9201-5; 9202; 9203; 9204-2E; 9204-3; 9205; 9206; 9212; 9224 <input type="checkbox"/> M <input type="checkbox"/> 4 <input type="checkbox"/> 1 9401-3; 9616-7; 9624; 9720-2; 9731; 9737; 9769; 9995; UVSPF <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9103; 9104-3; 9106; 9107; 9108; 9109; 9110; 9111; 9113; 9114; 9115 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9116; 9119; 9201-1; 9201-2; 9201-3; 9201-5; 9201-5N; 9202; 9203 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206; 9210; 9212; 9215 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9401-1; 9401-3; 9420; 9616-11; 9623; 9626; 9702; 9704-1; 9709; 9710-2				
CAS <u>0 0 7 6 4 7 0 1 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN CHLORIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROGEN CHLORIDE (GAS O NLY)</u>			Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily <input type="checkbox"/> 0 <input type="checkbox"/> 4 Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days <input type="checkbox"/> 3 <input type="checkbox"/> 6 On-Site (days)	<input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9710-3; 9711-1; 9711-5; 9712; 9720-13; 9720-16; 9720-5; 9720-6 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9723-14; 9723-16; 9723-18; 9723-19; 9723-21; 9723-25; 9723-27; 9723-28 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9723-31; 9728; 9731; 9733-1; 9736; 9737; 9739; 9766; 9769; 9983-62 <input type="checkbox"/> N <input type="checkbox"/> 4 <input type="checkbox"/> 1 9995; UVSPF <input type="checkbox"/> R <input type="checkbox"/> 4 <input type="checkbox"/> 1 9201-1; 9201-4; 9204-2E; 9616-7; 9714; 9723-16; 9737; 9995; UVSPF <input type="checkbox"/> R <input type="checkbox"/> 6 <input type="checkbox"/> 3 9995				
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>44</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.									
Name and official title of owner/operator OR owner/operator's authorized representative						Signature			
						Date signed			
Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures									

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999.

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

Chemical Description		Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	
CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="8"/> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM CHLORIDE</u>		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily <input type="checkbox"/> <input type="checkbox"/> Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily <input type="checkbox"/> <input type="checkbox"/> Amount (code) <input type="checkbox"/> <input type="checkbox"/> No. of Days <input type="checkbox"/> <input type="checkbox"/> On-Site (days)	C <input type="checkbox"/> 4 <input type="checkbox"/> 1 D <input type="checkbox"/> 4 <input type="checkbox"/> 1 E <input type="checkbox"/> 4 <input type="checkbox"/> 1 M <input type="checkbox"/> 4 <input type="checkbox"/> 1 N <input type="checkbox"/> 4 <input type="checkbox"/> 1 R <input type="checkbox"/> 4 <input type="checkbox"/> 1	9201-4; 9204-2 9204-2; 9204-3 9201-4; 9202; 9204-2; 9204-2E; 9204-4; 9720-2 9202; 9203; 9204-2; 9995 9202; 9203 9202; 9204-2; 9204-2E; 9204-4; 9211; 9720-8; 9995
Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____					
CAS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="1"/> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM DEUTERIDE</u>		<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily <input type="checkbox"/> <input type="checkbox"/> Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily <input type="checkbox"/> <input type="checkbox"/> Amount (code) <input type="checkbox"/> <input type="checkbox"/> No. of Days <input type="checkbox"/> <input type="checkbox"/> On-Site (days)	D <input type="checkbox"/> 4 <input type="checkbox"/> 1	9201-5; 9204-2; 9720-46
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 EHS Name _____					
CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM HYDRIDE</u>		<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily <input type="checkbox"/> <input type="checkbox"/> Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily <input type="checkbox"/> <input type="checkbox"/> Amount (code) <input type="checkbox"/> <input type="checkbox"/> No. of Days <input type="checkbox"/> <input type="checkbox"/> On-Site (days)	D <input type="checkbox"/> 4 <input type="checkbox"/> 1 F <input type="checkbox"/> 4 <input type="checkbox"/> 1 M <input type="checkbox"/> 4 <input type="checkbox"/> 1 N <input type="checkbox"/> 4 <input type="checkbox"/> 1	9201-5; 9204-2; 9720-46 9202; 9731 9202; 9203; 9995 9202
Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>LITHIUM HYDRIDE</u>					

Certification (Read and sign after completing all sections)

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

Signature

Date signed

Optional Attachments

I have attached a site plan.

