

Y-12

**OAK RIDGE
Y-12
PLANT**

LOCKHEED MARTIN



**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**

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

UCN-13672 (2 11-97)

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DISCLAIMER

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Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>	

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) Storage Locations	O P T																								
CAS <u>000064197</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ACETIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>C</td><td>4</td><td>1</td><td>9616-7</td></tr><tr><td>G</td><td>4</td><td>1</td><td>UVSPF / Room 3</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9201-5 / 2nd Floor / Arc Melt; 9202 / 1st Floor / Room 178</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9203 / 1st floor / Room 50; 9204-2E / 3rd Floor / Room 316</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9204-3 / 1st Floor / Room 109; 9206 / 1st Floor</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9210 / 2nd floor / 221; 9212 / Room 1014; 9401-2 / Surface Coating</td></tr></table>	C	4	1	9616-7	G	4	1	UVSPF / Room 3	M	4	1	9201-5 / 2nd Floor / Arc Melt; 9202 / 1st Floor / Room 178	M	4	1	9203 / 1st floor / Room 50; 9204-2E / 3rd Floor / Room 316	M	4	1	9204-3 / 1st Floor / Room 109; 9206 / 1st Floor	M	4	1	9210 / 2nd floor / 221; 9212 / Room 1014; 9401-2 / Surface Coating	<input type="checkbox"/>
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CAS <u>000064197</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ACETIC ACID (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 type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>M</td><td>4</td><td>1</td><td>9616-7 / Laboratory; 9624 / WETF Lab.; 9731 / 1st Floor; 9818; 9995</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9417-8; 9739; 9769; UVSPF</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9204-1 / 1st Floor / Room 112; 9212; 9220; 9401-3; 9623; 9712; 9720-2</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9720-8</td></tr></table>	M	4	1	9616-7 / Laboratory; 9624 / WETF Lab.; 9731 / 1st Floor; 9818; 9995	N	4	1	9417-8; 9739; 9769; UVSPF	R	4	1	9204-1 / 1st Floor / Room 112; 9212; 9220; 9401-3; 9623; 9712; 9720-2	R	4	1	9720-8	<input type="checkbox"/>								
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R	4	1	9720-8																									
CAS <u>000074862</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ACETYLENE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>L</td><td>4</td><td>2</td><td>2005; 9201-1 / General Shops; 9201-2 / 1st Floor; 9201-3; 9201-5</td></tr><tr><td>L</td><td>4</td><td>2</td><td>9204-3; 9204-4; 9206; 9208; 9212; 9215; 9709; 9712; 9714 / TSD Garage</td></tr><tr><td>L</td><td>4</td><td>2</td><td>9720-6; 9738 / Foundry; 9808 / Refrigeration Shop; 9998</td></tr></table>	L	4	2	2005; 9201-1 / General Shops; 9201-2 / 1st Floor; 9201-3; 9201-5	L	4	2	9204-3; 9204-4; 9206; 9208; 9212; 9215; 9709; 9712; 9714 / TSD Garage	L	4	2	9720-6; 9738 / Foundry; 9808 / Refrigeration Shop; 9998	<input type="checkbox"/>												
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Certification (Read and sign after completing all sections)

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

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific Information by Chemical</small>	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	ID # <u> </u>		Name <u>DOE Emergency Response Center</u> Title <u> </u>	
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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 <small>(check all that apply)</small>	Inventory	Storage Codes and Locations <small>(Non-Confidential)</small>	C n t r i b u t i o n s																												
CAS <u>001327419</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM HYDROXY CHLORIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>4</td><td>1</td><td>1405</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	A	4	1	1405																									O P T
A	4	1	1405																													
CAS <u>001344281</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ALUMINUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9201-5; 9767-13; 9998</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9202; 9709; 9738</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>1501-2; 9202 / 3rd Floor; 9204-1; 9204-2; 9204-2E; 9206; 9401-3; 9624</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9731; 9995</td></tr> <tr><td>I</td><td>4</td><td>1</td><td>9202 / 1st Floor / Room 178; 9727-4; 9767-13</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9202; 9203; 9404-20; 9616-7; 9831</td></tr> </table>	D	4	1	9201-5; 9767-13; 9998	E	4	1	9202; 9709; 9738	F	4	1	1501-2; 9202 / 3rd Floor; 9204-1; 9204-2; 9204-2E; 9206; 9401-3; 9624	F	4	1	9731; 9995	I	4	1	9202 / 1st Floor / Room 178; 9727-4; 9767-13	J	4	1	9202; 9203; 9404-20; 9616-7; 9831	O P T				
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Date signed

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Tier Two Emergency and Hazardous Chemical Inventory	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</u> <u>4</u> <u>9</u> <u>9</u> Dun & Brad Number <u> </u> - <u> </u> - <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>																						
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A	7	2																							
L	4	2																							
L	4	2																							
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L	4	2																							
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CAS <u>0</u> <u>0</u> <u>7</u> <u>4</u> <u>4</u> <u>0</u> <u>3</u> <u>7</u> <u>1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ARGON (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 <u> </u>		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<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)	<table border="1"><tr><td>L</td><td>4</td><td>2</td></tr><tr><td>L</td><td>4</td><td>2</td></tr><tr><td>L</td><td>4</td><td>2</td></tr><tr><td>L</td><td>4</td><td>2</td></tr><tr><td>L</td><td>4</td><td>2</td></tr><tr><td>L</td><td>4</td><td>2</td></tr><tr><td>R</td><td>4</td><td>2</td></tr></table> <u>9404-8; 9420; 9423; 9616-7 / West End Treatment Facility</u> <u>9624 / Maintenance Shop; 9703-15; 9709; 9709 / Weld Test Shop; 9711-1</u> <u>9720-13; 9720-58 / Waste oil/Solvent Storage; 9720-6 / Metal Fab Shops</u> <u>9720-8; 9723-25 / 1st Floor / Maintenance shop; 9731; 9738; 9766; 9769</u> <u>9771; 9831; 9989; 9990-3; 9995; 9998; Union Valley Facility</u> <u>9204-4</u>	L	4	2	L	4	2	L	4	2	L	4	2	L	4	2	L	4	2	R	4	2
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Name and official title of owner/operator OR owner/operator's authorized representative			Signature	Date signed																					

Tier Two Emergency and Hazardous Chemical Inventory	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
Specific Information by Chemical	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>		

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 1999

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	O P T																								
CAS <u>007440417</u> Trade Secret <input type="checkbox"/> Chem. Name <u>BERYLLIUM & COMPOUNDS, AS BE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>D</td><td>4</td><td>1</td><td>9201-5; 9202</td></tr><tr><td>F</td><td>4</td><td>1</td><td>9202</td></tr><tr><td>J</td><td>4</td><td>1</td><td>9998</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9203; 9995</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9203A / 1st Floor; 9995</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9202; 9203A / 1st Floor / Room 102A; 9995</td></tr></table>	D	4	1	9201-5; 9202	F	4	1	9202	J	4	1	9998	M	4	1	9203; 9995	N	4	1	9203A / 1st Floor; 9995	R	4	1	9202; 9203A / 1st Floor / Room 102A; 9995	<input type="checkbox"/>
D	4	1	9201-5; 9202																									
F	4	1	9202																									
J	4	1	9998																									
M	4	1	9203; 9995																									
N	4	1	9203A / 1st Floor; 9995																									
R	4	1	9202; 9203A / 1st Floor / Room 102A; 9995																									
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>BITUMINOUS COAL</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <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)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>N</td><td>4</td><td>1</td><td>9202</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9401-3</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>	N	4	1	9202	R	4	1	9401-3																	<input type="checkbox"/>
N	4	1	9202																									
R	4	1	9401-3																									
CAS <u>001306190</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CADMIUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>CADMIUM OXIDE</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>02</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>D</td><td>4</td><td>1</td><td>9204-3</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9202; 9204-3 / 1st Floor; 9995</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9204-3 / 2nd Floor; 9401-2</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9995</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	D	4	1	9204-3	M	4	1	9202; 9204-3 / 1st Floor; 9995	N	4	1	9204-3 / 2nd Floor; 9401-2	R	4	1	9995									<input type="checkbox"/>
D	4	1	9204-3																									
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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 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

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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	
	Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 1999	

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations																								
CAS <u>001317</u> <u>653</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM CARBONATE</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 <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <u>04</u> Max. Daily Amount (code) <input type="checkbox"/> <u>04</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>4</td><td>1</td><td>9404-5; 9831</td></tr> <tr><td>n</td><td>4</td><td>1</td><td>1501-2; 9201-3; 9204-2; 9204-2E; 9206; 9401-3; 9404-5; 9420; 9616-7</td></tr> <tr><td>t</td><td>4</td><td>1</td><td>9623; 9624; 9720-15; 9720-6; 9723-25; 9831; 9983-BK; 9995</td></tr> <tr><td>y</td><td>4</td><td>1</td><td>9204-2E; 9401-3; 9404-16; 9404-20; 9720-50; 9720-8; 9723-25; YCCPK</td></tr> <tr><td>e</td><td>4</td><td>2</td><td>9201-5W</td></tr> <tr><td>p</td><td>4</td><td>1</td><td>9203 / 1st floor; 9995; UVSPF</td></tr> </table>	C	4	1	9404-5; 9831	n	4	1	1501-2; 9201-3; 9204-2; 9204-2E; 9206; 9401-3; 9404-5; 9420; 9616-7	t	4	1	9623; 9624; 9720-15; 9720-6; 9723-25; 9831; 9983-BK; 9995	y	4	1	9204-2E; 9401-3; 9404-16; 9404-20; 9720-50; 9720-8; 9723-25; YCCPK	e	4	2	9201-5W	p	4	1	9203 / 1st floor; 9995; UVSPF
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CAS <u>001317</u> <u>653</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM CARBONATE (cont'd)</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 <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <u>04</u> Max. Daily Amount (code) <input type="checkbox"/> <u>04</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N</td><td>4</td><td>1</td><td>9202; 9203; 9995</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9201-4; 9206; 9616-11; 9616-7; 9703-15; 9714; 9720-13; 9720-6; 9720-8</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9825</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>	N	4	1	9202; 9203; 9995	R	4	1	9201-4; 9206; 9616-11; 9616-7; 9703-15; 9714; 9720-13; 9720-6; 9720-8	R	4	1	9825												
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R	4	1	9825																								
CAS <u>010043</u> <u>524</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <u>05</u> Max. Daily Amount (code) <input type="checkbox"/> <u>05</u> Avg. Daily Amount (code) <input type="checkbox"/> <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9712</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9201-1; 9201-4; 9201-5; 9204-3 / 1st Floor / Room 101</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9204-3 / 1st Floor / Room 109; 9738 / Foundry</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9404-20</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9219 / Grounds and Roads Work Area; 9831</td></tr> <tr><td>K</td><td>4</td><td>1</td><td>2009</td></tr> </table>	D	4	1	9712	E	4	1	9201-1; 9201-4; 9201-5; 9204-3 / 1st Floor / Room 101	E	4	1	9204-3 / 1st Floor / Room 109; 9738 / Foundry	F	4	1	9404-20	J	4	1	9219 / Grounds and Roads Work Area; 9831	K	4	1	2009
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CAS <u>010043524</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM CHLORIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9769 / 3rd Floor / Room 308</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9203; 9219 / Grounds and Roads Work Area; 9995; Union Valley Facility</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9720-2; 9720-50</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	9202; 9769 / 3rd Floor / Room 308	N	4	1	9203; 9219 / Grounds and Roads Work Area; 9995; Union Valley Facility	R	4	1	9720-2; 9720-50												
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CAS <u>001305620</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>4</td><td>1</td><td>9616-7 / West End Treatment Facility</td></tr> <tr><td>D</td><td>4</td><td>1</td><td>9983-AL</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9201-1; 9201-2; 9204-1; 9401-3; 9404-20; 9420; 9720-15; 9720-20</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9720-50; 9720-8; 9723-25; 9831</td></tr> <tr><td>H</td><td>4</td><td>1</td><td>9623</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9616-7 / West End Treatment Facility</td></tr> </table>	A	4	1	9616-7 / West End Treatment Facility	D	4	1	9983-AL	F	4	1	9201-1; 9201-2; 9204-1; 9401-3; 9404-20; 9420; 9720-15; 9720-20	F	4	1	9720-50; 9720-8; 9723-25; 9831	H	4	1	9623	J	4	1	9616-7 / West End Treatment Facility
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H	4	1	9623																								
J	4	1	9616-7 / West End Treatment Facility																								
CAS <u>001305620</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM HYDROXIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>K</td><td>4</td><td>1</td><td>9616-7; 9712</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9201-3; 9204-2; 9204-3; 9731; Union Valley Facility</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9202; 9204-1; 9624 / WETF Lab.; 9731; 9995</td></tr> <tr><td>P</td><td>4</td><td>1</td><td>9616-7; 9616-9; 9723-16</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9404-20; 9404-5; 9420; 9616-9; 9703-15; 9710-2; 9712; 9714; 9720-50</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9720-6; 9720-8; 9831</td></tr> </table>	K	4	1	9616-7; 9712	M	4	1	9201-3; 9204-2; 9204-3; 9731; Union Valley Facility	N	4	1	9202; 9204-1; 9624 / WETF Lab.; 9731; 9995	P	4	1	9616-7; 9616-9; 9723-16	R	4	1	9404-20; 9404-5; 9420; 9616-9; 9703-15; 9710-2; 9712; 9714; 9720-50	R	4	1	9720-6; 9720-8; 9831
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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
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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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period

