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VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File: 15-664 SL

January 4, 2016

TO: State Agencies Facility Operators

FROM: C. Curtis Martin, Acting Program Manager
Hazard Evaluation and Emergency Response Office

SUBJECT: **Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA),
Section 128E-6, Hawaii Administrative Rules (HAR), Chapter 11-453-25,
Filing for the 2015 Reporting Year**

The 1993 Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA) requires an **annual submission** of chemical inventories by covered facilities.

The Environmental Protection Agency (EPA) and the National Oceanographic and Atmospheric Administration (NOAA) have developed a software package, **Tier2Submit**, which facilities may use to submit their HEPCRA inventories. This program is free and available at:
<http://www2.epa.gov/epcra-tier-i-and-tier-ii-reporting/tier2-submit-software>.

The Department of Health (DOH) Hazard Evaluation and Emergency Response (HEER) Office encourages facility operators to use the Tier2Submit and provide the HEER Office with an electronic version of their data. Information for the HEER Office is available at our website:
<http://eha-web.doh.hawaii.gov/eha-cma/Org/HEER/>.

Please include an e-mail address with your contact information. In the future, the HEER Office would like to send these reminders by e-mail. If your facility does not have access to an e-mail account, we will continue to provide a hardcopy.

Information on the **Longitude and Latitude**, in decimal degrees, of your facility is very important for **emergency response personnel**, in the event of any emergency. There are numerous websites available on the **internet to help you find the correct Longitude and Latitude for your facility**. The Tier II program offers a **listing of these sites in the Latitude – Longitude section of the program**.

We request that you notify us by fax, mail, or e-mail if your facility is no longer operating or is no longer a reportable facility.

If you have questions regarding HEPCRA, please contact Curtis Martin or Sharon Leonida with the DOH Hazard Evaluation and Emergency Response (HEER) Office at (808) 586-4249, fax (808) 586-7537.

Attachments:

- 1) Tier2Submit 2015 (preprinted form) EXAMPLE EPA PROGRAM FORM
- 2) HEER Hazardous Substance Inventory Guideline
- 3) Options for Tier2Submit 3-A, Submitting Tier 2 to LEPC 3-B
- 4) Additional Notes and Amendments for Filing Hawaii Chemical Inventory Form
- 5) Hawaii Chemical Inventory Form, HCIF (blank) and Instructions
- 6) Sample Journal Vouchers

Facility Name: _____

***** THIS REPORT HAS NOT PASSED A VALIDATION CHECK! *****

FACILITY IDENTIFICATION:

Dept:

, USA

County:

All facility information (not including chemical information) is identical to last year's submission

IDENTIFICATION NUMBERS:

Dun & Bradstreet:

NAICS:

Is the facility manned? Manned Unmanned

Maximum No. of Occupants:

REGULATORY INFORMATION:

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

Yes No

Subject to Chem. Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Mgmt. Pgm.)? Yes No

CONTACT INFORMATION:

No Contacts data available.

CHEMICAL DESCRIPTIONS:

No Chemical data available.

FACILITY STATE FIELDS:

No Facilities State Field data available.

STATE / LOCAL FEES: None.

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 Name: _____

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2,
and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

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

Signature

Date signed

**Hawaii State Department of Health
Hazard Evaluation and Emergency Response Office (HEER)
Hazardous Substance Inventory Guideline**

WHO MUST SUBMIT AN INVENTORY FORM

You need to report hazardous substances that were present at your facility at any time during the previous calendar year at levels that equal or exceed reporting thresholds established for Hawaii Chemical Inventory Form/Tier II (HCIF) reporting under the Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA). These thresholds are as follows:

For Extremely Hazardous Substances (EHS) designated under section 302 of The Emergency Planning and Community Right-to-Know Act (EPCRA), the reporting threshold is 500 pounds (or 227 kg) or the Threshold Planning Quantity (TPQ) whichever is lower.