I have attached a list of site coordinates at the end.

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

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999

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Optional Attachments

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I have attached a list of site

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

Signature

Date signed

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <u>Oak Ridge Y-12 Plant</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u> - <u> </u>						Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>					
							Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>					
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>											

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)						Op <input type="checkbox"/>
			C o n t r y p r e s	P r e s	Storage Locations				
CAS <u>0 0 0 0 6 7 5 6 1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHANOL</u> (cont'd) <input type="checkbox"/> Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	R 4 1 R 4 2 R 6 2 	9767-10; 9767-13; 9767-4; 9769; 9983-BK; 9995; UVSPF 9737; 9738 9995; UVSPF 				
CAS <u>0 0 0 0 7 1 5 5 6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHYL CHLOROFORM</u> <input type="checkbox"/> Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	D 4 1 F 4 1 F 4 1 F 4 1 F 4 1 F 4 2	9204-2; 9720-21 9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-4 9206; 9208; 9215; 9219; 9401-3; 9420; 9610; 9616-7; 9712; 9714 9720-13; 9720-16; 9720-20; 9720-6; 9720-8; 9723-25; 9731; 9737; 9995 9998 9201-1; 9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4				
CAS <u>0 0 0 0 7 1 5 5 6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHYL CHLOROFORM</u> (cont'd) <input type="checkbox"/> Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	F 4 2 F 4 2 F 4 2 L 4 2 M 4 1 N 4 1	9206; 9208; 9212; 9219; 9401-1; 9401-3; 9404-1; 9704-1; 9714; 9720-13 9720-16; 9720-20; 9720-41; 9720-6; 9731; 9737; 9811-1; 9983-BK; 9995 9998 9202 9202; 9203; 9204-1; 9769; 9995; UVSPF 9113; 9202; 9204-2E; 9215; 9401-3; 9404-1; 9723-25; 9998				

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 44, 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

Revised June 1990

Revised June 1990

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999

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

Chemical Description		Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	
CAS 0 0 7 4 4 0 0 3 1	Trade Secret <input type="checkbox"/>			C n T y p e n t r e s e p s	Storage Locations
CHEM. NAME: NIOBIUM METAL				D 4 1	9202
Check all that apply	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 4 Max. Daily Amount (code) <input type="checkbox"/> 0 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	E 4 1	9202
EHS Name				F 4 1	9202
				J 4 1	9202
				K 4 1	9201-5; 9202; 9401-3; 9624
				L 4 1	9831
CAS 0 0 7 4 4 0 0 3 1	Trade Secret <input type="checkbox"/>				
CHEM. NAME: NIOBIUM METAL (cont'd)					
Check all that apply	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 4 Max. Daily Amount (code) <input type="checkbox"/> 0 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	M 4 1	9202; 9203; 9204-3; 9995; UVSPF
EHS Name				N 4 1	9202; 9203; 9995
				R 4 1	9201-1; 9202; 9206; 9212; 9401-3; 9420; 9616-7; 9703-15; 9709; 9720-33
				R 4 1	9720-6; 9723-25; 9737; 9738; 9831; 9995; 9998
CAS 0 0 7 6 9 7 3 7 2	Trade Secret <input type="checkbox"/>				
CHEM. NAME: NITRIC ACID					
Check all that apply	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS	<input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 4 Max. Daily Amount (code) <input type="checkbox"/> 0 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	A 4 1	9206; 9815
EHS Name	NITRIC ACID			C 4 1	9206; 9206 / 2nd Floor / Room 100E; 9212 / B-1 Wing / Penthouse
				D 4 1	9204-3; 9204-3 / 2nd Floor; 9731; UVSPF
				E 4 1	9202
				F 4 1	9212
				M 4 1	9201-5 / 2nd Floor; 9201-5N / 1st Floor / Plating Shop; 9202; 9203