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CAS <u>007440702</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CALCIUM METAL</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 <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9204-3; 9206; 9720-27</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9202; 9212</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9204-3; 9995</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9202</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	D	4	1	9204-3; 9206; 9720-27	F	4	1	9202; 9212	M	4	1	9202; 9204-3; 9995	N	4	1	9202								
D	4	1	9204-3; 9206; 9720-27																								
F	4	1	9202; 9212																								
M	4	1	9202; 9204-3; 9995																								
N	4	1	9202																								
CAS <u>001333864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON BLACK</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9202; 9204-2; 9204-2E; 9206; 9404-9; 9720-19A; 9720-27; 9731; 9998</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9201-5; 9204-2E</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9201-5; 9202; 9206; 9212; 9215; 9404-9; 9720-20; 9720-5</td></tr> <tr><td>I</td><td>4</td><td>1</td><td>9422</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9202; 9731; 9998</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9204-3; 9616-7; 9624</td></tr> </table>	D	4	1	9202; 9204-2; 9204-2E; 9206; 9404-9; 9720-19A; 9720-27; 9731; 9998	E	4	1	9201-5; 9204-2E	F	4	1	9201-5; 9202; 9206; 9212; 9215; 9404-9; 9720-20; 9720-5	I	4	1	9422	J	4	1	9202; 9731; 9998	M	4	1	9202; 9203; 9204-3; 9616-7; 9624
D	4	1	9202; 9204-2; 9204-2E; 9206; 9404-9; 9720-19A; 9720-27; 9731; 9998																								
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CAS <u>001333864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON BLACK (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N</td><td>4</td><td>1</td><td>9202; 9203; 9204-2; 9204-3; 9204-4; 9624; 9731; 9995</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9201-1; 9201-2; 9201-5; 9202; 9204-1; 9204-2; 9208; 9212; 9215; 9420</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9703-15; 9709; 9710-2; 9720-1; 9720-6; 9720-8; 9725; 9737; 9738; 9831</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9995; UVSPF</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	N	4	1	9202; 9203; 9204-2; 9204-3; 9204-4; 9624; 9731; 9995	R	4	1	9201-1; 9201-2; 9201-5; 9202; 9204-1; 9204-2; 9208; 9212; 9215; 9420	R	4	1	9703-15; 9709; 9710-2; 9720-1; 9720-6; 9720-8; 9725; 9737; 9738; 9831	R	4	1	9995; UVSPF								
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Signature

Date signed

Optional Attachments

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
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Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	ID # <u> </u>		Name <u>DOE Emergency Response Center</u> Title <u> </u>	
	Date Received <u> </u>		Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>	

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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>
CAS <u>000124389</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON DIOXIDE</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 type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	F 4 1 <u>9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2E; 9204-4; 9206; 9212</u> F 4 1 <u>9616-7; 9714</u> F 4 2 <u>1501-2; 9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-4; 9206</u> F 4 2 <u>9212; 9215; 9219; 9401-1; 9404-1; 9404-8; 9616-7; 9704-1; 9709; 9710-3</u> F 4 2 <u>9712; 9714; 9720-13; 9720-16; 9720-20; 9720-41; 9720-6; 9723-25; 9731</u> F 4 2 <u>9737; 9811-1; 9983-44; 9995; 9998; Liquid Storage Facility; UVSPF</u>
CAS <u>000124389</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON DIOXIDE (cont'd)</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 type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	L 4 2 <u>1405; 2005; 9204-2E / 2nd Floor; 9616-7; 9709; 9711-5; 9769; 9989</u> L 4 2 <u>9990-3; 9995 / BASEMENT; 9998</u> L 6 2 <u>9401-1</u> P 4 2 <u>9201-3; 9710-2 / Outside Tanker</u> P 7 2 <u>9710-2</u> R 4 2 <u>9201-1; 9204-4; 9737; 9995</u>
CAS <u>000124389</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CARBON DIOXIDE (cont'd)</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 type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	R 6 2 <u>9710-2</u> R 7 1 <u>9995</u> R 7 2 <u>9710-2</u> <u> </u> <u> </u> <u> </u>

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Tier Two Emergency and Hazardous Chemical Inventory Specific information by Chemical	Facility Identification		Owner/Operator Name	
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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Opt															
CAS <u>007782505</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORINE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>CHLORINE</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>03</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>C</td><td>n</td><td>P</td></tr><tr><td>T</td><td>T</td><td>r</td></tr><tr><td>y</td><td>e</td><td>e</td></tr><tr><td>p</td><td>m</td><td>s</td></tr><tr><td>e</td><td>p</td><td>s</td></tr></table> <u>L42</u> 1404-2; 1405; 9204-1; 9737	C	n	P	T	T	r	y	e	e	p	m	s	e	p	s	<input type="checkbox"/>
C	n	P																	
T	T	r																	
y	e	e																	
p	m	s																	
e	p	s																	
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>CONTINUUM AT220</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>P</td><td>4</td><td>1</td></tr><tr><td>P</td><td>4</td><td>1</td></tr><tr><td>R</td><td>4</td><td>1</td></tr></table> <u>9409-10; 9409-13; 9409-15; 9409-17; 9409-20; 9409-26; 9409-28; 9409-29</u> <u>9409-32; 9409-34; 9409-35</u> <u>9711-1</u>	P	4	1	P	4	1	R	4	1	<input type="checkbox"/>						
P	4	1																	
P	4	1																	
R	4	1																	
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIANODIC DN300</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>P</td><td>4</td><td>1</td></tr><tr><td>P</td><td>4</td><td>1</td></tr><tr><td>R</td><td>4</td><td>1</td></tr></table> <u>9409-20; 9409-22; 9409-22E; 9409-23; 9409-73</u>	P	4	1	P	4	1	R	4	1	<input type="checkbox"/>						
P	4	1																	
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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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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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>	O p t i o n a l																								
CAS <u>061790532</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 <u> </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"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E</td><td>4</td><td>1</td><td>9206</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9201-3; 9201-5; 9202; 9203; 9204-2; 9204-2E; 9404-5; 9616-7; 9720-15</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>2005; 9201-1 / Oil House; 9202; 9212 / B-1 Wing; 9212 / C-1 Wing</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9212 / E Wing; 9212 / Reduction; 9616-9; 9720-2; 9720-8</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9207; 9995; 9998</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9201-1 / 1st Floor / Oil Room; 9202; 9731; 9998</td></tr> </table>	E	4	1	9206	F	4	1	9201-3; 9201-5; 9202; 9203; 9204-2; 9204-2E; 9404-5; 9616-7; 9720-15	J	4	1	2005; 9201-1 / Oil House; 9202; 9212 / B-1 Wing; 9212 / C-1 Wing	J	4	1	9212 / E Wing; 9212 / Reduction; 9616-9; 9720-2; 9720-8	M	4	1	9202; 9207; 9995; 9998	N	4	1	9201-1 / 1st Floor / Oil Room; 9202; 9731; 9998	<input type="checkbox"/>
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CAS <u>061790532</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIATOMACEOUS EARTH (cont'd)</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 <u> </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"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>R</td><td>4</td><td>1</td><td>9201-1; 9202; 9204-2; 9720-8; 9737</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	R	4	1	9201-1; 9202; 9204-2; 9720-8; 9737																					<input type="checkbox"/>
R	4	1	9201-1; 9202; 9204-2; 9720-8; 9737																									
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 <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"/> <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"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>4</td><td>1</td><td>1404-1; 1404-5; 2005; 9201-1; 9201-3; 9201-4; 9201-5; 9203; 9204-2</td></tr> <tr><td>A</td><td>4</td><td>1</td><td>9204-4; 9206; 9210; 9211; 9212; 9416-35; 9702; 9706-2; 9710-2; 9712</td></tr> <tr><td>A</td><td>4</td><td>1</td><td>9720-2; 9720-5; 9731; 9998; Post 10; Post 24; Post 33; Post 8</td></tr> <tr><td>B</td><td>4</td><td>1</td><td>9714 / TSD Garage; 9754-3</td></tr> <tr><td>C</td><td>4</td><td>1</td><td>9710-3; 9722-2; 9999</td></tr> <tr><td>D</td><td>4</td><td>1</td><td>9401-1; 9998</td></tr> </table>	A	4	1	1404-1; 1404-5; 2005; 9201-1; 9201-3; 9201-4; 9201-5; 9203; 9204-2	A	4	1	9204-4; 9206; 9210; 9211; 9212; 9416-35; 9702; 9706-2; 9710-2; 9712	A	4	1	9720-2; 9720-5; 9731; 9998; Post 10; Post 24; Post 33; Post 8	B	4	1	9714 / TSD Garage; 9754-3	C	4	1	9710-3; 9722-2; 9999	D	4	1	9401-1; 9998	<input type="checkbox"/>
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D	4	1	9401-1; 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