For all other hazardous chemicals for which facilities are required to have or prepare a Safety Data Sheet (SDS), the reporting threshold is 10,000 pounds or (4,540 kg).

WHAT CHEMICALS ARE EXCLUDED

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

In 1999, Federal EPCRA Section 311-312 threshold planning quantities increased to 75,000 gallons for gasoline and 100,000 gallons for diesel for Retail Gasoline Stations that are in full compliance with underground storage tank regulations for the year.

WHEN TO SUBMIT THE HCIF

HCIFs for the reporting year January 1, 2015 through December 31, 2015 must be submitted by March 1, 2016.

WHERE TO SUBMIT THE HCIF

Send completed Hawaii Chemical Inventory/Tier II Forms to each of the following organizations:

- 1) The Hawaii State Emergency Response Commission (HSERC)/HEER Office (586-4249)
- 2) Your Local Emergency Planning Committee (LEPC)
- 3) The fire department with jurisdiction over your facility

FILING FEE

Under Hawaii Revised Statutes Section 128E-9 and Hawaii Administrative Rules 11-453-32, a **\$100.00 filing fee must be submitted for each facility** covered under HEPCRA. Please make checks or money orders payable to the **State of Hawaii, Hazard Evaluation and Emergency Response Office, or State of Hawaii, HEER Office**. **No Purchase Orders will be accepted**. Enclose payment with the HCIF(s) – Tier II's, that you mail to the HEER Office.

PENALTIES

Any owner or operator who violates any HCIF reporting requirements shall be liable to the State of Hawaii for a civil penalty of up to \$25,000 for each such violation. Each day of a violation constitutes a separate violation.

HEER Hazardous Substance Release Notification and Inventory Guideline - Summary Implementation Table

Statute or Regulation Section Number	List of Lists(7/1/93) Column Heading	Who must Provide Information	Information to Provide	To Whom Information Goes	When to Submit Information
§302 §128E-6	Sec. 302 (EHS) TPQ	All who store in excess of the TPQ.	Letter stating that you are regulated.	HSERC, LEPC	Information due within 60 days of receipt of Extremely Hazardous Substance at a facility.
§304 §128E-7 §11-451-7 §103	EHS RQ CERCLA RQ and 10 pound RQ for TCP and Oil under the listed circumstances.*	Those who release above the RQ in a 24 hour period.	Release Notification and Written Follow-up.	HSERC, LEPC	Release Notification due immediately. Written follow-up due as soon as possible within 30 days.
§103	CERCLA RQ	Those who release above the RQ.	Release Notification	NRC	Immediately.
§311 §128E-6(2)(A)	Sec. 302 (EHS) TPQ and 10,000 pound TPQ for OSHA Hazardous Chemicals.	Those who store above the TPQ.	List of MSDS Chemicals and Hazard Categories for Each.	HSERC, LEPC, Fire Department	Due annually by March 1 for preceding calendar year inventory.
§312 §128E-6(2)(B)&(C)	Sec. 302 (EHS) TPQ and 10,000 pound TPQ for OSHA Hazardous Chemicals.	Those who store above the TPQ.	Hawaii Chemical Inventory Form (Tier II) and Site Map.	HSERC, LEPC, Fire Department	Due annually by March 1 for preceding calendar year inventory.
§128E-9		Those who submit an HCIF.	Filing Fee - \$100 per facility.	HSERC	Due annually with HCIF.
§313	Sec 313	Manufacturing facilities in specified SIC Codes, with more than 10 employees, that manufacture or process more than 25,000 pounds or otherwise use more than 10,000 pounds of the listed chemicals.	TRI Form R		Due annually by July 1 for preceding calendar year inventory.

*(A) Any amount of oil which when released into the environment causes a sheen to appear on surface water, or any navigable water of the State;

(B) Any free product that appears on ground water;

(C) Any amount of oil released to the environment greater than 25 gallons; and

(D) Any amount of oil released to the environment which is less than 25 gallons, but which is not contained and remediated within 72 hours.