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

Optional Attachments

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

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

Signature

Date signed

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999

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

Chemical Description										Physical and Health Hazards (check all that apply)	Inventory	C o n t r y p r e p e s e r e c t i o n s t o r a g e c o d e s a n d l o c a t i o n s (Non-Confidential)	Storage Locations	
CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/>										<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> A <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> L <input type="checkbox"/> 4 <input type="checkbox"/> 2	9723-25; 9738 / Foundry; 9977-1 2002; 2005; 9114; 9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1 9204-2 / Maintenance; 9204-2E; 9204-2E / 2nd Floor; 9204-3; 9204-4 9206; 9215 / M Wing; 9401-1; 9401-3; 9404-8; 9420; 9616-7; 9616-9 9703-15; 9706-2; 9709; 9709 / Weld Test Shop; 9710-2; 9714; 9720-6 9720-8; 9731; 9737; 9738; 9738 / Foundry; 9769; 9808; 9831; 9989; 9990	
Chem. Name <u>OXYGEN</u>														
Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS														
EHS Name _____														
CAS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> Trade Secret <input type="checkbox"/>										<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> L <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> R <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9995; 9995 / BASEMENT; 9998; UVSPF 9204-4; 9215A; 9977-1	
Chem. Name <u>OXYGEN (cont'd)</u>														
Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS														
EHS Name _____														
CAS <input type="text" value="0"/> Trade Secret <input type="checkbox"/>										<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> A <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> C <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> D <input type="checkbox"/> 4 <input type="checkbox"/> 1	9201-3; 9204-2 / PV Room; 9215 9204-4	
Chem. Name <u>PETROLEUM OIL</u>														
Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS														
EHS Name _____														

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

Optional Attachments

I have attached a copy of my

I have attached a list of site
coordinating abbreviations

I have attached a description of
dikes and other safeguard measures

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

Signature

Date signed:

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999

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

Chemical Description		Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)	
CAS <input type="text"/> Trade Secret <input type="checkbox"/>				Storage Locations	
Chem. Name <u>PETROLEUM OIL (cont'd)</u>					
Check all that apply					
EHS Name _____					
CAS <input type="text"/> Trade Secret <input type="checkbox"/>				Storage Locations	
Chem. Name <u>PETROLEUM OIL (cont'd)</u>					
Check all that apply					
EHS Name _____					
CAS <input type="text"/> Trade Secret <input type="checkbox"/>				Storage Locations	
Chem. Name <u>PETROLEUM OIL (cont'd)</u>					
Check all that apply					
EHS Name _____					
CAS <input type="text"/> Trade Secret <input type="checkbox"/>				Storage Locations	
Chem. Name <u>PETROLEUM OIL (cont'd)</u>					
Check all that apply					
EHS Name _____					

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Optional Attachments

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I have attached a list of site coordinate abbreviations

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dikes and other safeguard measures.

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Signature

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Reporting Period

From January 1 to December 31, 1999

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

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		
			C n t y p e s	T t e r e p s	Storage Locations
CAS <input type="text"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 6 5 No. of Days On-Site (days)	N 4 1	N 4 1	9201-3; 9201-5E; 9201-5N; 9202; 9203; 9204-1; 9204-2; 9204-2E; 9204-3 9204-4; 9206; 9208; 9211; 9212; 9212 / E Wing; 9215; 9215A; 9224 9401-1; 9401-3; 9404-5; 9404-8; 9616-7; 9616-9; 9624; 9704-1; 9709 9710-2; 9710-3; 9712; 9714 / TSD Garage; 9720-16; 9720-20; 9720-41 9720-5; 9720-6; 9720-8; 9723-16; 9723-25; 9731; 9737; 9767-4; 9808 9814; 9831; 9995; 9998; Liquid Storage Facility
<input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 6 5 No. of Days On-Site (days)	R 4 1	R 4 1	1501-2; 9103; 9113; 9201-1; 9201-2; 9201-3; 9201-5; 9201-5N; 9202 9203; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206; 9208; 9212; 9215 9219; 9401-3; 9404-5; 9404-8; 9420; 9610-2; 9616; 9616-7; 9703-15 9704-1; 9709; 9712; 9714; 9720-13; 9720-15; 9720-16; 9720-2; 9720-20 9720-21; 9720-6; 9720-8; 9723-25; 9725; 9737; 9738; 9744; 9766 9767-13; 9767-4; 9831; 9983-BK; 9998
CAS <input type="text"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 6 5 No. of Days On-Site (days)	R 4 2		9404-1
<input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 6 5 No. of Days On-Site (days)			