Tier Two Emergency and Hazardous Chemical Inventory	Facility Identification Name <u>Oak Ridge Y-12 Plant</u>		Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>																											
Specific Information by Chemical	SIC Code <u>3499</u>	Dun & Brad Number <u> </u> - <u> </u> - <u> </u>	Emergency Contact Name <u>Plant Shift Superintendent</u> Title _____																									
	FOR OFFICIAL USE ONLY ID # _____	Date Received _____	Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>																									
		Name <u>DOE Emergency Response Center</u> Title _____	Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</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	C n T y p e P r e s s S t o r a g e L o c a t i o n s Storage Codes and Locations (Non-Confidential)																								
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL NO. 2 (cont'd)</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 EHS <input type="checkbox"/> EHS Name _____		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>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)	<table border="1"><tr><td>F</td><td>4</td><td>1</td><td>2001; 9206; 9219; 9720-50</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9401-1</td></tr><tr><td>P</td><td>4</td><td>1</td><td>2005; 9712 / Tanker Truck; 9737</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9215; 9401-1; 9714</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	F	4	1	2001; 9206; 9219; 9720-50	N	4	1	9401-1	P	4	1	2005; 9712 / Tanker Truck; 9737	R	4	1	9215; 9401-1; 9714								
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R	4	1	9215; 9401-1; 9714																									
CAS <u>000107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas EHS <input type="checkbox"/> EHS Name _____		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>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)	<table border="1"><tr><td>D</td><td>4</td><td>1</td><td>9712; 9714</td></tr><tr><td>E</td><td>4</td><td>1</td><td>9401-1; 9404-5; 9616-7; 9720-15; 9720-8; 9731; 9831</td></tr><tr><td>F</td><td>4</td><td>1</td><td>9201-2; 9201-3; 9202; 9204-2E; 9204-4; 9206; 9219; 9404-20; 9404-5</td></tr><tr><td>F</td><td>4</td><td>1</td><td>9623; 9624; 9703-15; 9709; 9720-13; 9720-15; 9720-16; 9720-6; 9720-8</td></tr><tr><td>F</td><td>4</td><td>1</td><td>9723-25; 9983-BK</td></tr><tr><td>F</td><td>4</td><td>2</td><td>1501-2; 9206; 9401-3; 9709; 9714; 9720-20; 9720-6; 9723-25; 9983-BK</td></tr></table>	D	4	1	9712; 9714	E	4	1	9401-1; 9404-5; 9616-7; 9720-15; 9720-8; 9731; 9831	F	4	1	9201-2; 9201-3; 9202; 9204-2E; 9204-4; 9206; 9219; 9404-20; 9404-5	F	4	1	9623; 9624; 9703-15; 9709; 9720-13; 9720-15; 9720-16; 9720-6; 9720-8	F	4	1	9723-25; 9983-BK	F	4	2	1501-2; 9206; 9401-3; 9709; 9714; 9720-20; 9720-6; 9723-25; 9983-BK
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CAS <u>000107211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ETHYLENE GLYCOL (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 type="checkbox"/> Gas EHS <input type="checkbox"/> EHS Name _____		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>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)	<table border="1"><tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9712; 9720-16; 9720-8; 9995</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9201-2; 9202; 9203; 9204-1; 9204-4; 9212; 9219; 9420; 9616-7; 9624</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9704-1; 9706-2; 9710-3; 9712; 9720-20; 9720-6; 9723-14; 9731; 9733-1</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9737; 9769; 9983-44; 9998</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9114; 9201-1; 9204-2E; 9204-4; 9212; 9220; 9404-5; 9420; 9714; 9720-16</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9720-6; 9720-8; 9737</td></tr></table>	M	4	1	9202; 9203; 9712; 9720-16; 9720-8; 9995	N	4	1	9201-2; 9202; 9203; 9204-1; 9204-4; 9212; 9219; 9420; 9616-7; 9624	N	4	1	9704-1; 9706-2; 9710-3; 9712; 9720-20; 9720-6; 9723-14; 9731; 9733-1	N	4	1	9737; 9769; 9983-44; 9998	R	4	1	9114; 9201-1; 9204-2E; 9204-4; 9212; 9220; 9404-5; 9420; 9714; 9720-16	R	4	1	9720-6; 9720-8; 9737
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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																								

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>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u> <div style="display: flex; justify-content: space-between;"> <div>FOR OFFICIAL USE ONLY</div> <div>ID # <u> </u> Date Received <u> </u></div> </div>		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>	
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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) <small>Storage Locations</small>																								
CAS <u>010028225</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC SULFATE</u> <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <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 </div> </div> EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>4</td><td>1</td><td>9616-7; 9623</td></tr> <tr><td>T</td><td>4</td><td>1</td><td>9616-7; 9623</td></tr> <tr><td>y</td><td>4</td><td>1</td><td>9201-4 / 1st Floor</td></tr> <tr><td>e</td><td>4</td><td>1</td><td>9202; 9616-7; 9731</td></tr> <tr><td>p</td><td>4</td><td>1</td><td>9202; 9624; 9731; 9731 / 2nd Floor</td></tr> <tr><td>e</td><td>4</td><td>1</td><td>9616-7</td></tr> </table>	C	4	1	9616-7; 9623	T	4	1	9616-7; 9623	y	4	1	9201-4 / 1st Floor	e	4	1	9202; 9616-7; 9731	p	4	1	9202; 9624; 9731; 9731 / 2nd Floor	e	4	1	9616-7
C	4	1	9616-7; 9623																								
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CAS <u>010028225</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC SULFATE (cont'd)</u> <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <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 </div> </div> EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>R</td><td>4</td><td>1</td><td>9201-4</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	R	4	1	9201-4																				
R	4	1	9201-4																								
CAS <u>000076131</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 113</u> <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <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 </div> </div> EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>4</td><td>1</td><td>9215</td></tr> <tr><td>D</td><td>4</td><td>1</td><td>9201-2; 9201-5; 9202; 9206; 9212; 9215; 9720-2</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9201-1; 9201-3; 9202; 9203; 9204-1; 9204-3; 9208; 9212; 9624; 9709</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9720-2; 9720-20; 9995</td></tr> <tr><td>F</td><td>4</td><td>2</td><td>9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206</td></tr> <tr><td>F</td><td>4</td><td>2</td><td>9212; 9215; 9219; 9401-3; 9404-1; 9404-20; 9710-3; 9712; 9720-16</td></tr> </table>	C	4	1	9215	D	4	1	9201-2; 9201-5; 9202; 9206; 9212; 9215; 9720-2	F	4	1	9201-1; 9201-3; 9202; 9203; 9204-1; 9204-3; 9208; 9212; 9624; 9709	F	4	1	9720-2; 9720-20; 9995	F	4	2	9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206	F	4	2	9212; 9215; 9219; 9401-3; 9404-1; 9404-20; 9710-3; 9712; 9720-16
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D	4	1	9201-2; 9201-5; 9202; 9206; 9212; 9215; 9720-2																								
F	4	1	9201-1; 9201-3; 9202; 9203; 9204-1; 9204-3; 9208; 9212; 9624; 9709																								
F	4	1	9720-2; 9720-20; 9995																								
F	4	2	9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206																								
F	4	2	9212; 9215; 9219; 9401-3; 9404-1; 9404-20; 9710-3; 9712; 9720-16																								

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

Tier Two Emergency and Hazardous Chemical Inventory	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
Specific Information by Chemical	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	ID # <u> </u> Date Received <u> </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>		

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) Storage Locations	OP																								
CAS <u>000076131</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 113 (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 type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input 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)	<table border="1"><tr><td>F</td><td>4</td><td>2</td><td>9720-20; 9720-6; 9723-25; 9731; 9737; 9995; 9998</td></tr><tr><td>L</td><td>4</td><td>2</td><td>9202</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9207 / 5th Floor; 9207 / 4th Floor; 9731; 9769 / 3rd Floor</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9995 / BASEMENT; 9995 / 1st Floor</td></tr><tr><td>M</td><td>4</td><td>2</td><td>9204-1 / 1st Floor / Red Shop</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9103 / 1st Floor; 9203; 9204-4; 9624; 9995</td></tr></table>	F	4	2	9720-20; 9720-6; 9723-25; 9731; 9737; 9995; 9998	L	4	2	9202	M	4	1	9202; 9203; 9207 / 5th Floor; 9207 / 4th Floor; 9731; 9769 / 3rd Floor	M	4	1	9995 / BASEMENT; 9995 / 1st Floor	M	4	2	9204-1 / 1st Floor / Red Shop	N	4	1	9103 / 1st Floor; 9203; 9204-4; 9624; 9995	<input type="checkbox"/>
F	4	2	9720-20; 9720-6; 9723-25; 9731; 9737; 9995; 9998																									
L	4	2	9202																									
M	4	1	9202; 9203; 9207 / 5th Floor; 9207 / 4th Floor; 9731; 9769 / 3rd Floor																									
M	4	1	9995 / BASEMENT; 9995 / 1st Floor																									
M	4	2	9204-1 / 1st Floor / Red Shop																									
N	4	1	9103 / 1st Floor; 9203; 9204-4; 9624; 9995																									
CAS <u>000076131</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 113 (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 type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input 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)	<table border="1"><tr><td>R</td><td>4</td><td>1</td><td>9201-1; 9201-3; 9215; 9720-2; 9720-8; 9737; 9995; UVSPF</td></tr><tr><td>R</td><td>4</td><td>2</td><td>9202</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>	R	4	1	9201-1; 9201-3; 9215; 9720-2; 9720-8; 9737; 9995; UVSPF	R	4	2	9202																	<input type="checkbox"/>
R	4	1	9201-1; 9201-3; 9215; 9720-2; 9720-8; 9737; 9995; UVSPF																									
R	4	2	9202																									
CAS <u>000075718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 12</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input 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)	<table border="1"><tr><td>D</td><td>4</td><td>1</td><td>9215</td></tr><tr><td>F</td><td>4</td><td>1</td><td>9107; 9201-3; 9202; 9203; 9208; 9610; 9714; 9720-20; 9995</td></tr><tr><td>F</td><td>4</td><td>2</td><td>9111; 9201-3; 9202; 9204-1; 9204-2; 9204-2E; 9204-4; 9206; 9212; 9215</td></tr><tr><td>F</td><td>4</td><td>2</td><td>9401-3; 9404-4; 9712; 9714; 9720-16; 9720-20; 9723-25; 9731; 9737</td></tr><tr><td>F</td><td>4</td><td>2</td><td>9998</td></tr><tr><td>L</td><td>4</td><td>1</td><td>9712; 9720-2; 9720-8; 9959; 9995</td></tr></table>	D	4	1	9215	F	4	1	9107; 9201-3; 9202; 9203; 9208; 9610; 9714; 9720-20; 9995	F	4	2	9111; 9201-3; 9202; 9204-1; 9204-2; 9204-2E; 9204-4; 9206; 9212; 9215	F	4	2	9401-3; 9404-4; 9712; 9714; 9720-16; 9720-20; 9723-25; 9731; 9737	F	4	2	9998	L	4	1	9712; 9720-2; 9720-8; 9959; 9995	<input type="checkbox"/>
D	4	1	9215																									
F	4	1	9107; 9201-3; 9202; 9203; 9208; 9610; 9714; 9720-20; 9995																									
F	4	2	9111; 9201-3; 9202; 9204-1; 9204-2; 9204-2E; 9204-4; 9206; 9212; 9215																									
F	4	2	9401-3; 9404-4; 9712; 9714; 9720-16; 9720-20; 9723-25; 9731; 9737																									
F	4	2	9998																									
L	4	1	9712; 9720-2; 9720-8; 9959; 9995																									

