

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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Tier Two Emergency and Hazardous Chemical Inventory Specific Information for Chemical	Facility Identification Name US DOE Lockheed Martin Energy Systems Y-12 Plant* Street Bear Creek Road City Oak Ridge County Anderson State TN Zip 37831 SIC Code 3 4 9 9 Dun & Brad Number <input type="text"/> - <input type="text"/> - <input type="text"/> FOR OFFICIAL USE ONLY <input type="text"/> ID # <input type="text"/> Date Received <input type="text"/>					Owner/Operator Name Name U.S. Department of Energy Phone (865) 576 9850 Mail Address P.O. Box 2001, Oak Ridge, TN 37831 Emergency Contact 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				
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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)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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CAS 0 0 1 3 4 4 2 8 1 Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)	D 4 1	E 4 1	F 4 1	G 4 1	H 4 1	I 4 1	J 4 1	K 4 1	9201-5; 9767-13; 9998 9202; 9709; 9738 9202 / 3rd Floor; 9204-1; 9204-2; 9204-2E; 9206; 9401-3; 9731; 9995 9202 / 1st Floor / Room 178; 9727-4; 9767-13 9202; 9203; 9404-20; 9831 9201-3; 9201-5N; 9202; 9204-1; 9401-3; 9420; 9703-15; 9712; 9714																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Chem. Name ALUMINUM OXIDE	<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"/> EHIS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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1	QA 4 1	RA 4 1	SA 4 1	TA 4 1	UA 4 1	VA 4 1	WA 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 1	BD 4 1	BE 4 1	BF 4 1	BG 4 1	BH 4 1	BI 4 1	BJ 4 1	BK 4 1	BL 4 1	BM 4 1	BN 4 1	BO 4 1	BP 4 1	BQ 4 1	BR 4 1	BS 4 1	BT 4 1	BU 4 1	BV 4 1	BW 4 1	XA 4 1	YA 4 1	ZA 4 1	BA 4 1	BB 4 1	BC 4 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Revised June 1990

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 this document through 40, 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.

odd R. Butz, Director Environment, Safety, Health and Quality

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

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 40, 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.

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Tier Two

Emergency
and
hazardous
Chemical
InventorySpecific
Evaluation
by Chemical

Facility Identification						
Name US DOE Lockheed Martin Energy Systems Y-12 Plant*						
Street Bear Creek Road						
City Oak Ridge		County Anderson		State TN		Zip 37831
SIC Code 3 4 9 9		Dun & Brad		Number [] - [] - []		
FOR OFFICIAL USE ONLY		ID #				
		Date Received				

Owner/Operator Name						
Name U.S. Department of Energy						
Phone (865) 576-9850						
Mail Address P.O. Box 2001, Oak Ridge, TN 37831						
Emergency Contact						
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	Storage Codes and Locations (Non-Confidential)			O p i
			C n T y p e s	n P r e s	Storage Locations	
CAS 0 0 1 3 0 5 6 2 0 Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)	J 4 1	9731	9201-3; 9202; 9204-2; 9204-3; 9995	
Chem. Name CALCIUM HYDROXIDE			M 4 1	9202; 9204-1; UVSPF		
			N 4 1	9723-16		
			P 4 1			
CAS 0 0 7 4 4 0 7 0 2 Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 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 No. of Days On-Site (days)	D 4 1	9204-3; 9206; 9720-27	9202; 9212	
Chem. Name CALCIUM METAL			F 4 1	9202; 9204-3; 9995		
			M 4 1	9202		
			N 4 1			
CAS 0 0 1 3 3 3 8 6 4 Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 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 No. of Days On-Site (days)	D 4 1	9202; 9204-2; 9204-2E; 9206; 9404-9; 9720-19A; 9720-27; 9731; 9998	9201-5; 9204-2E	
Chem. Name CARBON BLACK			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		

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d R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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

Revised June 1990

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific information by Chemical</small>	Facility Identification Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> - - - </u>					Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>			
						Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>			
	FOR OFFICIAL USE ONLY		<u>ID #</u> <u>Date Received</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	C n T y p e s T e r e s p e s	Storage Codes and Locations (Non-Confidential)	Storage Locations	O P I
CAS 0 0 1 3 3 3 8 6 4	Trade Secret <input type="checkbox"/>	Chem. Name <u>CARBON BLACK</u> (cont'd)	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<input type="checkbox"/> Reactivity	<input checked="" type="checkbox"/> Immediate (acute)	<input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0	<input type="checkbox"/> 4	Max. Daily Amount (code)	<input type="checkbox"/> N 4 1	9202; 9203; 9204-2; 9204-3; 9204-4; 9731; 9995			
<input checked="" type="checkbox"/> Check all that apply	<input checked="" type="checkbox"/> Pure	<input checked="" type="checkbox"/> Mix	<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Liquid	<input type="checkbox"/> Gas	<input type="checkbox"/> EHS		<input type="checkbox"/> 0	<input type="checkbox"/> 4	Avg. Daily Amount (code)	<input type="checkbox"/> R 4 1	9201-1; 9201-2; 9201-5; 9202; 9204-1; 9204-2; 9208; 9212; 9215; 9420			
EHS Name			<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 5	No. of Days On-Site (days)		<input type="checkbox"/> R 4 1		9703-15; 9709; 9710-2; 9720-1; 9720-6; 9720-8; 9725; 9737; 9738; 9831					
								<input type="checkbox"/> R 4 1		9995; UVSPF					
CAS 0 0 0 1 2 4 3 8 9	Trade Secret <input type="checkbox"/>	Chem. Name <u>CARBON DIOXIDE</u>	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<input type="checkbox"/> Reactivity	<input checked="" type="checkbox"/> Immediate (acute)	<input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0	<input type="checkbox"/> 4	Max. Daily Amount (code)	<input type="checkbox"/> F 4 1	9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2E; 9204-4; 9206; 9212; 9714			
<input checked="" type="checkbox"/> 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		<input type="checkbox"/> 0	<input type="checkbox"/> 4	Avg. Daily Amount (code)	<input type="checkbox"/> F 4 2	9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-4; 9206; 9212			
EHS Name			<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 5	No. of Days On-Site (days)		<input type="checkbox"/> F 4 2		9215; 9219; 9401-1; 9404-1; 9404-8; 9704-1; 9709; 9710-3; 9712; 9714					
								<input type="checkbox"/> F 4 2		9720-13; 9720-16; 9720-20; 9720-41; 9720-6; 9723-25; 9731; 9737					
								<input type="checkbox"/> F 4 2		9811-1; 9983-44; 9995; 9998; UVSPF					
								<input type="checkbox"/> L 4 2		9204-2E / 2nd Floor; 9709; 9711-5; 9769; 9989; 9990-3; 9995 / BASEMENT					
CAS 0 0 0 1 2 4 3 8 9	Trade Secret <input type="checkbox"/>	Chem. Name <u>CARBON DIOXIDE</u> (cont'd)	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Sudden Release of Pressure	<input type="checkbox"/> Reactivity	<input checked="" type="checkbox"/> Immediate (acute)	<input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0	<input type="checkbox"/> 4	Max. Daily Amount (code)	<input type="checkbox"/> L 4 2	9998			
<input checked="" type="checkbox"/> 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		<input type="checkbox"/> L 6 2		9401-1					
EHS Name			<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 5	No. of Days On-Site (days)		<input type="checkbox"/> P 4 2		9201-3; 9710-2 / Outside Tanker					
								<input type="checkbox"/> P 7 2		9710-2					
								<input type="checkbox"/> R 4 2		9201-1; 9204-4; 9737; 9995					
								<input type="checkbox"/> R 6 2		9710-2					

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 40, 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.

Todd R. Butz, Director Environment, Safety, Health and Quality

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
Chemical

Facility Identification					
Name US DOE Lockheed Martin Energy Systems Y-12 Plant*					
Street Bear Creek Road					
City Oak Ridge	County Anderson	State TN	Zip 37831		
SIC Code 3 4 9 9		Dun & Brad Number			
FOR OFFICIAL USE ONLY	ID #				
	Date Received				

Owner/Operator Name					
Name U.S. Department of Energy Phone (865) 576-9850					
Mail Address P.O. Box 2001, Oak Ridge, TN 37831					
Emergency Contact					
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	Storage Codes and Locations (Non-Confidential)		
			C n T y p e s e p s	P r e s e p s	Storage Locations
CAS 0 0 0 1 2 4 3 8 9 Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	R 7 1	9995	<input type="checkbox"/>
Chem. Name CARBON DIOXIDE (cont'd)			R 7 2	9710-2	<input type="checkbox"/>
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					
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <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)	P 4 1 P 4 1 R 4 1	9409-10; 9409-13; 9409-15; 9409-17; 9409-20; 9409-26; 9409-28; 9409-29 9409-32; 9409-34; 9409-35 9711-1	<input type="checkbox"/>
Chem. Name CONTINUUM AT220					
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					
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <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)	P 4 1 R 4 1	9409-20; 9409-22; 9409-22E; 9409-23; 9409-73 9409-22	<input type="checkbox"/>
Chem. Name DIANODIC DN300					
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					

Identification (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 40, 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.