Certification (Read and sign after completing all sections)

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

Signature

Date signed:

Optional Attachments

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

Important: Read all instructions before completing form

Reporting Period

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Revised June 1990

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <u>Oak Ridge Y-12 Plant</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> </u>						Owner/Operator Name Name <u>U.S. Department of Energy</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u> Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>																															
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>																																					
	Important: Read all instructions before completing form																																					
	Reporting Period From January 1 to December 31, <u>1999</u>																																					
<input type="checkbox"/> Check if information below is identical to the information submitted last year																																						
Chemical Description			Physical and Health Hazards (check all that apply)			Inventory			Storage Codes and Locations (Non-Confidential) Storage Locations																													
CAS <u>0 1 4 8 0 8 6 0 7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUART</u> Z			<input type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)			<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)			<table border="1"> <tr><td>D</td><td>4</td><td>1</td><td>9202; 9731</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9404-5; 9616-7; 9720-15</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>1501-2; 9104-5; 9114; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9204-2E; 9204-3; 9204-4; 9206; 9212; 9215; 9401-3; 9404-20; 9404-5</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9420; 9616-7; 9623; 9624; 9703-15; 9720-13; 9720-15; 9720-16; 9720-6</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9720-8; 9723-25; 9731; 9744; 9767-4; 9831; 9983; 9983-BK</td></tr> </table>						D	4	1	9202; 9731	E	4	1	9404-5; 9616-7; 9720-15	F	4	1	1501-2; 9104-5; 9114; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2	F	4	1	9204-2E; 9204-3; 9204-4; 9206; 9212; 9215; 9401-3; 9404-20; 9404-5	F	4	1	9420; 9616-7; 9623; 9624; 9703-15; 9720-13; 9720-15; 9720-16; 9720-6	F	4	1	9720-8; 9723-25; 9731; 9744; 9767-4; 9831; 9983; 9983-BK
D	4	1	9202; 9731																																			
E	4	1	9404-5; 9616-7; 9720-15																																			
F	4	1	1501-2; 9104-5; 9114; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2																																			
F	4	1	9204-2E; 9204-3; 9204-4; 9206; 9212; 9215; 9401-3; 9404-20; 9404-5																																			
F	4	1	9420; 9616-7; 9623; 9624; 9703-15; 9720-13; 9720-15; 9720-16; 9720-6																																			
F	4	1	9720-8; 9723-25; 9731; 9744; 9767-4; 9831; 9983; 9983-BK																																			
Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS																																						
EHS Name <u> </u>																																						
CAS <u>0 1 4 8 0 8 6 0 7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUART</u> Z (cont'd)			<input type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)			<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)			<table border="1"> <tr><td>F</td><td>4</td><td>2</td><td>9204-4; 9995</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9201-1; 9202; 9206; 9401-3; 9404-20; 9404-5; 9420; 9616-7; 9623</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9720-50; 9720-6; 9720-8; 9723-25; 9731; 9831; 9998</td></tr> <tr><td>K</td><td>4</td><td>1</td><td>9202; 9401-3; 9624; 9712; 9720-50; 9720-52; 9720-6</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9204-3; 9208; 9995</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9201-1; 9202; 9203; 9204-3; 9205; 9206; 9401-3; 9712; 9995; UVSPF</td></tr> </table>						F	4	2	9204-4; 9995	J	4	1	9201-1; 9202; 9206; 9401-3; 9404-20; 9404-5; 9420; 9616-7; 9623	J	4	1	9720-50; 9720-6; 9720-8; 9723-25; 9731; 9831; 9998	K	4	1	9202; 9401-3; 9624; 9712; 9720-50; 9720-52; 9720-6	M	4	1	9202; 9204-3; 9208; 9995	N	4	1	9201-1; 9202; 9203; 9204-3; 9205; 9206; 9401-3; 9712; 9995; UVSPF
F	4	2	9204-4; 9995																																			
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>44</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.												Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures																										
Name and official title of owner/operator OR owner/operator's authorized representative												Signature		Date signed																								

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1999

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

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I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 44, 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
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Revised June 1990

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