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

Signature

Date signed

Optional Attachments

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

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>	

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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) <i>Storage Locations</i>	C n T y p e	P r e m s
CAS <u>000075718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 12 (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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	L 4 2 <u>9201-1; 9201-3; 9201-5N; 9202; 9204-1 / Dock 119; 9204-2E; 9204-4</u> L 4 2 <u>9712; 9714 / TSD Garage; 9737; 9808 / Refrigeration Shop; 9959; 9981</u> L 4 2 <u>9995</u> M 4 1 <u>9995</u> N 4 1 <u>9215</u> R 4 1 <u>9201-1; 9201-3; 9202; 9737; 9995; UVSPF</u>		
CAS <u>000075718</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 12 (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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	R 4 2 <u>9995</u> <u> </u> <u> </u> <u> </u> <u> </u>		
CAS <u>000075456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 22</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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	F 4 1 <u>9202; 9204-1</u> F 4 2 <u>9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-3; 9212; 9401-3</u> F 4 2 <u>9404-1; 9710-2; 9720-20; 9720-6; 9737</u> L 4 1 <u>9215; 9808; 9959</u> L 4 2 <u>9201-3; 9206; 9208; 9420; 9720-8; 9737; 9808 / Refrigeration Shop</u> L 4 2 <u>9959; 9995</u>		

Certification (Read and sign after completing all sections)

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

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>	

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) Storage Locations	O P I																		
CAS <u>000075456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON 22 (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 <u> </u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>n</td><td>T</td><td>r</td></tr> <tr><td>y</td><td>e</td><td>e</td><td></td></tr> <tr><td>p</td><td>m</td><td>s</td><td></td></tr> <tr><td>e</td><td>p</td><td>s</td><td></td></tr> </table> 9201-1; 9201-3; 9204-3; 9767-10; 9767-11; 9767-12; 9767-13; 9767-3 9767-4; 9767-8 9202	C	n	T	r	y	e	e		p	m	s		e	p	s		<input type="checkbox"/>		
C	n	T	r																			
y	e	e																				
p	m	s																				
e	p	s																				
CAS <u>000075694</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FREON(R) 11</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td></tr> <tr><td>F</td><td>4</td><td>1</td></tr> <tr><td>F</td><td>4</td><td>2</td></tr> <tr><td>L</td><td>4</td><td>2</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>R</td><td>4</td><td>1</td></tr> </table> 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	D	4	1	F	4	1	F	4	2	L	4	2	M	4	1	R	4	1	<input type="checkbox"/>
D	4	1																				
F	4	1																				
F	4	2																				
L	4	2																				
M	4	1																				
R	4	1																				
CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>GASOLINE, UNLEADED</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>4</td><td>1</td></tr> <tr><td>A</td><td>4</td><td>1</td></tr> <tr><td>B</td><td>4</td><td>1</td></tr> <tr><td>C</td><td>4</td><td>1</td></tr> <tr><td>D</td><td>4</td><td>1</td></tr> <tr><td>F</td><td>4</td><td>1</td></tr> </table> 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	A	4	1	A	4	1	B	4	1	C	4	1	D	4	1	F	4	1	<input type="checkbox"/>
A	4	1																				
A	4	1																				
B	4	1																				
C	4	1																				
D	4	1																				
F	4	1																				

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

Tier Two Emergency and Hazardous Chemical Inventory	Facility Identification		Owner/Operator Name	
	Name Oak Ridge Y-12 Plant		Name U.S. Department of Energy	Phone (865) 576-9850
Specific Information by Chemical	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 Number - - - - -	Emergency Contact	
	FOR OFFICIAL USE ONLY ID # Date Received	Name Plant Shift Superintendent Title Phone (865) 574-7172 24 Hr. Phone (865) 574-7172		
		Name DOE Emergency Response Center Title Phone (865) 576-1005 24 Hr. Phone (865) 576-1005		
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 n T y p e Storage Codes and Locations (Non-Confidential) Storage Locations	
CAS 12345 Trade Secret Chem. Name GASOLINE UNLEADED (cont'd) d) Check all that apply Pure Mix Solid Liquid Gas EHS EHS Name	X Fire Sudden Release of Pressure Reactivity X Immediate (acute) X Delayed (chronic)	05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-Site (days)	F41 9404-5; 9616-7; 9623; 9714; 9720-13; 9720-16; 9720-41; 9720-6; 9808 F41 9828-6; 9983; 9983-44; Liquid Storage Facility; Sanitary Landfill #6 F41 West Tank Farm P41 2005; 9712; 9737 R41 9215A	
CAS 007782425 Trade Secret Chem. Name GRAPHITE-NATURAL/SYNTHETI C Check all that apply Pure Mix Solid Liquid Gas EHS EHS Name	X Fire Sudden Release of Pressure Reactivity X Immediate (acute) X Delayed (chronic)	05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-Site (days)	D41 9731 E41 9212 F41 9201-1; 9201-2; 9201-3; 9203; 9204-1; 9204-2; 9204-3; 9204-4; 9206 F41 9208; 9215; 9401-3; 9616-7; 9624; 9709; 9720-16; 9720-20; 9731; 9737 F41 9767-13; 9767-4; 9995; 9998; Liquid Storage Facility F42 9201-2; 9201-5; 9204-1; 9204-2E; 9204-4; 9212; 9219; 9709; 9714	
CAS 007782425 Trade Secret Chem. Name GRAPHITE-NATURAL/SYNTHETI C (cont'd) Check all that apply Pure Mix Solid Liquid Gas EHS EHS Name	X Fire Sudden Release of Pressure Reactivity X Immediate (acute) X Delayed (chronic)	05 Max. Daily Amount (code) 05 Avg. Daily Amount (code) 365 No. of Days On-Site (days)	F42 9720-16; 9720-20; 9720-41 J41 9202 K41 9201-1; 9202; 9401-3; 9712 M41 9202; 9203; 9995 N41 9201-3; 9202; 9203; 9204-3; 9208; 9703-15; 9995 R41 9201-1; 9201-3; 9201-5; 9203; 9204-1; 9204-2E; 9204-3; 9212; 9215	
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 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.		I have attached a site plan I have attached a list of site coordinate abbreviations I have attached a description of dikes and other safeguard measures		
Name and official title of owner/operator OR owner/operator's authorized representative		Signature Date 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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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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>
CAS <u>007782425</u> Trade Secret <input type="checkbox"/> Chem. Name <u>GRAPHITE-NATURAL/SYNTHETI</u> C (cont'd) 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>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days) <u>05</u> <u>05</u> <u>365</u>	C n T y p e P t r e s s R 4 1 9215A; 9401-3; 9703-15; 9709; 9712; 9714; 9720-1; 9720-20; 9720-21 R 4 1 9720-6; 9737; 9831; 9995 R 4 2 9202 <u> </u> <u> </u> <u> </u>
CAS <u>007440597</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HELIUM</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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days) <u>04</u> <u>04</u> <u>365</u>	L 4 1 9201-3; 9203; 9204-2E; 9206; 9624; 9709; UVSPF L 4 2 9201-1; 9201-2; 9201-3; 9201-5N; 9202; 9203; 9204-1 / Dock 119; 9204-2 L 4 2 9204-2 / Maintenance; 9204-2E; 9204-3; 9206; 9208; 9404-1; 9404-8 L 4 2 9616-7; 9624; 9709; 9720-13; 9720-6; 9723-25; 9769; 9959; 9989; 9990 L 4 2 9995; 9998 M 4 1 9995
CAS <u>007440597</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HELIUM (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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days) <u>04</u> <u>04</u> <u>365</u>	Q 4 2 9977-1 / Gas Storage R 4 1 9215A; 9977-1; UVSPF R 4 2 9204-4; 9995 R 7 2 9995 <u> </u> <u> </u>

Certification (Read and sign after completing all sections)

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

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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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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>	O P T
CAS <u>016961834</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROFLUOROSILICIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	C n P T T r y e e p m s e p s A 4 1 1405 _____ _____ _____ _____ _____	<input type="checkbox"/>
CAS <u>001333740</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN</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 <u> </u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	L 4 1 9202; UVSPF L 4 2 9201-1; 9201-2; 9201-3; 9202; 9204-3; 9206; 9401-1; 9616-7; 9989; 9990 L 4 2 9995 L 7 2 9995 M 4 1 9995 N 4 1 9202	<input type="checkbox"/>
CAS <u>001333740</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN (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 <u> </u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	R 4 1 9401-3 R 4 2 9204-4; 9977-1; 9977-2 _____ _____ _____ _____	<input type="checkbox"/>

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

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- ☐ I have attached a list of site coordinate abbreviations
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Tier Two Emergency and Hazardous Chemical Inventory Specific information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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> - <u> </u> - <u> </u>		Emergency Contact	
FOR OFFICIAL USE ONLY	ID # <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	Date Received <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>		

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Reporting Period From January 1 to December 31, 1999

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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>																																
CAS <u>007647</u> <u>010</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"/> Mixture <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>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>4</td><td>1</td><td>9204-2</td></tr> <tr><td>n</td><td>4</td><td>1</td><td>9201-5</td></tr> <tr><td>T</td><td>4</td><td>1</td><td>9201-4; 9202; 9204-2E</td></tr> <tr><td>y</td><td>4</td><td>1</td><td>9202; 9204-1; 9404-5</td></tr> <tr><td>e</td><td>4</td><td>1</td><td>9995; UVSPF</td></tr> <tr><td>p</td><td>4</td><td>1</td><td>9709</td></tr> <tr><td>m</td><td>4</td><td>1</td><td></td></tr> <tr><td>s</td><td>4</td><td>1</td><td></td></tr> </table>	C	4	1	9204-2	n	4	1	9201-5	T	4	1	9201-4; 9202; 9204-2E	y	4	1	9202; 9204-1; 9404-5	e	4	1	9995; UVSPF	p	4	1	9709	m	4	1		s	4	1	
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CAS <u>007647</u> <u>010</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"/> Mixture <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>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M</td><td>4</td><td>1</td><td>1405; 9201-5; 9202; 9203; 9204-2E; 9204-3; 9205; 9206; 9212; 9224</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9401-3; 9616-7; 9624; 9720-2; 9731; 9737; 9769; 9995; UVSPF</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9103; 9104-3; 9106; 9107; 9108; 9109; 9110; 9111; 9113; 9114; 9115</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9116; 9119; 9201-1; 9201-2; 9201-3; 9201-5; 9201-5N; 9202; 9203</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206; 9210; 9212; 9215</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9401-1; 9401-3; 9420; 9616-11; 9623; 9626; 9702; 9704-1; 9709; 9710-2</td></tr> </table>	M	4	1	1405; 9201-5; 9202; 9203; 9204-2E; 9204-3; 9205; 9206; 9212; 9224	M	4	1	9401-3; 9616-7; 9624; 9720-2; 9731; 9737; 9769; 9995; UVSPF	N	4	1	9103; 9104-3; 9106; 9107; 9108; 9109; 9110; 9111; 9113; 9114; 9115	N	4	1	9116; 9119; 9201-1; 9201-2; 9201-3; 9201-5; 9201-5N; 9202; 9203	N	4	1	9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206; 9210; 9212; 9215	N	4	1	9401-1; 9401-3; 9420; 9616-11; 9623; 9626; 9702; 9704-1; 9709; 9710-2								
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CAS <u>007664</u> <u>39</u> <u>3</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN FLUORIDE</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 FLUORIDE</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>2</u> Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>n</td><td>P</td></tr> <tr><td>T</td><td>T</td><td>r</td></tr> <tr><td>y</td><td>e</td><td>e</td></tr> <tr><td>p</td><td>m</td><td>s</td></tr> <tr><td>e</td><td>p</td><td>s</td></tr> </table> <u>E</u> <u>4</u> <u>1</u> <u>9212</u> <u>L</u> <u>4</u> <u>1</u> <u>9720-40</u> <u>L</u> <u>4</u> <u>2</u> <u>9204-3</u> <u>M</u> <u>4</u> <u>1</u> <u>9201-5N; 9202; 9204-3; 9204-4; 9212; 9212 / E Wing / Room 1021; 9720-2</u> <u>M</u> <u>4</u> <u>1</u> <u>9769; 9995</u> <u>N</u> <u>4</u> <u>1</u> <u>9202; 9204-2E / 3rd Floor; 9204-3; 9211; 9401-3; 9720-8; 9731; 9995</u>	C	n	P	T	T	r	y	e	e	p	m	s	e	p	s	<input type="checkbox"/>			
C	n	P																				
T	T	r																				
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N	4	1																				
R	4	1																				
CAS <u>007722</u> <u>84</u> <u>1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN PEROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROGEN PEROXIDE</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0</u> <u>2</u> Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>E</td><td>4</td><td>1</td></tr> <tr><td>E</td><td>4</td><td>1</td></tr> <tr><td>E</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>6</td><td>1</td></tr> <tr><td>N</td><td>4</td><td>1</td></tr> </table> <u>E</u> <u>4</u> <u>1</u> <u>9616-7</u> <u>E</u> <u>4</u> <u>1</u> <u>9616-7 / West End Treatment Facility / Groundwater Treatment Facility</u> <u>E</u> <u>4</u> <u>1</u> <u>9623; 9720-8; 9811-1</u> <u>M</u> <u>4</u> <u>1</u> <u>9201-3; 9731; 9995</u> <u>M</u> <u>6</u> <u>1</u> <u>9202</u> <u>N</u> <u>4</u> <u>1</u> <u>9202; 9203; 9204-2; 9204-3; 9206; 9624; 9731; 9995; UVSPF</u>	E	4	1	E	4	1	E	4	1	M	4	1	M	6	1	N	4	1	<input type="checkbox"/>
E	4	1																				
E	4	1																				
E	4	1																				
M	4	1																				
M	6	1																				
N	4	1																				