Id R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility.

Optional Attachments

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

Revised June 1990

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific Information by Chemical</small>	Facility Identification Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> - - </u> <div style="display: flex; justify-content: space-between;"> FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u> </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>														
	Important: Read all instructions before completing form						Reporting Period From January 1 to December 31, 1999			<input type="checkbox"/> Check if information below is identical to the information submitted last year											
	Chemical Description			Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations (Non-Confidential) <small>Storage Locations</small>															
	CAS <u>0 6 1 7 9 0 5 3 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIATOMACEOUS EARTH</u> <small>Check all that apply</small> <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 Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="display: inline-table; vertical-align: middle;"> <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>	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>0 6 1 7 9 0 5 3 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIATOMACEOUS EARTH (cont'</u> d) <small>Check all that apply</small> <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 Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="display: inline-table; vertical-align: middle;"> <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>	C	n	P	T	T	r	y	e	e	p	m	s	e	p	s	<u>9201-1; 9202; 9204-2; 9720-8; 9737</u> <u> </u> <u> </u> <u> </u> <u> </u>
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>DIESEL FUEL NO. 2</u> <small>Check all that apply</small> <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>			<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<table border="1" style="display: inline-table; vertical-align: middle;"> <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>	C	n	P	T	T	r	y	e	e	p	m	s	e	p	s	<u>9201-1; 9201-3; 9201-4; 9201-5; 9203; 9204-2; 9204-4; 9206; 9210; 9211</u> <u>9212; 9416-35; 9702; 9706-2; 9710-2; 9712; 9720-2; 9720-5; 9731; 9998</u> <u>Post 10; Post 24; Post 33; Post 8</u> <u>9714 / TSD Garage; 9754-3</u> <u>9710-3; 9722-2; 9999</u> <u>9401-1; 9998</u>
C	n	P																			
T	T	r																			
y	e	e																			
p	m	s																			
e	p	s																			

Certification (Read and sign after completing all sections)

certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, 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.

Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility.

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
InventorySpecific
Information
by Chemical

Facility Identification					
Name US DOE Lockheed Martin Energy Systems Y-12 Plant*					
Street Bear Creek Road					
City Oak Ridge	County Anderson	State TN	Zip 37831		
SIC Code 3 4 9 9	Dun & Brad Number				
FOR OFFICIAL USE ONLY	ID # _____				
	Date Received _____				

Owner/Operator Name					
Name U.S. Department of Energy Phone (865) 576-9850					
Mail Address P.O. Box 2001, Oak Ridge, TN 37831					
Emergency Contact					
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	Storage Codes and Locations (Non-Confidential)			O p t
			C n T y p e s n T e m e p e s	P r e e s t r e s	Storage Locations	
CAS [] Chem. Name DIESEL FUEL NO. 2 (cont'd)	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> F 4 1 9206; 9219; 9720-50 <input type="checkbox"/> N 4 1 9401-1 <input type="checkbox"/> P 4 1 9712 / Tanker Truck; 9737 <input type="checkbox"/> R 4 1 9215; 9401-1; 9714			
CAS [] Chem. Name ETHYLENE GLYCOL	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<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)	<input type="checkbox"/> D 4 1 9712; 9714 <input type="checkbox"/> E 4 1 9401-1; 9404-5; 9720-15; 9720-8; 9731; 9831 <input type="checkbox"/> F 4 1 9201-2; 9201-3; 9202; 9204-2E; 9204-4; 9206; 9219; 9404-20; 9404-5 <input type="checkbox"/> F 4 1 9703-15; 9709; 9720-13; 9720-15; 9720-16; 9720-6; 9720-8; 9723-25 <input type="checkbox"/> F 4 1 9983-BK <input type="checkbox"/> F 4 2 9206; 9401-3; 9709; 9714; 9720-20; 9720-6; 9723-25; 9983-BK			
CAS [] Chem. Name ETHYLENE GLYCOL (cont'd)	<input checked="" type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<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)	<input type="checkbox"/> M 4 1 9202; 9203; 9712; 9720-16; 9720-8; 9995 <input type="checkbox"/> N 4 1 9201-2; 9202; 9203; 9204-1; 9204-4; 9212; 9219; 9420; 9704-1; 9706-2 <input type="checkbox"/> N 4 1 9710-3; 9712; 9720-20; 9720-6; 9723-14; 9731; 9733-1; 9737; 9769 <input type="checkbox"/> N 4 1 9983-44; 9998 <input type="checkbox"/> R 4 1 9114; 9201-1; 9204-2E; 9204-4; 9212; 9220; 9404-5; 9420; 9714; 9720-16 <input type="checkbox"/> R 4 1 9720-6; 9720-8; 9737			

Identification (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 40, 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.

Id R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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

Facility Identification												Owner/Operator Name											
Tier Two						Name US DOE Lockheed Martin Energy Systems Y-12 Plant*						Name U.S. Department of Energy											
Emergency and Hazardous Chemical Inventory			Street Bear Creek Road			City Oak Ridge			County Anderson			State TN			Zip 37831			Mail Address P.O. Box 2001, Oak Ridge, TN 37831					
SIC Code 3 4 9 9			Dun & Brad Number			Title			Emergency Contact			Name Plant Shift Superintendent											
FOR OFFICIAL USE ONLY			ID #			Title			Phone (865) 574-7172			Title			Phone (865) 574-7172								
Specific Information by Chemical			Date Received			Title			Name DOE Emergency Response Center			Title			Phone (865) 576-1005								
Important: Read all instructions before completing form												From January 1 to December 31, 1999											
Reporting Period												From January 1 to December 31, 1999											
Chemical Description						Physical and Health Hazards (check all that apply)						Inventory						Storage Codes and Locations (Non-Confidential)					
CAS 0 0 0 0 7 6 1 3 1						Trade Secret						C T Y P E M S E P S						C T Y P E M S E P S					
Chem. Name FREON 113						Fire Sudden Release of Pressure Reactivity						0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code)						C 4 1 9215 D 4 1 9201-2; 9201-5; 9202; 9206; 9212; 9215; 9720-2					
Check all that apply.						X Immediate (acute) X Delayed (chronic)						3 6 5 No. of Days 3 6 5 On-Site (days)						F 4 1 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-3; 9208; 9212; 9709; 9720-2 F 4 1 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; 9401-3; 9404-1; 9404-20; 9710-3; 9712; 9720-16					
EHS Name _____																							
CAS 0 0 0 0 7 6 1 3 1						Trade Secret						Fire Sudden Release of Pressure Reactivity						C T Y P E M S E P S					
Chem. Name FREON 113 (cont'd)						X Immediate (acute) X Delayed (chronic)						0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code)						C 4 1 9215 D 4 1 9201-2; 9201-5; 9202; 9206; 9212; 9215; 9720-2					
Check all that apply.						X Pure X Solid X Liquid X Gas EHS						3 6 5 No. of Days 3 6 5 On-Site (days)						F 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; 9995					
EHS Name _____																							
CAS 0 0 0 0 7 6 1 3 1						Trade Secret						Fire Sudden Release of Pressure Reactivity						C T Y P E M S E P S					
Chem. Name FREON 113 (cont'd)						X Immediate (acute) X Delayed (chronic)						0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code)						C 4 1 9215 D 4 1 9201-1; 9201-3; 9215; 9720-2; 9720-8; 9737; 9995; UVSPF					
Check all that apply.						X Pure X Solid X Liquid X Gas EHS						3 6 5 No. of Days 3 6 5 On-Site (days)						F 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; 9995					
EHS Name _____																							
Certification (Read and sign after completing all sections)												Optional Attachments											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.												<input type="checkbox"/> I have attached a site plan <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											
Todd R. Butz, Director Environment, Safety, Health and Quality												Date signed _____											
Name and official title of owner/operator OR owner/operator's authorized representative												Signature _____											