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

Signature

Date signed

Optional Attachments

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

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	O P I																		
CAS <u>007722841</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN PEROXIDE (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 type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROGEN PEROXIDE</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0</u> <u>2</u> Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<table border="1"><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><tr><td> </td><td> </td><td> </td></tr></table> <u>9119; 9211; 9212; 9401-3; 9706-2; 9720-8; 9995</u>	R	4	1																<input type="checkbox"/>
R	4	1																				
CAS <u>000067630</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ISOPROPYL ALCOHOL</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0</u> <u>4</u> Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>3</u> <u>6</u> <u>5</u> No. of Days On-Site (days)	<table border="1"><tr><td>F</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>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></table> <u>9201-1; 9201-5; 9201-5N; 9204-2; 9204-2E; 9208; 9720-8</u> <u>9103; 9202; 9206; 9616-7; 9720-2; 9720-8; 9737</u> <u>9203; 9204-2E; 9207; 9212; 9401-1; 9714; 9720-2; 9723-25; 9737; 9738</u> <u>9995; Firing Range; UVSPF</u>	F	4	1	M	4	1	N	4	1	N	4	1							<input type="checkbox"/>
F	4	1																				
M	4	1																				
N	4	1																				
N	4	1																				
CAS <u>000554132</u> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM CARBONATE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <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)	<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)	<table border="1"><tr><td>I</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> <u>9202; 9204-4; 9215</u> <u>9204-4; 9215</u>	I	4	1	R	4	1													<input type="checkbox"/>
I	4	1																				
R	4	1																				

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Signature

Date signed

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Tier Two <small>Emergency and Hazardous Chemical Inventory</small>	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>3499</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>	
	Specific Information by Chemical FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations <small>(Non-Confidential)</small> <small>Storage Locations</small>	O p t i o n a l																								
CAS <u>007447</u> <u>418</u> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>4</td><td>1</td><td>9201-4; 9204-2</td></tr> <tr><td>D</td><td>4</td><td>1</td><td>9204-2; 9204-3</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9201-4; 9202; 9204-2; 9204-2E; 9204-4; 9720-2</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9204-2; 9995</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9202; 9203</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9202; 9204-2; 9204-2E; 9204-4; 9211; 9720-8; 9995</td></tr> </table>	C	4	1	9201-4; 9204-2	D	4	1	9204-2; 9204-3	E	4	1	9201-4; 9202; 9204-2; 9204-2E; 9204-4; 9720-2	M	4	1	9202; 9203; 9204-2; 9995	N	4	1	9202; 9203	R	4	1	9202; 9204-2; 9204-2E; 9204-4; 9211; 9720-8; 9995	<input type="checkbox"/>
C	4	1	9201-4; 9204-2																									
D	4	1	9204-2; 9204-3																									
E	4	1	9201-4; 9202; 9204-2; 9204-2E; 9204-4; 9720-2																									
M	4	1	9202; 9203; 9204-2; 9995																									
N	4	1	9202; 9203																									
R	4	1	9202; 9204-2; 9204-2E; 9204-4; 9211; 9720-8; 9995																									
CAS <u>013587</u> <u>161</u> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM DEUTERIDE</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 <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9201-5; 9204-2; 9720-46</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	D	4	1	9201-5; 9204-2; 9720-46																					<input type="checkbox"/>
D	4	1	9201-5; 9204-2; 9720-46																									
CAS <u>007580</u> <u>678</u> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM HYDRIDE</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 checked="" type="checkbox"/> EHS EHS Name <u>LITHIUM HYDRIDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9201-5; 9204-2; 9720-46</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9202; 9731</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9995</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9202</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	D	4	1	9201-5; 9204-2; 9720-46	F	4	1	9202; 9731	M	4	1	9202; 9203; 9995	N	4	1	9202									<input type="checkbox"/>
D	4	1	9201-5; 9204-2; 9720-46																									
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M	4	1	9202; 9203; 9995																									
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Signature

Date signed

Optional Attachments

- ☐ I have attached a site plan
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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>3499</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>	
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Reporting Period From January 1 to December 31, 1999

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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>	O P I																																							
CAS <u>001310652</u> Trade Secret <input type="checkbox"/> Chem. Name <u>LITHIUM HYDROXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>n</td><td>P</td></tr> <tr><td>T</td><td>T</td><td>r</td></tr> <tr><td>y</td><td>e</td><td>e</td></tr> <tr><td>p</td><td>m</td><td>s</td></tr> <tr><td>e</td><td>p</td><td>s</td></tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>4</td><td>1</td><td>9201-4; 9204-2</td></tr> <tr><td>D</td><td>4</td><td>1</td><td>9204-2</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9201-4</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>	C	n	P	T	T	r	y	e	e	p	m	s	e	p	s	A	4	1	9201-4; 9204-2	D	4	1	9204-2	R	4	1	9201-4													<input type="checkbox"/>
C	n	P																																									
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e	p	s																																									
A	4	1	9201-4; 9204-2																																								
D	4	1	9204-2																																								
R	4	1	9201-4																																								
CAS <u>001317711</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MAGNESIUM IRON SILICATE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>J</td><td>4</td><td>1</td><td>9720-15; 9720-2; 9720-41; 9720-50; 9720-8; 9831</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9738</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>	J	4	1	9720-15; 9720-2; 9720-41; 9720-50; 9720-8; 9831	R	4	1	9738																	<input type="checkbox"/>															
J	4	1	9720-15; 9720-2; 9720-41; 9720-50; 9720-8; 9831																																								
R	4	1	9738																																								
CAS <u>001309484</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MAGNESIUM OXIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9204-2; 9404-2</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9204-2; 9720-19</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9202</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9204-2; 9404-20; 9831</td></tr> <tr><td>K</td><td>4</td><td>1</td><td>9203</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9204-3; 9206; 9995</td></tr> </table>	D	4	1	9204-2; 9404-2	E	4	1	9204-2; 9720-19	F	4	1	9202	J	4	1	9204-2; 9404-20; 9831	K	4	1	9203	M	4	1	9202; 9203; 9204-3; 9206; 9995	<input type="checkbox"/>															
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	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>		Emergency Contact	
Specific Information by Chemical	SIC Code <u>3499</u> Dun & Brad Number <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY <u> </u> (U) # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>		

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	C n T y p e P T e m p s Storage Codes and Locations (Non-Confidential) Storage Locations																		
CAS <u>001309484</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MAGNESIUM OXIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><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><tr><td> </td><td> </td><td> </td></tr></table> <u>9201-3; 9202; 9203; 9204-3; 9624; 9731; 9995</u> <u>9201-1; 9201-3; 9202; 9212; 9703-15; 9720-6; 9720-8; 9737; 9995</u>	N	4	1	R	4	1												
N	4	1																			
R	4	1																			
CAS <u>001309382</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MAGNETITE</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 <u> </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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>F</td><td>4</td><td>1</td></tr><tr><td>F</td><td>4</td><td>1</td></tr><tr><td>F</td><td>4</td><td>2</td></tr><tr><td>M</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></table> <u>9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9206; 9212; 9215</u> <u>9404-1; 9624; 9720-16; 9720-20; 9720-8; 9731</u> <u>9212</u> <u>9731; 9998</u> <u>9110; 9831</u>	F	4	1	F	4	1	F	4	2	M	4	1	R	4	1			
F	4	1																			
F	4	1																			
F	4	2																			
M	4	1																			
R	4	1																			
CAS <u>007439976</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MERCURY METAL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<table border="1"><tr><td>C</td><td>4</td><td>1</td></tr><tr><td>L</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>R</td><td>4</td><td>1</td></tr><tr><td> </td><td> </td><td> </td></tr></table> <u>9201-4</u> <u>9201-4; 9204-1; 9720-26</u> <u>9201-4; 9202; 9203; 9204-1; 9204-3; 9710-2; 9720-6; 9769; 9995</u> <u>9201-2; 9202; 9204-1; 9208; 9720-8; 9737 / 2nd Floor</u> <u>9201-2; 9212 / E Wing; 9704-2; 9769; 9995</u>	C	4	1	L	4	1	M	4	1	N	4	1	R	4	1			
C	4	1																			
L	4	1																			
M	4	1																			
N	4	1																			
R	4	1																			