Tier Two
Emergency
and
Hazardous
Chemical
InventorySpecific
Information
Chemical

Important: Read all instructions before completing form

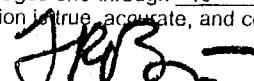
Facility Identification										Owner/Operator Name									
Name US DOE Lockheed Martin Energy Systems Y-12 Plant* Street Bear Creek Road City Oak Ridge County Anderson State TN Zip 37831 SIC Code 3 4 9 9 Dun & Brad Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Name U.S. Department of Energy Phone (865) 576-9850 Mail Address P.O. Box 2001, Oak Ridge, TN 37831									
FOR OFFICIAL USE ONLY ID # <input type="text"/> Date Received <input type="text"/>										Emergency Contact 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									
Chemical Description										Reporting Period		From January 1 to December 31, 1999				<input type="checkbox"/> Check if information below is identical to the information submitted last year			
<p>CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 5 <input type="text"/> <input type="text"/> 8 Trade Secret <input type="checkbox"/></p> <p>Chem. Name FREON 12</p> <p><input type="checkbox"/> Check all that apply. <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name <input type="text"/></p>										Physical and Health Hazards (check all that apply)		Inventory				Storage Codes and Locations (Non-Confidential)			
<p>CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 5 <input type="text"/> <input type="text"/> 8 Trade Secret <input type="checkbox"/></p> <p>Chem. Name FREON 12 (cont'd)</p> <p><input type="checkbox"/> Check all that apply. <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name <input type="text"/></p>										<p>Fire <input type="checkbox"/> <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> <input type="checkbox"/> Reactivity <input type="checkbox"/> <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> <input checked="" type="checkbox"/> Delayed (chronic)</p>		<p>0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input checked="" type="checkbox"/> 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)</p>				<p>C n T y p e r e e s e p s t o p t</p> <p>9215 9107; 9201-3; 9202; 9203; 9208; 9610; 9714; 9720-20; 9995 9111; 9201-3; 9202; 9204-1; 9204-2; 9204-2E; 9204-4; 9206; 9212; 9215 9401-3; 9404-4; 9712; 9714; 9720-16; 9720-20; 9723-25; 9731; 9737 9998 9712; 9720-2; 9720-8; 9959; 9995</p>			
<p>CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 5 <input type="text"/> <input type="text"/> 8 Trade Secret <input type="checkbox"/></p> <p>Chem. Name FREON 12 (cont'd)</p> <p><input type="checkbox"/> Check all that apply. <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name <input type="text"/></p>										<p>Fire <input type="checkbox"/> <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> <input type="checkbox"/> Reactivity <input type="checkbox"/> <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> <input checked="" type="checkbox"/> Delayed (chronic)</p>		<p>0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input checked="" type="checkbox"/> 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)</p>				<p>L n L M N R 4 4 4 4 4 4 2 2 2 1 1 1 2 2 2 2 2 2 9201-1; 9201-3; 9201-5N; 9202; 9204-1 / Dock 119; 9204-2E; 9204-4 9712; 9714 / TSD Garage; 9737; 9808 / Refrigeration Shop; 9959; 9981 9995 9995 9215 9201-1; 9201-3; 9202; 9737; 9995; UVSPF</p>			
<p>CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 5 <input type="text"/> <input type="text"/> 8 Trade Secret <input type="checkbox"/></p> <p>Chem. Name FREON 12 (cont'd)</p> <p><input type="checkbox"/> Check all that apply. <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name <input type="text"/></p>										<p>Fire <input type="checkbox"/> <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> <input type="checkbox"/> Reactivity <input type="checkbox"/> <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> <input checked="" type="checkbox"/> Delayed (chronic)</p>		<p>0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> <input checked="" type="checkbox"/> 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)</p>				<p>R 4 4 4 4 4 2 2 2 2 2 2 9995</p>			

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 40, 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.

Sd: R. Butz, Director Environment, Safety, Health and Quality

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

Signature 

Date signed

Optional Attachments

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

Important: Read all instructions before completing form

Reporting Period

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 p n T e p m e s e p s		Storage Codes and Locations (Non-Confidential)		O P I					
														Storage Locations							
CAS 0 0 0 0 7 5 4 5 6	Trade Secret <input type="checkbox"/>	Chem. Name FREON 22								Fire		Max. Daily		9202; 9204-1							
										<input type="checkbox"/> Sudden Release of Pressure		<input type="checkbox"/> 0 4		Amount (code)		9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-3; 9212; 9401-3					
										<input type="checkbox"/> Reactivity		<input type="checkbox"/> 0 4		Avg. Daily		9404-1; 9710-2; 9720-20; 9720-6; 9737					
										<input type="checkbox"/> Immediate (acute)		<input type="checkbox"/> 3 6		No. of Days		9215; 9808; 9959					
										<input type="checkbox"/> Delayed (chronic)		<input type="checkbox"/> 5		On-Site (days)		9201-3; 9206; 9208; 9420; 9720-8; 9737; 9808 / Refrigeration Shop					
														9959; 9995							
CAS 0 0 0 0 7 5 4 5 6	Trade Secret <input type="checkbox"/>	Chem. Name FREON 22 (cont'd)								Fire		Max. Daily		9201-1; 9201-3; 9204-3; 9767-10; 9767-11; 9767-12; 9767-13; 9767-3							
										<input type="checkbox"/> Sudden Release of Pressure		<input type="checkbox"/> 0 4		Amount (code)		9767-4; 9767-8					
										<input type="checkbox"/> Reactivity		<input type="checkbox"/> 0 4		Avg. Daily		9202					
										<input type="checkbox"/> Immediate (acute)		<input type="checkbox"/> 3 6		No. of Days							
										<input type="checkbox"/> Delayed (chronic)		<input type="checkbox"/> 5		On-Site (days)							
CAS 0 0 0 0 7 5 6 9 4	Trade Secret <input type="checkbox"/>	Chem. Name FREON(R) 11								Fire		Max. Daily		9201-5E; 9720-2 / Bay 40 Oil storage							
										<input type="checkbox"/> Sudden Release of Pressure		<input type="checkbox"/> 0 4		Amount (code)		9201-3; 9202; 9203; 9204-2E; 9995					
										<input type="checkbox"/> Reactivity		<input type="checkbox"/> 0 4		Avg. Daily		9201-3; 9202; 9204-2; 9212; 9714; 9720-20; 9720-6; 9995; 9998					
										<input type="checkbox"/> Immediate (acute)		<input type="checkbox"/> 3 6		No. of Days		9202					
										<input type="checkbox"/> Delayed (chronic)		<input type="checkbox"/> 5		On-Site (days)		<input type="checkbox"/> M 4 1		9995			
												<input type="checkbox"/> R 4 1		9201-3; 9202; 9212; 9720-2; 9737; 9995; UVSPF							

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Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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

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Chemical Description		Physical and Health Hazards (check all that apply)	Inventory	C a n t T y p e r e s e p s	Storage Codes and Locations (Non-Confidential)	
CAS 0 0 7 4 4 0 5 9 7 Chem. Name <u>HELIUM (cont'd)</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)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	R 4 1 R 4 2 R 7 2	9215A; 9977-1; UVSPF 9204-4; 9995 9995	
Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____						
CAS 0 0 1 3 3 3 7 4 0 Chem. Name <u>HYDROGEN</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)	<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)	L 4 1 L 4 2 L 7 2 M 4 1 N 4 1 R 4 1	9202; UVSPF 9201-1; 9201-2; 9201-3; 9202; 9204-3; 9206; 9401-1; 9989; 9990; 9995 9995 9995 9202 9401-3	
Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____						
CAS 0 0 1 3 3 3 7 4 0 Chem. Name <u>HYDROGEN (cont'd)</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)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	R 4 2	9204-4; 9977-1; 9977-2	
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 _____						

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Revised June 1990

Tier Two Emergency and Hazardous Chemical Inventory Specific Information to Chemical	Facility Identification Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad <u> </u> Number <u> </u> - <u> </u> - <u> </u> FOR OFFICIAL USE ONLY <u>ID #</u> <u>Date Received</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>																																									
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	CAS <u>0 0 7 6 4 7 0 1 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN CHLORIDE</u> <input type="checkbox"/> Check all that apply <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td><input checked="" type="checkbox"/></td><td>Pure</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Mix</td></tr> <tr><td><input type="checkbox"/></td><td>Solid</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Liquid</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Gas</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>EHS</td></tr> </table> EHS Name <u>HYDROGEN CHLORIDE (GAS O</u> <u>NLY)</u>			<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	<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"/> 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 No. of Days On-Site (days)			<table border="1" style="width: 100px; text-align: center;"> <tr><td>A</td><td>4</td><td>1</td><td>9204-2</td></tr> <tr><td>D</td><td>4</td><td>1</td><td>9201-5</td></tr> <tr><td>E</td><td>4</td><td>1</td><td>9202; 9204-2E</td></tr> <tr><td>F</td><td>4</td><td>1</td><td>9202; 9204-1; 9404-5</td></tr> <tr><td>G</td><td>4</td><td>1</td><td>9995; UVSPF</td></tr> <tr><td>L</td><td>4</td><td>1</td><td>9709</td></tr> </table>			A	4	1	9204-2	D	4	1	9201-5	E	4	1	9202; 9204-2E	F	4	1	9202; 9204-1; 9404-5	G	4	1	9995; UVSPF	L	4	1	9709
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N	4	1	9723-18; 9723-19; 9723-21; 9723-25; 9723-27; 9723-28; 9723-31; 9728																																													
N	4	1	9731; 9733-1; 9736; 9737; 9739; 9766; 9769; 9983-62; 9995; UVSPF																																													
R	4	1	9201-1; 9201-4; 9204-2E; 9714; 9723-16; 9737; 9995; UVSPF																																													
R	6	3	9995																																													

Certification (Read and sign after completing all sections)

certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, 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.

odd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility. *

Optional Attachments

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

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Tier Two
Emergency
and
hazardous
Chemical
InventorySpecific
Information
Chemical

Facility Identification					
Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u>					
Street <u>Bear Creek Road</u>					
City <u>Oak Ridge</u>	County <u>Anderson</u>	State <u>TN</u>	Zip <u>37831</u>		
SIC Code <u>3 4 9 9</u>	Dun & Brad Number <u> </u> - <u> </u> - <u> </u>				
FOR OFFICIAL USE ONLY	ID # <u> </u>				
	Date Received <u> </u>				

Owner/Operator Name					
Name <u>U.S. Department of Energy</u> Phone <u>(865) 576-9850</u>					
Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>					
Emergency Contact					
Name <u>Plant Shift Superintendent</u> Title <u> </u>					
Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u>					
Name <u>DOE Emergency Response Center</u> Title <u> </u>					
Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>					

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)			O p 1
			C n t T y e p e s e p s	P r e e s t a c t i o n s	Storage Locations	
CAS <u>0 0 7 5 8 0 6 7 8</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)	<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 No. of Days On-Site (days)	D <u>4</u> <u>1</u> F <u>4</u> <u>1</u> M <u>4</u> <u>1</u> N <u>4</u> <u>1</u>	9201-5; 9204-2; 9720-46 9202; 9731 9202; 9203; 9995 9202		
CAS <u>0 0 1 3 1 0 6 5 2</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 type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>LITHIUM HYDROXIDE</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 checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)	A <u>4</u> <u>1</u> D <u>4</u> <u>1</u>	9204-2 9204-2		
CAS <u>0 0 1 3 1 7 7 1 1</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>MAGNESIUM IRON SILICATE</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"/> 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 No. of Days On-Site (days)	J <u>4</u> <u>1</u> R <u>4</u> <u>1</u>	9720-15; 9720-2; 9720-41; 9720-50; 9720-8; 9831 9738		

tification (Read and sign after completing all sections)

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Id R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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Revised June 1990

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This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility.

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Facility Identification										Owner/Operator Name									
Name US DOE Lockheed Martin Energy Systems Y-12 Plant*										Name U.S. Department of Energy									
Street Bear Creek Road										Phone (865) 576-9850									
City Oak Ridge County Anderson State TN Zip 37831										Mail Address P.O. Box 2001, Oak Ridge, TN 37831									
SIC Code 3 4 9 9 Dun & Brad Number										Emergency Contact									
FOR OFFICIAL USE ONLY ID #										Name Plant Shift Superintendent Title									
Date Received										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	Storage Codes and Locations (Non-Confidential)										O P I
			C n T y p e p s	n T e e m s	P r e s	Storage Locations							
CAS 0 0 7 4 3 9 9 7 6 Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 6 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 6 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)	L	4	1	9204-1; 9720-26 9202; 9203; 9204-1; 9204-3; 9710-2; 9720-6; 9769; 9995 9201-2; 9202; 9204-1; 9208; 9720-8; 9737 / 2nd Floor 9201-2; 9212 / E Wing; 9704-2; 9769; 9995							
Chem. Name MERCURY METAL			M	4	1								
			N	4	1								
			R	4	1								
CAS 0 0 0 0 6 7 5 6 1 Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 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 No. of Days On-Site (days)	D	4	1	9401-1; 9404-5; 9720-2; 9767-13; 9767-4 9201-3; 9404-5; 9720-6 9201-1; 9201-2; 9201-3; 9201-5; 9201-5E; 9202; 9203; 9204-1; 9204-2 9204-2E; 9204-4; 9206; 9208; 9212; 9215; 9219; 9401-1; 9404-16 9404-20; 9404-5; 9420; 9709; 9720-13; 9720-16; 9720-20; 9720-6; 9720-8							
Chem. Name METHANOL			E	4	1								
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			N	4	1								
CAS 0 0 0 0 6 7 5 6 1 Trade Secret <input type="checkbox"/>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 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 No. of Days On-Site (days)	F	4	2	9201-5; 9201-5N; 9204-4; 9206; 9212; 9215; 9404-5; 9709; 9712; 9720-20 9720-41; 9720-6 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-3; 9204-4; 9207; 9208 9210; 9211; 9212; 9215; 9220; 9224; 9401-1; 9706-1; 9706-2; 9720-2 9720-20; 9731; 9737; 9769; 9995; UVSPF 9111; 9201-2; 9201-5E; 9202; 9203; 9204-1; 9206; 9208; 9211; 9212							
Chem. Name METHANOL (cont'd)			F	4	2								
			F	4	2								
			M	4	1								
			M	4	1								
			M	4	1								
			M	4	1								
			N	4	1								
			N	4	1								

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J. R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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

Revised June 1990

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific Information by Chemical</small>	Facility Identification Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> </u> - <u> </u> - <u> </u> - <u> </u> FOR OFFICIAL USE ONLY <u>ID #</u> <u>Date Received</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>																						
	Important: Read all instructions before completing form							Reporting Period <u>From January 1 to December 31, 1999</u>				<input type="checkbox"/> 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 (Non-Confidential) <i>Storage Locations</i>																				
	CAS <u>0 0 0 0 6 7 5 6 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 Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)			<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)		<table border="1" style="display: inline-table; vertical-align: middle;"> <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>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>R</td><td>4</td><td>1</td></tr> </table> <u>9219; 9401-1; 9401-3; 9404-5; 9420; 9704-1; 9710-3; 9712; 9714; 9720-2</u> <u>9720-20; 9720-41; 9723-14; 9723-25; 9731; 9733-1; 9737; 9769; 9995</u> <u>UVSPF</u> <u>9723-25</u> <u>9103; 9201-1; 9201-2; 9201-5; 9203; 9204-2E; 9210; 9211; 9212; 9215</u> <u>9219; 9220; 9401-1; 9706-2; 9712; 9714; 9720-2; 9720-6; 9720-8</u>				N	4	1	N	4	1	N	4	1	N	4	2	R	4	1	R	4
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CAS <u>0 0 0 0 6 7 5 6 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 Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)			<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>R</td><td>4</td><td>1</td></tr> <tr><td>R</td><td>4</td><td>2</td></tr> <tr><td>R</td><td>6</td><td>2</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>9767-10; 9767-13; 9767-4; 9769; 9983-BK; 9995; UVSPF</u> <u>9737; 9738</u> <u>9995; UVSPF</u> <u> </u> <u> </u>				R	4	1	R	4	2	R	6	2									
R	4	1																												
R	4	2																												
R	6	2																												
CAS <u>0 0 0 0 7 1 5 5 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 Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)			<input type="checkbox"/> 0 <input type="checkbox"/> 4 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days On-Site (days)		<table border="1" style="display: inline-table; vertical-align: middle;"> <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>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>F</td><td>4</td><td>2</td></tr> </table> <u>9204-2; 9720-21</u> <u>9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-4</u> <u>9206; 9208; 9215; 9219; 9401-3; 9420; 9610; 9712; 9714; 9720-13</u> <u>9720-16; 9720-20; 9720-6; 9720-8; 9723-25; 9731; 9737; 9995; 9998</u> <u>9201-1; 9201-3; 9201-5; 9202; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4</u> <u>9206; 9208; 9212; 9219; 9401-1; 9401-3; 9404-1; 9704-1; 9714; 9720-13</u>				D	4	1	F	4	1	F	4	1	F	4	1	F	4	2	F	4	2
D	4	1																												
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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

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

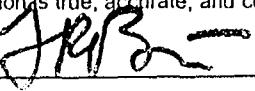
Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		
			C n T y p e s	n T e m e p	p r e s
CAS <u>0 0 7 4 4 0 0 2 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NICKEL AND NICKEL COMPOUND</u> DS (cont'd) <input checked="" 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"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	R <u>4</u> <u>1</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	9201-5; 9204-3; 9212; 9720-2; 9720-8 <u> </u> <u> </u> <u> </u>
CAS <u>0 0 7 4 4 0 0 3 1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NIOBIUM METAL</u> DS (cont'd) <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)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	D <u>4</u> <u>1</u> E <u>4</u> <u>1</u> F <u>4</u> <u>1</u> J <u>4</u> <u>1</u> K <u>4</u> <u>1</u> L <u>4</u> <u>1</u>	9202 9202 9202 9202 9201-5; 9202; 9401-3; 9624 9831
CAS <u>0 0 7 4 4 0 0 3 1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NIOBIUM METAL (cont'd)</u> DS (cont'd) <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)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	M <u>4</u> <u>1</u> N <u>4</u> <u>1</u> R <u>4</u> <u>1</u> R <u>4</u> <u>1</u>	9202; 9203; 9204-3; 9995; UVSPF 9202; 9203; 9995 9201-1; 9202; 9206; 9212; 9401-3; 9420; 9703-15; 9709; 9720-33; 9720-6 9723-25; 9737; 9738; 9831; 9995; 9998

Certification (Read and sign after completing all sections)

certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, 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.