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

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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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) Storage Locations																								
CAS <u>000067561</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHANOL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days) <u>04</u> <u>04</u> <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9401-1; 9404-5; 9720-2; 9767-13; 9767-4</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9201-3; 9404-5; 9720-6</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9201-1; 9201-2; 9201-3; 9201-5; 9201-5E; 9202; 9203; 9204-1; 9204-2</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9204-2E; 9204-4; 9206; 9208; 9212; 9215; 9219; 9401-1; 9404-16</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9404-20; 9404-5; 9420; 9616-7; 9623; 9624; 9709; 9720-13; 9720-16</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9720-20; 9720-6; 9720-8; 9723-25; 9731; 9738; 9983-44; 9995</td></tr> </table>	D	4	1	9401-1; 9404-5; 9720-2; 9767-13; 9767-4	E	4	1	9201-3; 9404-5; 9720-6	F	4	1	9201-1; 9201-2; 9201-3; 9201-5; 9201-5E; 9202; 9203; 9204-1; 9204-2	F	4	1	9204-2E; 9204-4; 9206; 9208; 9212; 9215; 9219; 9401-1; 9404-16	F	4	1	9404-20; 9404-5; 9420; 9616-7; 9623; 9624; 9709; 9720-13; 9720-16	F	4	1	9720-20; 9720-6; 9720-8; 9723-25; 9731; 9738; 9983-44; 9995
D	4	1	9401-1; 9404-5; 9720-2; 9767-13; 9767-4																								
E	4	1	9201-3; 9404-5; 9720-6																								
F	4	1	9201-1; 9201-2; 9201-3; 9201-5; 9201-5E; 9202; 9203; 9204-1; 9204-2																								
F	4	1	9204-2E; 9204-4; 9206; 9208; 9212; 9215; 9219; 9401-1; 9404-16																								
F	4	1	9404-20; 9404-5; 9420; 9616-7; 9623; 9624; 9709; 9720-13; 9720-16																								
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CAS <u>000067561</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHANOL (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 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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days) <u>04</u> <u>04</u> <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F</td><td>4</td><td>2</td><td>1501-2; 9201-5; 9201-5N; 9204-4; 9206; 9212; 9215; 9404-5; 9624; 9709</td></tr> <tr><td>F</td><td>4</td><td>2</td><td>9712; 9720-20; 9720-41; 9720-6</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-3; 9204-4; 9207; 9208</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9210; 9211; 9212; 9215; 9220; 9224; 9401-1; 9706-1; 9706-2; 9720-2</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9720-20; 9731; 9737; 9769; 9995; UVSPF</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9111; 9201-2; 9201-5E; 9202; 9203; 9204-1; 9206; 9208; 9211; 9212</td></tr> </table>	F	4	2	1501-2; 9201-5; 9201-5N; 9204-4; 9206; 9212; 9215; 9404-5; 9624; 9709	F	4	2	9712; 9720-20; 9720-41; 9720-6	M	4	1	9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-3; 9204-4; 9207; 9208	M	4	1	9210; 9211; 9212; 9215; 9220; 9224; 9401-1; 9706-1; 9706-2; 9720-2	M	4	1	9720-20; 9731; 9737; 9769; 9995; UVSPF	N	4	1	9111; 9201-2; 9201-5E; 9202; 9203; 9204-1; 9206; 9208; 9211; 9212
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CAS <u>000067561</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHANOL (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 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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days) <u>04</u> <u>04</u> <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N</td><td>4</td><td>1</td><td>9219; 9401-1; 9401-3; 9404-5; 9420; 9616-7; 9624; 9704-1; 9710-3; 9712</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9714; 9720-2; 9720-20; 9720-41; 9723-14; 9723-25; 9731; 9733-1; 9737</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9769; 9983-44; 9995; UVSPF</td></tr> <tr><td>N</td><td>4</td><td>2</td><td>9723-25</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9103; 9201-1; 9201-2; 9201-5; 9203; 9204-2E; 9210; 9211; 9212; 9215</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9219; 9220; 9401-1; 9706-2; 9712; 9714; 9720-2; 9720-6; 9720-8</td></tr> </table>	N	4	1	9219; 9401-1; 9401-3; 9404-5; 9420; 9616-7; 9624; 9704-1; 9710-3; 9712	N	4	1	9714; 9720-2; 9720-20; 9720-41; 9723-14; 9723-25; 9731; 9733-1; 9737	N	4	1	9769; 9983-44; 9995; UVSPF	N	4	2	9723-25	R	4	1	9103; 9201-1; 9201-2; 9201-5; 9203; 9204-2E; 9210; 9211; 9212; 9215	R	4	1	9219; 9220; 9401-1; 9706-2; 9712; 9714; 9720-2; 9720-6; 9720-8
N	4	1	9219; 9401-1; 9401-3; 9404-5; 9420; 9616-7; 9624; 9704-1; 9710-3; 9712																								
N	4	1	9714; 9720-2; 9720-20; 9720-41; 9723-14; 9723-25; 9731; 9733-1; 9737																								
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N	4	2	9723-25																								
R	4	1	9103; 9201-1; 9201-2; 9201-5; 9203; 9204-2E; 9210; 9211; 9212; 9215																								
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	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period

From January 1 to December 31, 1999

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	C n T y p e	P T i e m s	O P I																								
CAS <u>000067</u> <u>56</u> <u>1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHANOL (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 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)	<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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>R</td><td>4</td><td>1</td><td>9767-10; 9767-13; 9767-4; 9769; 9983-BK; 9995; UVSPF</td></tr> <tr><td>R</td><td>4</td><td>2</td><td>9737; 9738</td></tr> <tr><td>R</td><td>6</td><td>2</td><td>9995; UVSPF</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>	R	4	1	9767-10; 9767-13; 9767-4; 9769; 9983-BK; 9995; UVSPF	R	4	2	9737; 9738	R	6	2	9995; UVSPF															<input type="checkbox"/>
R	4	1	9767-10; 9767-13; 9767-4; 9769; 9983-BK; 9995; UVSPF																											
R	4	2	9737; 9738																											
R	6	2	9995; UVSPF																											
CAS <u>000071</u> <u>55</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHYL CHLOROFORM</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <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)	<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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9204-2; 9720-21</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-4</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9206; 9208; 9215; 9219; 9401-3; 9420; 9610; 9616-7; 9712; 9714</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9720-13; 9720-16; 9720-20; 9720-6; 9720-8; 9723-25; 9731; 9737; 9995</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9998</td></tr> <tr><td>F</td><td>4</td><td>2</td><td>9201-1; 9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4</td></tr> </table>	D	4	1	9204-2; 9720-21	F	4	1	9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-4	F	4	1	9206; 9208; 9215; 9219; 9401-3; 9420; 9610; 9616-7; 9712; 9714	F	4	1	9720-13; 9720-16; 9720-20; 9720-6; 9720-8; 9723-25; 9731; 9737; 9995	F	4	1	9998	F	4	2	9201-1; 9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4			<input type="checkbox"/>
D	4	1	9204-2; 9720-21																											
F	4	1	9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-4																											
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F	4	1	9998																											
F	4	2	9201-1; 9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4																											
CAS <u>000071</u> <u>55</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHYL CHLOROFORM (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 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)	<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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F</td><td>4</td><td>2</td><td>9206; 9208; 9212; 9219; 9401-1; 9401-3; 9404-1; 9704-1; 9714; 9720-13</td></tr> <tr><td>F</td><td>4</td><td>2</td><td>9720-16; 9720-20; 9720-41; 9720-6; 9731; 9737; 9811-1; 9983-BK; 9995</td></tr> <tr><td>F</td><td>4</td><td>2</td><td>9998</td></tr> <tr><td>L</td><td>4</td><td>2</td><td>9202</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9204-1; 9769; 9995; UVSPF</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9113; 9202; 9204-2E; 9215; 9401-3; 9404-1; 9723-25; 9998</td></tr> </table>	F	4	2	9206; 9208; 9212; 9219; 9401-1; 9401-3; 9404-1; 9704-1; 9714; 9720-13	F	4	2	9720-16; 9720-20; 9720-41; 9720-6; 9731; 9737; 9811-1; 9983-BK; 9995	F	4	2	9998	L	4	2	9202	M	4	1	9202; 9203; 9204-1; 9769; 9995; UVSPF	N	4	1	9113; 9202; 9204-2E; 9215; 9401-3; 9404-1; 9723-25; 9998			<input type="checkbox"/>
F	4	2	9206; 9208; 9212; 9219; 9401-1; 9401-3; 9404-1; 9704-1; 9714; 9720-13																											
F	4	2	9720-16; 9720-20; 9720-41; 9720-6; 9731; 9737; 9811-1; 9983-BK; 9995																											
F	4	2	9998																											
L	4	2	9202																											
M	4	1	9202; 9203; 9204-1; 9769; 9995; UVSPF																											
N	4	1	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

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>	

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) <i>Storage Locations</i>	C n T y p e	P r e m i s e	O p i
CAS <u>000071556</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METHYL CHLOROFORM (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 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)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>R41</u> 1501-2; 9201-1; 9201-3; 9201-5; 9203; 9204-1; 9212; 9215; 9420; 9714 <u>R41</u> 9769; 9995; UVSPF <u>R42</u> 9202; 9737			
CAS <u>007440020</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NICKEL AND NICKEL COMPOUN</u> <u>DS</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D41</u> 9204-4 / 2nd Floor / Plating Shop; 9205; 9720-8 <u>F41</u> 9201-1; 9201-3; 9203; 9208 <u>J41</u> 9204-4 / 2nd Floor / Plating Shop; 9720-2; 9720-50; 9831 <u>K41</u> 9212; 9401-3; 9624 <u>M41</u> 9202; 9203; 9204-3; 9995; UVSPF <u>N41</u> 9203; 9204-3; 9204-4 / 2nd Floor / Plating Shop; 9624			
CAS <u>007440020</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NICKEL AND NICKEL COMPOUN</u> <u>DS (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>R41</u> 9201-5; 9204-3; 9212; 9720-2; 9720-8			

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

Signature

Date signed

Optional Attachments

☐ I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

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

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <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>3499</u> Dun & Brad Number <u> </u> - <u> </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>(855) 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>	
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Reporting Period From January 1 to December 31, 1999

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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>	Opt
CAS <u>007440031</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NIObIUM METAL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	C n T y p e P r e s D 4 1 9202 E 4 1 9202 F 4 1 9202 J 4 1 9202 K 4 1 9201-5; 9202; 9401-3; 9624 L 4 1 9831	1
CAS <u>007440031</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NIObIUM METAL (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	M 4 1 9202; 9203; 9204-3; 9995; UVSPF 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	1
CAS <u>007697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	A 4 1 9206; 9815 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	1

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
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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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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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>	O P T																		
CAS <u>007697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID (cont'd)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>M</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>P</td><td>4</td><td>1</td></tr> </table> 9204-2E / 3rd Floor / Room 316; 9204-3; 9204-3 / 1st Floor 9204-4 / 2nd Floor / Plating Shop; 9205 9207 / 1st Floor / Room 7-1006; 9212; 9212 / E Wing / Room 1021 9401-2 / Plating Shop / Annex; 9616-7; 9731; 9769; 9995; UVSPF 9202; 9203; 9212; 9624; 9731; 9766; 9769; 9995; UVSPF 9995	M	4	1	M	4	1	M	4	1	M	4	1	N	4	1	P	4	1	<input type="checkbox"/>
M	4	1																				
M	4	1																				
M	4	1																				
M	4	1																				
N	4	1																				
P	4	1																				
CAS <u>007697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID (cont'd)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>R</td><td>4</td><td>1</td></tr> <tr><td>R</td><td>6</td><td>3</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> 9204-1; 9204-2E; 9204-3; 9206; 9212; 9206-8; 9737; 9769; 9995; UVSPF 9995	R	4	1	R	6	3													<input type="checkbox"/>
R	4	1																				
R	6	3																				
CAS <u>007727379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>7</td><td>2</td></tr> <tr><td>C</td><td>4</td><td>2</td></tr> <tr><td>F</td><td>4</td><td>2</td></tr> <tr><td>J</td><td>4</td><td>1</td></tr> <tr><td>K</td><td>4</td><td>2</td></tr> <tr><td>L</td><td>4</td><td>1</td></tr> </table> 9206; 9977-1 9206 9616-7 9831 9204-3 9202; 9203; 9204-2E; 9206; 9624; 9709; 9831; UVSPF	A	7	2	C	4	2	F	4	2	J	4	1	K	4	2	L	4	1	<input type="checkbox"/>
A	7	2																				
C	4	2																				
F	4	2																				
J	4	1																				
K	4	2																				
L	4	1																				

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Optional Attachments

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

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

Signature

Date signed

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific information by Chemical</small>	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 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>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>	
	Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	<div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;"> C n t y p e </div> <div> Storage Codes and Locations (Non-Confidential) <small>Storage Locations</small> </div> <div style="font-size: 0.8em;"> P r e s s </div> </div>
CAS <u>007727</u> <u>379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN (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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<div style="font-size: 0.8em;"> L 4 2 L 4 2 L 4 2 L 4 2 L 4 2 L 5 2 </div> <u>9104-5; 9114; 9201-1; 9201-2; 9201-2 / WELD SHOPS; 9201-2 / Weld</u> <u>9201-3; 9201-5; 9202; 9203; 9204-2; 9204-2E; 9206; 9215; 9401-1</u> <u>9401-2; 9401-5; 9420; 9616-7; 9703-15; 9712; 9714; 9720-19; 9723-16</u> <u>9735; 9737; 9738; 9766; 9769; 9808; 9831; 9989; 9990; 9995; 9998</u> <u>UVSPF</u> <u>9995</u>
CAS <u>007727</u> <u>379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN (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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<div style="font-size: 0.8em;"> L 6 2 L 7 2 M 4 1 N 4 1 R 4 1 R 4 2 </div> <u>9401-1</u> <u>9204-3; 9206; 9212</u> <u>UVSPF</u> <u>9202</u> <u>9201-1; 9202; 9215; 9401-3; 9703-15; 9709; 9737; 9738; UVSPF</u> <u>9204-4; 9995</u>
CAS <u>007727</u> <u>379</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN (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 <u> </u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>05</u> Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<div style="font-size: 0.8em;"> R 5 2 R 6 2 R 7 1 R 7 2 </div> <u>9714; 9737; 9831</u> <u>9204-1</u> <u>9215A; 9720-2; 9977-1</u> <u>9201-1; 9204-1; 9212; 9720-32; 9720-5</u>

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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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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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

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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 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

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>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u> - <u> </u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FOR OFFICIAL USE ONLY </div> <div style="width: 45%;"> ID # <u> </u> Date Received <u> </u> </div> </div>		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>	
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CAS <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>PETROLEUM OIL (cont'd)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>5</u> No. of Days On-Site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>R</td><td>4</td><td>2</td><td>9404-1</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	R	4	2	9404-1																												
R	4	2	9404-1																																

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Signature

Date signed

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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>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u> <div style="display: flex; justify-content: space-between;"> <div>FOR OFFICIAL USE ONLY</div> <div>ID # <u> </u> Date Received <u> </u></div> </div>		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>	
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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) <i>Storage Locations</i>
CAS <u>009002884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POLYETHYLENE</u> <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <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 </div> </div> EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;"> C n T y p e P r e s F 4 1 K 4 1 K 4 1 M 4 1 N 4 1 R 4 1 </div> <div> 9202 9201-1; 9201-2; 9203; 9204-2E; 9215; 9420; 9703-15; 9704-1; 9720-15 9720-41; 9720-6; 9720-8; 9737; 9831; 9995 9202; 9995 9202; 9203; 9204-2E; 9215; 9995 9114; 9201-1; 9201-2; 9201-3; 9201-5; 9204-1; 9204-4; 9401-3; 9703-15 </div> </div>
CAS <u>009002884</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POLYETHYLENE (cont'd)</u> <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <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 </div> </div> EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;"> R 4 1 R 4 1 </div> <div> 9710-2; 9712; 9714; 9720-15; 9720-20; 9720-32; 9720-6; 9720-8; 9737 9831; 9983-24; 9998 </div> </div>
CAS <u>065997151</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PORTLAND CEMENT</u> <div style="display: flex; justify-content: space-between;"> <div>Check all that apply</div> <div> <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 </div> </div> EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-Site (days) <u>365</u>	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;"> F 4 1 F 4 1 J 4 1 J 4 1 K 4 1 M 4 1 </div> <div> 9202; 9404-20; 9420; 9616-7; 9624; 9720-50; 9720-8; 9723-25; 9731 9831; 9983-BK; 9995 9205; 9401-3; 9404-20; 9404-5; 9420; 9616-7; 9720-50; 9720-8; 9723-25 9731; 9831; 9998 9720-50; UVSPF 9202 </div> </div>

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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>3499</u> Dun & Bradstreet 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>	
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	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>			

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Reporting Period From January 1 to December 31, 1999

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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>															
CAS <u>065997151</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PORTLAND CEMENT (cont'd)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>n</td><td>P</td></tr> <tr><td>T</td><td>T</td><td>r</td></tr> <tr><td>y</td><td>e</td><td>e</td></tr> <tr><td>p</td><td>m</td><td>s</td></tr> <tr><td>e</td><td>p</td><td>s</td></tr> </table> 9201-1; 9201-3; 9201-4; 9201-5; 9204-1; 9204-4; 9215; 9404-20; 9404-8 9420; 9616-11; 9624; 9720-50; 9731; 9737; 9831; 9995; UVSPF	C	n	P	T	T	r	y	e	e	p	m	s	e	p	s
C	n	P																
T	T	r																
y	e	e																
p	m	s																
e	p	s																
CAS <u>000584087</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POTASSIUM CARBONATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>I</td><td>4</td><td>1</td></tr> <tr><td>K</td><td>4</td><td>1</td></tr> <tr><td>R</td><td>4</td><td>1</td></tr> </table> 9202; 9204-4; 9215 9202 9204-4	I	4	1	K	4	1	R	4	1						
I	4	1																
K	4	1																
R	4	1																
CAS <u>000151508</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POTASSIUM CYANIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>POTASSIUM CYANIDE</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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td></tr> <tr><td>J</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>R</td><td>4</td><td>1</td></tr> </table> 9201-5N 9706-2 / 1st Floor 9204-3 / 1st Floor; 9401-4 9202 9995 / 1st Floor	D	4	1	J	4	1	M	4	1	N	4	1	R	4	1
D	4	1																
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Tier Two Emergency and Hazardous Chemical Inventory	Facility Identification		Owner/Operator Name	
	Name <u>Oak Ridge Y-12 Plant</u>		Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u>	
	Street <u>Bear Creek Road</u>		Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>	
Specific information by Chemical	City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u>		Emergency Contact	
	SIC Code <u>3499</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u>		Name <u>Plant Shift Superintendent</u> Title <u> </u>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <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>	

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CAS <u>000057556</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPYLENE GLYCOL</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C 4 1 9215 D 4 1 9201-5E; 9201-5N; 9206; 9212 / A Wing; 9212 / B-1 Wing; 9215 / M Wing D 4 1 9401-3; 9720-2; 9767-4; 9805; 9805-1; 9998 F 4 1 9201-2; 9202; 9202 / 3rd Floor; 9203; 9204-2E; 9206; 9208; 9215 F 4 1 9401-3; 9404-5; 9703-15; 9712; 9720-8; 9737; 9831; 9983-83; 9998 F 4 2 9710-3; 9720-41; 9811-1	<input type="checkbox"/>
CAS <u>000057556</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPYLENE GLYCOL (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	M 4 1 9202; 9202 / 2nd Floor; 9203; 9709; 9995; UVSPF N 4 1 9103; 9104-5; 9109; 9113; 9115; 9119; 9201-1; 9201-2; 9201-3; 9202 N 4 1 9202 / 1st Floor; 9203; 9204-1; 9204-2; 9204-2E; 9207; 9208; 9212 N 4 1 9215; 9219; 9420; 9616-7; 9704-1; 9704-2; 9706-1; 9706-2; 9710-2 N 4 1 9710-3; 9711-1; 9712; 9714; 9720-13; 9720-16; 9720-20; 9720-41; 9720-5 N 4 1 9720-6; 9723-14; 9723-16; 9723-19; 9723-21; 9723-25; 9723-31; 9728	<input type="checkbox"/>
CAS <u>000057556</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PROPYLENE GLYCOL (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	N 4 1 9731; 9733-1; 9736; 9737; 9764; 9769; 9831; 9983-44; 9995; 9998; UVSPF R 4 1 1501-2; 9113; 9201-1; 9202; 9204-1; 9204-2E; 9204-4; 9206; 9212; 9215 R 4 1 9720-2; 9720-21; 9720-8; 9737; 9739; 9998 	<input type="checkbox"/>

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CAS <u>014808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> Z <u> </u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 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	<input type="checkbox"/>
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F	4	1	1501-2; 9104-5; 9114; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2																									
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F	4	1	9420; 9616-7; 9623; 9624; 9703-15; 9720-13; 9720-15; 9720-16; 9720-6																									
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F	4	2	9204-4; 9995																									
J	4	1	9201-1; 9202; 9206; 9401-3; 9404-20; 9404-5; 9420; 9616-7; 9623																									
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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																									
CAS <u>014808607</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SILICA, CRYSTALLINE-QUARTZ</u> Z (cont'd) <u> </u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </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"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	<table border="1"><tr><td>R</td><td>4</td><td>1</td><td>1501-2; 9201-1; 9201-2; 9201-3; 9201-4; 9201-5; 9202; 9203; 9204-1</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9204-3; 9204-4; 9206; 9212; 9215; 9215A; 9401-3; 9404-20; 9404-5</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9404-8; 9420; 9616-11; 9623; 9703-15; 9712; 9714; 9720-15; 9720-16</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9720-2; 9720-21; 9720-3; 9720-41; 9720-50; 9720-6; 9720-8; 9731; 9737</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9738; 9744; 9831; 9995</td></tr></table>	R	4	1	1501-2; 9201-1; 9201-2; 9201-3; 9201-4; 9201-5; 9202; 9203; 9204-1	R	4	1	9204-3; 9204-4; 9206; 9212; 9215; 9215A; 9401-3; 9404-20; 9404-5	R	4	1	9404-8; 9420; 9616-11; 9623; 9703-15; 9712; 9714; 9720-15; 9720-16	R	4	1	9720-2; 9720-21; 9720-3; 9720-41; 9720-50; 9720-6; 9720-8; 9731; 9737	R	4	1	9738; 9744; 9831; 9995	<input type="checkbox"/>				
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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>3499</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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CAS <u>007631905</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM BISULFITE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input 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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>C</td><td>4</td><td>1</td><td>9417-8; 9417-9</td></tr> <tr><td>n</td><td>4</td><td>1</td><td>9731; 9767-8</td></tr> <tr><td>T</td><td>4</td><td>1</td><td>9203</td></tr> <tr><td>y</td><td>4</td><td>1</td><td>9202; 9202 / 2nd Floor / Room 215; 9203; 9720-8; 9995</td></tr> <tr><td>e</td><td>4</td><td>1</td><td>9201-5N; 9215; 9616-7; 9624; 9706-2; 9731; 9766</td></tr> <tr><td>p</td><td>4</td><td>1</td><td>9417-8; 9767-1; 9767-8</td></tr> <tr><td>m</td><td></td><td></td><td></td></tr> <tr><td>s</td><td></td><td></td><td></td></tr> </table>	C	4	1	9417-8; 9417-9	n	4	1	9731; 9767-8	T	4	1	9203	y	4	1	9202; 9202 / 2nd Floor / Room 215; 9203; 9720-8; 9995	e	4	1	9201-5N; 9215; 9616-7; 9624; 9706-2; 9731; 9766	p	4	1	9417-8; 9767-1; 9767-8	m				s			
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CAS <u>000497198</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CARBONATE MONOHYDRATE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>4</td><td>1</td><td>9818</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9206; 9215; 9818</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9104-5; 9202; 9420; 9815</td></tr> <tr><td>I</td><td>4</td><td>1</td><td>9202; 9204-4; 9215</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9206</td></tr> <tr><td>K</td><td>4</td><td>1</td><td>9202</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	D	4	1	9818	E	4	1	9206; 9215; 9818	F	4	1	9104-5; 9202; 9420; 9815	I	4	1	9202; 9204-4; 9215	J	4	1	9206	K	4	1	9202								
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CAS <u>007647145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>B</td><td>4</td><td>1</td><td>9401-3</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9998</td></tr> <tr><td>H</td><td>4</td><td>1</td><td>9993</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>2007; 9202; 9731</td></tr> <tr><td>K</td><td>4</td><td>1</td><td>2010; 9104-5; 9202; 9211</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9202; 9203; 9204-3; 9210; 9211; 9401-3; 9720-32; 9731; 9995; UVSPF</td></tr> </table>	B	4	1	9401-3	E	4	1	9998	H	4	1	9993	J	4	1	2007; 9202; 9731	K	4	1	2010; 9104-5; 9202; 9211	M	4	1	9202; 9203; 9204-3; 9210; 9211; 9401-3; 9720-32; 9731; 9995; UVSPF
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CAS <u>001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE (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 type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>F</td><td>4</td><td>1</td><td>9109; 9204-2; 9204-3; 9623; 9624; 9720-15; 9728</td></tr> <tr><td>I</td><td>4</td><td>1</td><td>9720-2</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9103; 9107; 9201-1; 9201-2; 9204-2; 9204-3; 9401-3; 9710-2; 9710-3</td></tr> <tr><td>J</td><td>4</td><td>1</td><td>9720-2; 9728; 9731; 9737</td></tr> <tr><td>K</td><td>4</td><td>1</td><td>9111; 9204-4; 9720-13</td></tr> <tr><td>M</td><td>4</td><td>1</td><td>9201-3; 9202; 9203; 9204-2; 9204-3; 9206; 9212; 9616-7; 9624; 9709</td></tr> </table>	F	4	1	9109; 9204-2; 9204-3; 9623; 9624; 9720-15; 9728	I	4	1	9720-2	J	4	1	9103; 9107; 9201-1; 9201-2; 9204-2; 9204-3; 9401-3; 9710-2; 9710-3	J	4	1	9720-2; 9728; 9731; 9737	K	4	1	9111; 9204-4; 9720-13	M	4	1	9201-3; 9202; 9203; 9204-2; 9204-3; 9206; 9212; 9616-7; 9624; 9709
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CAS <u>001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE (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 type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-Site (days) <u>365</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>M</td><td>4</td><td>1</td><td>9731; 9769; 9805; 9995; UVSPF</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9104-3; 9109; 9111; 9114; 9115; 9116; 9119; 9201-1; 9201-2; 9201-3</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9201-5; 9202; 9203; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9205</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9207; 9208; 9210; 9211; 9212; 9401-3; 9420; 9616-7; 9623; 9624</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9703-15; 9704-1; 9706-2; 9710-2; 9710-3; 9711-5; 9720-41; 9720-8</td></tr> <tr><td>N</td><td>4</td><td>1</td><td>9723-16; 9723-27; 9723-28; 9723-31; 9731; 9769; 9811-1; 9818; 9995</td></tr> </table>	M	4	1	9731; 9769; 9805; 9995; UVSPF	N	4	1	9104-3; 9109; 9111; 9114; 9115; 9116; 9119; 9201-1; 9201-2; 9201-3	N	4	1	9201-5; 9202; 9203; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9205	N	4	1	9207; 9208; 9210; 9211; 9212; 9401-3; 9420; 9616-7; 9623; 9624	N	4	1	9703-15; 9704-1; 9706-2; 9710-2; 9710-3; 9711-5; 9720-41; 9720-8	N	4	1	9723-16; 9723-27; 9723-28; 9723-31; 9731; 9769; 9811-1; 9818; 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 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.