Todd R. Butz, Director Environment, Safety, Health and Quality

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
inventoryspecific
information
for chemical

Facility Identification					
Name US DOE Lockheed Martin Energy Systems Y-12 Plant*					
Street Bear Creek Road					
City Oak Ridge	County Anderson	State TN	Zip 37831		
SIC Code 3 4 9 9	Dun & Brad		Number [] - [] - []		
FOR OFFICIAL USE ONLY	ID #				
Date Received					

Owner/Operator Name					
Name U.S. Department of Energy Phone (865) 576 9850					
Mail Address P.O. Box 2001, Oak Ridge, TN 37831					
Emergency Contact					
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.

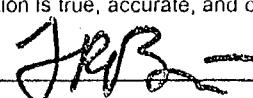
Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		O p l																							
			C n T y p e s t r e p m s e p s	Storage Locations																								
CAS 0 0 7 6 9 7 3 7 2 Trade Secret []	<input type="checkbox"/> Fire <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"/> 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 No. of Days On-Site (days)	<table border="1"> <tr><td>A</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>E</td><td>4</td><td>1</td></tr> <tr><td>F</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> </table> <table border="1"> <tr><td>9206; 9815</td></tr> <tr><td>9206; 9206 / 2nd Floor / Room 100E; 9212 / B-1 Wing / Penthouse</td></tr> <tr><td>9204-3; 9204-3 / 2nd Floor; 9731; UVSPF</td></tr> <tr><td>9202</td></tr> <tr><td>9212</td></tr> <tr><td>9201-5 / 2nd Floor; 9201-5N / 1st Floor / Plating Shop; 9202; 9203</td></tr> </table>	A	4	1	C	4	1	D	4	1	E	4	1	F	4	1	M	4	1	9206; 9815	9206; 9206 / 2nd Floor / Room 100E; 9212 / B-1 Wing / Penthouse	9204-3; 9204-3 / 2nd Floor; 9731; UVSPF	9202	9212	9201-5 / 2nd Floor; 9201-5N / 1st Floor / Plating Shop; 9202; 9203	<input type="checkbox"/>
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C	4	1																										
D	4	1																										
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Chem. Name NITRIC ACID																												
CAS 0 0 7 6 9 7 3 7 2 Trade Secret []	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS																											
Chem. Name NITRIC ACID (cont'd)																												
CAS 0 0 7 6 9 7 3 7 2 Trade Secret []	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS																											
Chem. Name NITRIC ACID (cont'd)																												
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R. Butz, Director Environment, Safety, Health and Quality

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

Signature 

Date signed

Optional Attachments

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

Revised June 1990

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> Specific Information by Chemical	Facility Identification Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> </u>					Owner/Operator Name Name <u>U.S. Department of Energy</u> Phone <u>(865) 576 9850</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u>		
						Emergency Contact Name <u>Plant Shift Superintendent</u> Title <u> </u> Phone <u>(865) 574-7172</u> 24 Hr. Phone <u>(865) 574-7172</u> Name <u>DOE Emergency Response Center</u> Title <u> </u> Phone <u>(865) 576-1005</u> 24 Hr. Phone <u>(865) 576-1005</u>		
	FOR OFFICIAL USE ONLY		ID # Date Received					
	<i>Important: Read all instructions before completing form</i>					Reporting Period From January 1 to December 31, 1999		
						<input type="checkbox"/> Check if information below is identical to the information submitted last year.		

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations (Non-Confidential) <small>Storage Locations</small>			<small>O p i</small>
			<small>C n T y p e s</small>	<small>n T e m e p</small>	<small>p r e s</small>	
CAS <u>0 0 7 7 2 7 3 7 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN</u> <small>Check all that apply</small> <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	<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)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days <input type="checkbox"/> 3 <input type="checkbox"/> 6 On-Site (days)	A <u>7</u> <u>2</u> C <u>4</u> <u>2</u> J <u>4</u> <u>1</u> K <u>4</u> <u>2</u> L <u>4</u> <u>1</u> L <u>4</u> <u>2</u>	9206; 9977-1 9206 9831 9204-3 9202; 9203; 9204-2E; 9206; 9624; 9709; 9831; UVSPF 9104-5; 9114; 9201-1; 9201-2; 9201-2 / WELD SHOPS; 9201-2 / Weld		
CAS <u>0 0 7 7 2 7 3 7 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN (cont'd)</u> <small>Check all that apply</small> <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	<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)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days <input type="checkbox"/> 3 <input type="checkbox"/> 6 On-Site (days)	L <u>4</u> <u>2</u> L <u>4</u> <u>2</u> L <u>4</u> <u>2</u> L <u>5</u> <u>2</u> L <u>6</u> <u>2</u> L <u>7</u> <u>2</u>	9201-3; 9201-5; 9202; 9203; 9204-2; 9204-2E; 9206; 9215; 9401-1 9401-2; 9401-5; 9420; 9703-15; 9712; 9714; 9720-19; 9723-16; 9735 9737; 9738; 9766; 9769; 9808; 9831; 9989; 9990; 9995; 9998; UVSPF 9995 9401-1 9204-3; 9206; 9212		
CAS <u>0 0 7 7 2 7 3 7 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITROGEN (cont'd)</u> <small>Check all that apply</small> <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	<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)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 No. of Days <input type="checkbox"/> 3 <input type="checkbox"/> 6 On-Site (days)	M <u>4</u> <u>1</u> N <u>4</u> <u>1</u> R <u>4</u> <u>1</u> R <u>4</u> <u>2</u> R <u>5</u> <u>2</u> R <u>6</u> <u>2</u>	UVSPF 9202 9201-1; 9202; 9215; 9401-3; 9703-15; 9709; 9737; 9738; UVSPF 9204-4; 9995 9714; 9737; 9831 9204-1		

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John R. Butz, Director Environment, Safety, Health and Quality

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 <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific Information by Chemical</small>	Facility Identification Name US DOE Lockheed Martin Energy Systems Y-12 Plant* Street Bear Creek Road City Oak Ridge County Anderson State TN Zip 37831 SIC Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>3</td><td>4</td><td>9</td><td>9</td></tr></table> Dun & Brad Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					3	4	9	9							Owner/Operator Name Name U.S. Department of Energy Mail Address P.O. Box 2001, Oak Ridge, TN 37831 Emergency Contact Name Plant Shift Superintendent Phone (865) 574-7172 Name DOE Emergency Response Center Phone (865) 576-1005			Phone (865) 576-9850
	3	4	9	9															
	FOR OFFICIAL USE ONLY	IO #				Title	24 Hr. Phone (865) 574-7172												
	Date Received				Title	24 Hr. Phone (865) 576-1005													

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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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>7</td><td>7</td><td>2</td><td>7</td><td>3</td><td>7</td><td>9</td></tr></table> Trade Secret <input type="checkbox"/> Chem. Name NITROGEN (cont'd) 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 _____	0	0	7	7	2	7	3	7	9	<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)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>5</td></tr></table> Max. Daily Amount (code) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>5</td></tr></table> Avg. Daily Amount (code) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td></tr></table> No. of Days On-Site (days)	0	5	0	5	3	6	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>R</td><td>7</td><td>1</td></tr></table> 9215A; 9720-2; 9977-1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>R</td><td>7</td><td>2</td></tr></table> 9201-1; 9204-1; 9212; 9720-32; 9720-5 	R	7	1	R	7	2												
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CAS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>7</td><td>7</td><td>8</td><td>2</td><td>4</td><td>4</td><td>7</td></tr></table> Trade Secret <input type="checkbox"/> Chem. Name OXYGEN 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 _____	0	0	7	7	8	2	4	4	7	<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)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>5</td></tr></table> Max. Daily Amount (code) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>5</td></tr></table> Avg. Daily Amount (code) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>6</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td></tr></table> No. of Days On-Site (days)	0	5	0	5	3	6	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>A</td><td>7</td><td>2</td></tr></table> 9723-25; 9738 / Foundry; 9977-1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>L</td><td>4</td><td>2</td></tr></table> 9114; 9201-1; 9201-2; 9201-3; 9201-5; 9202; 9203; 9204-1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>L</td><td>4</td><td>2</td></tr></table> 9204-2 / Maintenance; 9204-2E; 9204-2E / 2nd Floor; 9204-3; 9204-4 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>L</td><td>4</td><td>2</td></tr></table> 9206; 9215 / M Wing; 9401-1; 9401-3; 9404-8; 9420; 9703-15; 9706-2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>L</td><td>4</td><td>2</td></tr></table> 9709; 9709 / Weld Test Shop; 9710-2; 9714; 9720-6; 9720-8; 9731; 9737 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>L</td><td>4</td><td>2</td></tr></table> 9738; 9738 / Foundry; 9769; 9808; 9831; 9989; 9990; 9995 	A	7	2	L	4	2	L	4	2	L	4	2	L	4	2	L	4	2
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John R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

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			C n t y p e p	T r e m s e p	Storage Locations
CAS <input type="text"/> Trade Secret <input type="checkbox"/>					
Chem. Name PETROLEUM OIL					
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 _____					
CAS <input type="text"/> Trade Secret <input type="checkbox"/>					
Chem. Name PETROLEUM OIL (cont'd)					
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					
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CAS <input type="text"/> Trade Secret <input type="checkbox"/>					
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I have attached a description of
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Tier Two Emergency and Hazardous Chemical Inventory	Facility Identification Name US DOE Lockheed Martin Energy Systems Y-12 Plant* Street Bear Creek Road City Oak Ridge County Anderson State TN Zip 37831 SIC Code 3 4 9 9 Dun & Brad Number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>						Owner/Operator Name Name U.S. Department of Energy Phone (865) 576-9850 Mail Address P.O. Box 2001, Oak Ridge, TN 37831								
	FOR OFFICIAL USE ONLY <input type="text"/> ID # <input type="text"/> <input type="text"/> Date Received						Emergency Contact 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			<input type="checkbox"/> Check if information below is identical to the information submitted last year.		

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)						O P I
			C n T y p e p e	n T e e m s e p s	Storage Locations				
CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> F 4 2 9401-1; 9401-3; 9404-1; 9404-5; 9404-8; 9624; 9710-3; 9712; 9714 <input type="checkbox"/> F 4 2 9720-13; 9720-20; 9720-41; 9720-6; 9737; 9744; 9983-BK; 9995 <input type="checkbox"/> K 4 1 9202; 9212 <input type="checkbox"/> M 4 1 9201-1; 9201-3; 9202; 9203; 9204-2E; 9204-3; 9206; 9720-8; 9731; 9737 <input type="checkbox"/> M 4 1 9769; 9995; 9998; UVSPF <input type="checkbox"/> N 4 1 1654-F Armory; 9104-5; 9111; 9112; 9113; 9201-1; 9201-2; 9201-3	<input type="checkbox"/>					
CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> N 4 1 9201-5E; 9201-5N; 9202; 9203; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4 <input type="checkbox"/> N 4 1 9206; 9208; 9211; 9212; 9212 / E Wing; 9215; 9215A; 9224; 9401-1 <input type="checkbox"/> N 4 1 9401-3; 9404-5; 9404-8; 9616-7; 9616-9; 9624; 9704-1; 9709; 9710-2 <input type="checkbox"/> N 4 1 9710-3; 9712; 9714 / TSD Garage; 9720-16; 9720-20; 9720-41; 9720-5 <input type="checkbox"/> N 4 1 9720-6; 9720-8; 9723-16; 9723-25; 9731; 9737; 9767-4; 9808; 9814; 9831 <input type="checkbox"/> N 4 1 9995; 9998	<input type="checkbox"/>					
CAS <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5 No. of Days On-Site (days)	<input type="checkbox"/> R 4 1 9103; 9113; 9201-1; 9201-2; 9201-3; 9201-5; 9201-5N; 9202; 9203 <input type="checkbox"/> R 4 1 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9206; 9208; 9212; 9215; 9219 <input type="checkbox"/> R 4 1 9401-3; 9404-5; 9404-8; 9420; 9610-2; 9703-15; 9704-1; 9709; 9712 <input type="checkbox"/> R 4 1 9714; 9720-13; 9720-15; 9720-16; 9720-2; 9720-20; 9720-21; 9720-6 <input type="checkbox"/> R 4 1 9720-8; 9723-25; 9725; 9737; 9738; 9744; 9766; 9767-13; 9767-4; 9831 <input type="checkbox"/> R 4 1 9983-BK; 9998	<input type="checkbox"/>					

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, 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.

John R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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

Revised June 1990

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific Information by Chemical</small>	Facility Identification Name <u>US DOE Lockheed Martin Energy Systems 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>							
	<u>City</u>	<u>Oak Ridge</u>	<u>County</u>	<u>Anderson</u>	<u>State</u>	<u>TN</u>	<u>Zip</u>	<u>37831</u>					
	<u>SIC Code</u> <u>3 4 9 9</u>		<u>Dun & Brad Number</u> <u> - - - </u>										
	<u>FOR OFFICIAL USE ONLY</u>		<u>ID #</u> <u> </u>										
			<u>Date Received</u> <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 (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		
			C n T y p e	T r e e p s	P r e s s
CAS <input type="text"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name PETROLEUM OIL (cont'd)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	R <input type="checkbox"/> 4 <input type="checkbox"/> 2	9404-1
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 _____					
CAS <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 9 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 2 <input type="text"/> 8 <input type="text"/> 8 <input type="text"/> 4 <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name POLYETHYLENE	<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)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	F <input type="checkbox"/> 4 <input type="checkbox"/> 1 K <input type="checkbox"/> 4 <input type="checkbox"/> 1 K <input type="checkbox"/> 4 <input type="checkbox"/> 1 M <input type="checkbox"/> 4 <input type="checkbox"/> 1 N <input type="checkbox"/> 4 <input type="checkbox"/> 1 R <input type="checkbox"/> 4 <input type="checkbox"/> 1	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
Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____					
CAS <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 9 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 2 <input type="text"/> 8 <input type="text"/> 8 <input type="text"/> 4 <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name POLYETHYLENE (cont'd)	<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)	<input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	R <input type="checkbox"/> 4 <input type="checkbox"/> 1 R <input type="checkbox"/> 4 <input type="checkbox"/> 1	9710-2; 9712; 9714; 9720-15; 9720-20; 9720-32; 9720-6; 9720-8; 9737 9831; 9983-24; 9998
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 _____					

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Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility.

Optional Attachments

I have attached a site plan.

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<p>Tier Two Emergency and hazardous chemical inventory specific information, Chemical</p>	<p>Facility Identification Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u> Street <u>Bear Creek Road</u> City <u>Oak Ridge</u> County <u>Anderson</u> State <u>TN</u> Zip <u>37831</u> SIC Code <u>3 4 9 9</u> Dun & Brad Number <u> - - </u></p>						<p>Owner/Operator Name Name <u>U.S. Department of Energy</u> Mail Address <u>P.O. Box 2001, Oak Ridge, TN 37831</u></p>			Phone <u>(865) 576-9850</u>																									
	<p>FOR OFFICIAL USE ONLY</p>			<p>ID # <u> </u> Date Received <u> </u></p>			<p>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></p>																												
	<p>Important: Read all instructions before completing form</p>			<p>Reporting Period From January 1 to December 31, 1999</p>			<p><input type="checkbox"/> Check if information below is identical to the information submitted last year.</p>																												
	<p>Chemical Description</p>			<p>Physical and Health Hazards (check all that apply)</p>		<p>Inventory</p>		<p>Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i></p>			<p>O P I</p>																								
<p>CAS <u>0 6 5 9 9 7 1 5 1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PORTLAND CEMENT</u></p>			<p><input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)</p>		<p><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)</p>		<table border="1"> <tr><td><u>F</u></td><td><u>4</u></td><td><u>1</u></td><td>9202; 9404-20; 9420; 9720-50; 9720-8; 9723-25; 9731; 9831; 9983-BK</td></tr> <tr><td><u>F</u></td><td><u>4</u></td><td><u>1</u></td><td>9995</td></tr> <tr><td><u>J</u></td><td><u>4</u></td><td><u>1</u></td><td>9205; 9401-3; 9404-20; 9404-5; 9420; 9616-7; 9720-50; 9720-8; 9723-25</td></tr> <tr><td><u>J</u></td><td><u>4</u></td><td><u>1</u></td><td>9731; 9831; 9998</td></tr> <tr><td><u>K</u></td><td><u>4</u></td><td><u>1</u></td><td>9720-50; UVSPF</td></tr> <tr><td><u>M</u></td><td><u>4</u></td><td><u>1</u></td><td>9202</td></tr> </table>			<u>F</u>	<u>4</u>	<u>1</u>	9202; 9404-20; 9420; 9720-50; 9720-8; 9723-25; 9731; 9831; 9983-BK	<u>F</u>	<u>4</u>	<u>1</u>	9995	<u>J</u>	<u>4</u>	<u>1</u>	9205; 9401-3; 9404-20; 9404-5; 9420; 9616-7; 9720-50; 9720-8; 9723-25	<u>J</u>	<u>4</u>	<u>1</u>	9731; 9831; 9998	<u>K</u>	<u>4</u>	<u>1</u>	9720-50; UVSPF	<u>M</u>	<u>4</u>	<u>1</u>	9202		
<u>F</u>	<u>4</u>	<u>1</u>	9202; 9404-20; 9420; 9720-50; 9720-8; 9723-25; 9731; 9831; 9983-BK																																
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<u>M</u>	<u>4</u>	<u>1</u>	9202																																
<p>CAS <u>0 6 5 9 9 7 1 5 1</u> Trade Secret <input type="checkbox"/> Chem. Name <u>PORTLAND CEMENT (cont'd)</u></p>			<p><input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)</p>		<p><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)</p>		<table border="1"> <tr><td><u>R</u></td><td><u>4</u></td><td><u>1</u></td><td>9201-1; 9201-3; 9201-5; 9204-1; 9204-4; 9215; 9404-20; 9404-8; 9420</td></tr> <tr><td><u>R</u></td><td><u>4</u></td><td><u>1</u></td><td>9720-50; 9731; 9737; 9831; 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> <tr><td></td><td></td><td></td><td></td></tr> </table>			<u>R</u>	<u>4</u>	<u>1</u>	9201-1; 9201-3; 9201-5; 9204-1; 9204-4; 9215; 9404-20; 9404-8; 9420	<u>R</u>	<u>4</u>	<u>1</u>	9720-50; 9731; 9737; 9831; 9995; UVSPF																		
<u>R</u>	<u>4</u>	<u>1</u>	9201-1; 9201-3; 9201-5; 9204-1; 9204-4; 9215; 9404-20; 9404-8; 9420																																
<u>R</u>	<u>4</u>	<u>1</u>	9720-50; 9731; 9737; 9831; 9995; UVSPF																																
<p>CAS <u>0 0 0 5 8 4 0 8 7</u> Trade Secret <input type="checkbox"/> Chem. Name <u>POTASSIUM CARBONATE</u></p>			<p><input type="checkbox"/> Fire Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)</p>		<p><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)</p>		<table border="1"> <tr><td><u>I</u></td><td><u>4</u></td><td><u>1</u></td><td>9202; 9204-4; 9215</td></tr> <tr><td><u>K</u></td><td><u>4</u></td><td><u>1</u></td><td>9202</td></tr> <tr><td><u>R</u></td><td><u>4</u></td><td><u>1</u></td><td>9204-4</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>			<u>I</u>	<u>4</u>	<u>1</u>	9202; 9204-4; 9215	<u>K</u>	<u>4</u>	<u>1</u>	9202	<u>R</u>	<u>4</u>	<u>1</u>	9204-4														
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Revised June 1990