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</u> <u>4</u> <u>9</u> <u>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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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) <i>Storage Locations</i>																								
CAS <u>0</u> <u>0</u> <u>1</u> <u>3</u> <u>1</u> <u>0</u> <u>7</u> <u>3</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM HYDROXIDE (cont'd)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Liq <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> <input type="checkbox"/> No. of Days On-Site (days)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>N</td><td>4</td><td>1</td><td>9998; UVSPF</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9201-1; 9201-2; 9201-3; 9201-4; 9202; 9204-1; 9204-3; 9204-4; 9207</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9212; 9401-3; 9404-5; 9409-22; 9616-7; 9616-9; 9720-8; 9737; 9815</td></tr> <tr><td>R</td><td>4</td><td>1</td><td>9995; 9998; UVSPF</td></tr> <tr><td>R</td><td>6</td><td>3</td><td>9201-2</td></tr> </table>	N	4	1	9998; UVSPF	R	4	1	9201-1; 9201-2; 9201-3; 9201-4; 9202; 9204-1; 9204-3; 9204-4; 9207	R	4	1	9212; 9401-3; 9404-5; 9409-22; 9616-7; 9616-9; 9720-8; 9737; 9815	R	4	1	9995; 9998; UVSPF	R	6	3	9201-2				
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Optional Attachments

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

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>3499</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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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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) Storage Locations	O P T																								
CAS <u>007757</u> <u>837</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM SULFITE ANHYDROUS</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<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)	<table border="1"><tr><td>E</td><td>4</td><td>1</td><td>9201-2; 9201-3; 9204-2; 9767-8</td></tr><tr><td>J</td><td>4</td><td>1</td><td>9203; 9401-3</td></tr><tr><td>K</td><td>4</td><td>1</td><td>9104-5</td></tr><tr><td>M</td><td>4</td><td>1</td><td>9201-3; 9202; 9203; 9204-3; 9995</td></tr><tr><td>N</td><td>4</td><td>1</td><td>9202; 9203; 9731; 9766; 9959</td></tr><tr><td>R</td><td>4</td><td>1</td><td>9401-3; 9995</td></tr></table>	E	4	1	9201-2; 9201-3; 9204-2; 9767-8	J	4	1	9203; 9401-3	K	4	1	9104-5	M	4	1	9201-3; 9202; 9203; 9204-3; 9995	N	4	1	9202; 9203; 9731; 9766; 9959	R	4	1	9401-3; 9995	<input type="checkbox"/>
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CAS <u>007664</u> <u>939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>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)	<table border="1"><tr><td>A</td><td>4</td><td>1</td><td>9201-5 / Outside Tank; 9401-3 / Main Utilities Area (Boilers etc.)</td></tr><tr><td>A</td><td>4</td><td>1</td><td>9623</td></tr><tr><td>C</td><td>4</td><td>1</td><td>9401-3; 9404-18; 9616-7 / West End Treatment Facility; 9616-9</td></tr><tr><td>D</td><td>4</td><td>1</td><td>9202</td></tr><tr><td>E</td><td>4</td><td>1</td><td>9205; 9401-2 / Plating Shop / Annex; 9409-10; 9409-11; 9409-13</td></tr><tr><td>E</td><td>4</td><td>1</td><td>9409-15; 9409-17; 9409-18; 9409-2; 9409-20; 9409-22; 9409-22E; 9409-23</td></tr></table>	A	4	1	9201-5 / Outside Tank; 9401-3 / Main Utilities Area (Boilers etc.)	A	4	1	9623	C	4	1	9401-3; 9404-18; 9616-7 / West End Treatment Facility; 9616-9	D	4	1	9202	E	4	1	9205; 9401-2 / Plating Shop / Annex; 9409-10; 9409-11; 9409-13	E	4	1	9409-15; 9409-17; 9409-18; 9409-2; 9409-20; 9409-22; 9409-22E; 9409-23	<input type="checkbox"/>
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E	4	1	9409-15; 9409-17; 9409-18; 9409-2; 9409-20; 9409-22; 9409-22E; 9409-23																									
CAS <u>007664</u> <u>939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID (cont'd)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> 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)	<table border="1"><tr><td>E</td><td>4</td><td>1</td><td>9409-26; 9409-29; 9409-32; 9409-34; 9409-35; 9409-4; 9409-73; 9720-2</td></tr><tr><td>E</td><td>4</td><td>1</td><td>9720-8</td></tr><tr><td>F</td><td>4</td><td>1</td><td>9202</td></tr><tr><td>J</td><td>4</td><td>1</td><td>9731</td></tr><tr><td>K</td><td>4</td><td>1</td><td>9104-5; 9202</td></tr><tr><td>M</td><td>4</td><td>1</td><td>1405; 9201-2; 9201-5N / 1st Floor / Room 133; 9202; 9203; 9204-2</td></tr></table>	E	4	1	9409-26; 9409-29; 9409-32; 9409-34; 9409-35; 9409-4; 9409-73; 9720-2	E	4	1	9720-8	F	4	1	9202	J	4	1	9731	K	4	1	9104-5; 9202	M	4	1	1405; 9201-2; 9201-5N / 1st Floor / Room 133; 9202; 9203; 9204-2	<input type="checkbox"/>
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- ☐ I have attached a site plan
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- ☐ I have attached a description of dikes and other safeguard measures

Tier Two Emergency and Hazardous Chemical Inventory Specific Information by Chemical	Facility Identification Name <u>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>3499</u> Dnt & 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>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </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>	

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Reporting Period From January 1 to December 31, 1999

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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>	O P T																		
CAS <u>007664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID (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 type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days) <u>365</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;"> C n T T y e e p m s e p s </div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> <tr><td>M</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> </table> </div> <u>9204-2E / 3rd Floor; 9204-3; 9204-4 / 2nd Floor</u> <u>9206 / 2nd Floor / Room 100E; 9207; 9212; 9212 / B-1 Wing</u> <u>9401-2 / Plating Shop / Annex; 9623; 9623 / CPCF - Laboratory; 9624</u> <u>9731; 9735; 9737; 9769 / 2nd Floor; 9769 / 3rd Floor; 9811-1; 9995</u> <u>9995 / 1st Floor; UVSPF</u> <u>9201-3; 9201-5; 9202; 9203; 9204-1; 9204-4; 9205; 9206; 9401-1; 9401-3</u>	M	4	1	M	4	1	M	4	1	M	4	1	M	4	1	N	4	1	<input type="checkbox"/>
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CAS <u>007664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID (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 type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days) <u>365</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;"> N 4 1 N 4 1 N 4 2 R 4 1 </div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>N</td><td>4</td><td>1</td></tr> <tr><td>N</td><td>4</td><td>1</td></tr> <tr><td>N</td><td>4</td><td>2</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> </table> </div> <u>9616-7 / Laboratory; 9624; 9704-1; 9712; 9720-20; 9720-6; 9731; 9769</u> <u>9995</u> <u>9204-4</u> <u>9201-1; 9401-3; 9404-18; 9404-20; 9616-10; 9714; 9831; 9995</u>	N	4	1	N	4	1	N	4	2	R	4	1							<input type="checkbox"/>
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N	4	1																				
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R	4	1																				
CAS <u>007440611</u> Trade Secret <input type="checkbox"/> Chem. Name <u>URANIUM AND URANIUM COMPO</u> <u>UNDS</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <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"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-Site (days) <u>365</u>	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;"> R 4 1 R 4 1 R 4 1 R 4 1 </div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>R</td><td>4</td><td>1</td></tr> <tr><td>R</td><td>4</td><td>1</td></tr> <tr><td>R</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> </table> </div> <u>9119; 9201-2; 9201-4; 9201-5; 9201-5N; 9202; 9203; 9204-1; 9204-2</u> <u>9204-2E; 9204-3; 9204-4; 9206; 9207; 9212; 9215; 9401-4; 9401-5</u> <u>9710-2; 9711-1; 9720-1; 9720-12; 9720-18; 9720-3; 9720-5; 9735; 9769</u> <u>9825A; 9980; 9983-17; 9995; 9998</u>	R	4	1	R	4	1	R	4	1	R	4	1							<input type="checkbox"/>
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