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		
			C o n t e n t s	T r e e s	P o s t i t u r e
CAS 0 0 0 1 5 1 5 0 8 Chem. Name POTASSIUM CYANIDE	<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 2 Max. Daily Amount (code) <input type="checkbox"/> 0 2 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	D 4 1 J 4 1 M 4 1 N 4 1 R 4 1	9201-5N 9706-2 / 1st Floor 9204-3 / 1st Floor; 9401-4 9202 9995 / 1st Floor	
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS					
EHS Name POTASSIUM CYANIDE					
CAS 0 0 0 0 5 7 5 5 6 Chem. Name PROPYLENE GLYCOL	<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)	<input type="checkbox"/> 0 4 Max. Daily Amount (code) <input type="checkbox"/> 0 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	C 4 1 D 4 1 D 4 1 F 4 1 F 4 1 F 4 2	9215 9201-5E; 9201-5N; 9206; 9212 / A Wing; 9212 / B-1 Wing; 9215 / M Wing 9401-3; 9720-2; 9767-4; 9805; 9805-1; 9998 9201-2; 9202; 9202 / 3rd Floor; 9203; 9204-2E; 9206; 9208; 9215 9401-3; 9404-5; 9703-15; 9712; 9720-8; 9737; 9831; 9983-83; 9998 9710-3; 9720-41; 9811-1	
<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS					
EHS Name					
CAS 0 0 0 0 5 7 5 5 6 Chem. Name PROPYLENE GLYCOL (cont'd)	<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)	<input type="checkbox"/> 0 4 Max. Daily Amount (code) <input type="checkbox"/> 0 4 Avg. Daily Amount (code) <input type="checkbox"/> 3 6 5 No. of Days On-Site (days)	M 4 1 N 4 1 N 4 1 N 4 1 N 4 1 N 4 1	9202; 9202 / 2nd Floor; 9203; 9709; 9995; UVSPF 9103; 9104-5; 9109; 9113; 9115; 9119; 9201-1; 9201-2; 9201-3; 9202 9202 / 1st Floor; 9203; 9204-1; 9204-2; 9204-2E; 9207; 9208; 9212 9215; 9219; 9420; 9704-1; 9704-2; 9706-1; 9706-2; 9710-2; 9710-3 9711-1; 9712; 9714; 9720-13; 9720-16; 9720-20; 9720-41; 9720-5; 9720-6 9723-14; 9723-16; 9723-19; 9723-21; 9723-25; 9723-31; 9728; 9731	
<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS					
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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>					

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.

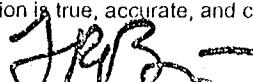
Chemical Description <small>Check all that apply</small> <small>EHS Name</small>	Physical and Health Hazards <small>(check all that apply)</small>	Inventory	Storage Codes and Locations (Non-Confidential) <small>Storage Locations</small>						<small>O P I</small>
			C n T y p e s	n T e e m s	P r e s e p s				
<small>CAS</small> <u>0 0 0 0 5 7 5 5 6</u> <small>Trade Secret</small> <input type="checkbox"/> <small>Chem. Name</small> <u>PROPYLENE GLYCOL (cont'd)</u> <small>Check all that apply</small> <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 <small>EHS Name</small> <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)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> N <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9733-1; 9736; 9737; 9764; 9769; 9831; 9983-44; 9995; 9998; UVSPF</u> <input type="checkbox"/> R <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9113; 9201-1; 9202; 9204-1; 9204-2E; 9204-4; 9206; 9212; 9215; 9720-2</u> <input type="checkbox"/> R <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9720-21; 9720-8; 9737; 9739; 9998</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<small>CAS</small> <u>0 1 4 8 0 8 6 0 7</u> <small>Trade Secret</small> <input type="checkbox"/> <small>Chem. Name</small> <u>SILICA, CRYSTALLINE-QUART</u> <small>Check all that apply</small> <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 <small>EHS Name</small> <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"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> D <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9202; 9731</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9404-5; 9720-15</u> <input type="checkbox"/> F <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9104-5; 9114; 9201-1; 9201-3; 9202; 9203; 9204-1; 9204-2; 9204-2E</u> <input type="checkbox"/> F <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9204-3; 9204-4; 9206; 9212; 9215; 9401-3; 9404-20; 9404-5; 9420</u> <input type="checkbox"/> F <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9703-15; 9720-13; 9720-15; 9720-16; 9720-6; 9720-8; 9723-25; 9731</u> <input type="checkbox"/> F <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9744; 9767-4; 9831; 9983; 9983-BK</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<small>CAS</small> <u>0 1 4 8 0 8 6 0 7</u> <small>Trade Secret</small> <input type="checkbox"/> <small>Chem. Name</small> <u>SILICA, CRYSTALLINE-QUART</u> <small>Z (cont'd)</small> <small>Check all that apply</small> <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 <small>EHS Name</small> <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"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> No. of Days On-Site (days)	<input type="checkbox"/> F <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 2 <u>9204-4; 9995</u> <input type="checkbox"/> J <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9201-1; 9202; 9206; 9401-3; 9404-20; 9404-5; 9420; 9720-50; 9720-6</u> <input type="checkbox"/> J <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9720-8; 9723-25; 9731; 9831; 9998</u> <input type="checkbox"/> K <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9202; 9401-3; 9712; 9720-50; 9720-52; 9720-6</u> <input type="checkbox"/> M <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9202; 9204-3; 9208; 9995</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 <u>9201-1; 9202; 9203; 9204-3; 9205; 9206; 9401-3; 9712; 9995; UVSPF</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, 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.

John R. Butz, Director Environment, Safety, Health and Quality

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

Signature 

Date signed

Optional Attachments

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

Revised June 1990

Tier Two <small>Emergency and Hazardous Chemical Inventory</small> <small>Specific Information by Chemical</small>	Facility Identification					Owner/Operator Name							
	Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u>					Name <u>U.S. Department of Energy</u>							
	Street <u>Bear Creek Road</u>					Phone <u>(865) 576-9850</u>							
	<u>City</u>	<u>Oak Ridge</u>	<u>County</u>	<u>Anderson</u>	<u>State</u>	<u>TN</u>	<u>Zip</u>	<u>37831</u>					
	SIC Code	3	4	9	9	Dun & Brad							
		Number											
FOR OFFICIAL USE ONLY	ID #								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.

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Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

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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)	
CAS 0 0 0 4 9 7 1 9 8 Trade Secret <input type="checkbox"/> Chem. Name SODIUM CARBONATE MONOHYD RATE <small>Check all that apply:</small> <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 _____		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"/>	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-Site (days)	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	Storage Locations
CAS 0 0 0 4 9 7 1 9 8 Trade Secret <input type="checkbox"/> Chem. Name SODIUM CARBONATE MONOHYD RATE (cont'd) <small>Check all that apply:</small> <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 _____		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"/>	0 4 Max. Daily Amount (code) 0 4 Avg. Daily Amount (code) 3 6 5 No. of Days On-Site (days)	M 4 1 9202; 9204-3; 9211; 9769; 9995; UVSPF N 4 1 9202; 9203; 9204-3; 9210; 9211; 9737; 9995; UVSPF R 4 1 9204-4; 9215; 9720-2; 9739; 9995; UVSPF	
CAS 0 0 7 6 4 7 1 4 5 Trade Secret <input type="checkbox"/> Chem. Name SODIUM CHLORIDE <small>Check all that apply:</small> <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 _____		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"/>	0 5 Max. Daily Amount (code) 0 5 Avg. Daily Amount (code) 3 6 5 No. of Days On-Site (days)	B 4 1 9401-3 E 4 1 9998 H 4 1 9993 J 4 1 9202; 9731 K 4 1 9104-5; 9202; 9211 M 4 1 9202; 9203; 9204-3; 9210; 9211; 9401-3; 9720-32; 9731; 9995; UVSPF	

Certification (Read and sign after completing all sections)

certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 40, 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.

Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

Optional Attachments

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

Revised June 1990

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Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility.

Optional Attachments

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

Tier Two

Emergency
hazardous
chemical
inventoryFacility
Information
Chemical

Facility Identification					
Name <u>US DOE Lockheed Martin Energy Systems Y-12 Plant*</u>					
Street <u>Bear Creek Road</u>					
City <u>Oak Ridge</u>	County <u>Anderson</u>	State <u>TN</u>	Zip <u>37831</u>		
SIC Code <u>3 4 9 9</u>	Dun & Brad		<input type="text"/> - <input type="text"/> - <input type="text"/>		
Number <input type="text"/>					
FOR OFFICIAL USE ONLY	ID # <input type="text"/>				
Date Received <input type="text"/>					

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>					

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.

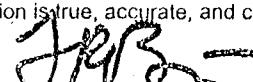
Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential)		O P I																					
			C n T y p e	P r e s s		Storage Locations																				
CAS <u>0 0 1 3 1 0 7 3 2</u> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> 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"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	<table border="1"> <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>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>1</td></tr> <tr><td>N</td><td>4</td><td>1</td></tr> </table>	M	4	1	N	4	1	N	4	1	N	4	1	N	4	1	N	4	1	N	4	1	9995; UVSPF 9104-3; 9109; 9111; 9114; 9115; 9116; 9119; 9201-1; 9201-2; 9201-3 9201-5; 9202; 9203; 9204-1; 9204-2; 9204-2E; 9204-3; 9204-4; 9205 9207; 9208; 9210; 9211; 9212; 9401-3; 9420; 9703-15; 9706-2; 9710-2 9710-3; 9711-5; 9720-41; 9720-8; 9723-16; 9723-27; 9723-28; 9723-31 9731; 9769; 9811-1; 9818; 9995; 9998; UVSPF
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CAS <u>0 0 1 3 1 0 7 3 2</u> Trade Secret <input type="checkbox"/>	<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"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	<table border="1"> <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>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> </table>	R	4	1	R	4	1	R	6	3										9201-1; 9201-2; 9201-3; 9202; 9204-1; 9204-3; 9204-4; 9207; 9212 9401-3; 9404-5; 9409-22; 9720-8; 9737; 9815; 9995; 9998; UVSPF 9201-2			
R	4	1																								
R	4	1																								
R	6	3																								
CAS <u>0 0 1 7 6 8 1 5 2 9</u> Trade Secret <input type="checkbox"/>	<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"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 5	Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-Site (days)	<table border="1"> <tr><td>D</td><td>4</td><td>1</td></tr> <tr><td>D</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>E</td><td>4</td><td>1</td></tr> <tr><td>M</td><td>4</td><td>1</td></tr> </table>	D	4	1	D	4	1	E	4	1	E	4	1	E	4	1	M	4	1	9404-10; 9409-13; 9409-15; 9409-17; 9409-20; 9409-22; 9409-26; 9409-29 9409-32; 9720-8 9409-10; 9409-12; 9409-13; 9409-15; 9409-17; 9409-18; 9409-19; 9409-2 9409-20; 9409-22; 9409-22E; 9409-23; 9409-24; 9409-26; 9409-29 9409-32; 9409-34; 9720-2 9202; 9203; 9731			
D	4	1																								
D	4	1																								
E	4	1																								
E	4	1																								
E	4	1																								
M	4	1																								

Identification (Read and sign after completing all sections)

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S. R. Butz, Director Environment, Safety, Health and Quality

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

Signature 

Date signed

Optional Attachments

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

Revised June 1990

Certification (Read and sign after completing all sections)

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Todd R. Butz, Director Environment, Safety, Health and Quality

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Tier Two
Emergency
and
hazardous
Chemical
InventorySpecific
Information
Chemical

Important: Read all instructions before completing form

Facility Identification										Owner/Operator Name																			
Name US DOE Lockheed Martin Energy Systems Y-12 Plant*										Name U.S. Department of Energy																			
Street Bear Creek Road										Phone (865) 576 5850																			
City Oak Ridge		County Anderson		State TN		Zip 37831		Mail Address P.O. Box 2001, Oak Ridge, TN 37831																					
SIC Code 3 4 9 9		Dun & Brad		Number																									
FOR OFFICIAL USE ONLY		ID #				Emergency Contact																							
						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										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 0 0 7 6 6 4 9 3 9 Trade Secret <input type="checkbox"/>					Fire Sudden Release of Pressure <input type="checkbox"/>					0 5 Max. Daily Amount (code) <input type="checkbox"/>					E 4 1 9720-8 <input type="checkbox"/>														
Chem. Name SULFURIC ACID (cont'd)					Reactivity <input type="checkbox"/>					0 5 Avg. Daily Amount (code) <input type="checkbox"/>					F 4 1 9202 <input type="checkbox"/>														
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS					Immediate (acute) <input type="checkbox"/>					3 6 5 No. of Days <input type="checkbox"/>					K 4 1 9104-5 <input type="checkbox"/>														
EHS Name SULFURIC ACID					Delayed (chronic) <input type="checkbox"/>					3 6 5 On-Site (days) <input type="checkbox"/>					M 4 1 9201-2; 9201-5N / 1st Floor / Room 133; 9202; 9203; 9204-2 <input type="checkbox"/>														
															M 4 1 9204-2E / 3rd Floor; 9204-3; 9204-4 / 2nd Floor <input type="checkbox"/>														
															M 4 1 9206 / 2nd Floor / Room 100E; 9207; 9212; 9212 / B-1 Wing <input type="checkbox"/>														
CAS 0 0 7 6 6 4 9 3 9 Trade Secret <input type="checkbox"/>					Fire Sudden Release of Pressure <input type="checkbox"/>					0 5 Max. Daily Amount (code) <input type="checkbox"/>					M 4 1 9401-2 / Plating Shop / Annex; 9731; 9735; 9737; 9769 / 2nd Floor <input type="checkbox"/>														
Chem. Name SULFURIC ACID (cont'd)					Reactivity <input type="checkbox"/>					0 5 Avg. Daily Amount (code) <input type="checkbox"/>					M 4 1 9769 / 3rd Floor; 9811-1; 9995; 9995 / 1st Floor; UVSPF <input type="checkbox"/>														
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS					Immediate (acute) <input type="checkbox"/>					3 6 5 No. of Days <input type="checkbox"/>					N 4 1 9201-3; 9201-5; 9202; 9203; 9204-1; 9204-4; 9205; 9206; 9401-1; 9401-3 <input type="checkbox"/>														
EHS Name SULFURIC ACID					Delayed (chronic) <input type="checkbox"/>					3 6 5 On-Site (days) <input type="checkbox"/>					N 4 1 9624; 9704-1; 9712; 9720-20; 9720-6; 9731; 9769; 9995 <input type="checkbox"/>														
															N 4 2 9204-4 <input type="checkbox"/>														
															R 4 1 9201-1; 9401-3; 9404-18; 9404-20; 9616-10; 9714; 9831; 9995 <input type="checkbox"/>														
CAS 0 0 7 4 4 0 6 1 1 Trade Secret <input type="checkbox"/>					Fire Sudden Release of Pressure <input type="checkbox"/>					0 6 Max. Daily Amount (code) <input type="checkbox"/>					R 4 1 9119; 9201-2; 9201-5; 9201-5N; 9202; 9203; 9204-1; 9204-2; 9204-2E <input type="checkbox"/>														
Chem. Name URANIUM AND URANIUM COMPO UNDS					Reactivity <input type="checkbox"/>					0 6 Avg. Daily Amount (code) <input type="checkbox"/>					R 4 1 9204-3; 9204-4; 9206; 9207; 9212; 9215; 9401-4; 9401-5; 9710-2; 9711-1 <input type="checkbox"/>														
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS					Immediate (acute) <input type="checkbox"/>					3 6 5 No. of Days <input type="checkbox"/>					R 4 1 9720-1; 9720-12; 9720-18; 9720-3; 9720-5; 9735; 9769; 9825A; 9980 <input type="checkbox"/>														
EHS Name					Delayed (chronic) <input type="checkbox"/>					3 6 5 On-Site (days) <input type="checkbox"/>					R 4 1 9983-17; 9995; 9998 <input type="checkbox"/>														

Certification (Read and sign after completing all sections)

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Todd R. Butz, Director Environment, Safety, Health and Quality

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

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 40, 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.

Todd R. Butz, Director Environment, Safety, Health and Quality

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

Signature

Date signed

This report covers only the activities of Lockheed Martin Energy Systems, Inc., at the subject facility.

JHR -

Optional Attachments

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

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