Submitting Your Tier II Chemical Inventory Report to the HEER Office

The **DEADLINE** for filing your Tier II Chemical Inventory Report is **March 1, 2016**. The Tier II submission to the Hazard Evaluation and Emergency Response Office must include the following:

- 1) The completed Chemical Inventory Report (Tier II) form(s)
- 2) Facility maps indicating chemical locations*
- 3) A \$100.00 filing fee **per facility**

The report, filing fee, and map must be submitted to:

**State of Hawaii
Department of Health
Hazard Evaluation and Emergency Response (HEER) Office
ATTN: HEPCRA Data Manager
919 Ala Moana Boulevard, Room 206
Honolulu, Hawaii 96814**

There are two options for submitting your Tier II Chemical Inventory Report to the HEER Office: Electronic or Hardcopy. These options are explained below.

Option 1: Tier2Submit Electronic Submission

- 1) Download the Tier2Submit software from the following website:
<http://www2.epa.gov/epcra-tier-i-and-tier-ii-reporting/tier2-submit-software>.
- 2) Enter the inventory information into Tier2Submit.
- 3) Generate an electronic file (.t2 or .zip file) of your chemical inventory from the Tier2Submit software.
- 4) You may copy the electronic file to a compact disc and mail it to the HEER Office OR you may e-mail the electronic file directly to Sharon Leonida, HEPCRA Data Manager, at sharon.leonida@doh.hawaii.gov.

Option 2: Hardcopy Only

Although electronic submissions are preferred, a hardcopy of your Tier II information will be accepted as in the past. A Tier II Hawaii Chemical Inventory Form is attached to this packet. Additional forms may be obtained from the HEER Office website:

[http://eha-web.doh.hawaii.gov/eha-cma/Leaders/HEER/right-to-know-\(hepcra\)-compliance](http://eha-web.doh.hawaii.gov/eha-cma/Leaders/HEER/right-to-know-(hepcra)-compliance)
or by contacting Sharon Leonida of the HEER Office at sharon.leonida@doh.hawaii.gov.

If only a hardcopy is submitted, HEER Office staff will enter the information from those forms into Tier2Submit.

The HEER Office is using Tier2Submit for two reasons: The first reason is to allow electronic submission in a format already utilized by the EPA. The second reason is to gain compatibility with the CAMEO/ALOHA/MARPLOT software used by emergency planners. Maintaining Tier II information in CAMEO will increase the usefulness of the HEPCRA inventories to emergency response agencies.

* Please include maps for new facilities and/or facilities with updates to chemical locations. If there are no changes from the previous year, re-submittal is not necessary.

Submitting the TIER II Chemical Inventory Report to Your Local Emergency Planning Committee (LEPC) and Your Local Fire Department

In addition to filing your TIER II Chemical Inventory Report to the HEER Office, HARDCOPIES must also be submitted to the Local Emergency Planning Committee **AND** the local fire department of your facility's respective county. The **DEADLINE** for filing your Tier II Chemical Inventory Report is **March 1, 2016**.

Your TIER II submission to the LEPC and the local fire department must include the following:

- 1) The Tier II Chemical Inventory Report, completed with signature
- 2) Facility map(s) indicating chemical locations*

COUNTY	LOCAL EMERGENCY PLANNING COMMITTEE	FIRE DEPARTMENT
City and County of Honolulu	Robert Harter Honolulu LEPC Department of Emergency Management 650 South King Street Honolulu, Hawaii 96813 Phone: 808 723-8960 Fax: 808 524-3439 http://www.honolulu.gov/demresources/lepc.html	Manuel Neves, Fire Chief Honolulu Fire Department 636 South Street Honolulu, Hawaii 96813-5007 Phone: 808 723-7101 Fax: 808 723-7111
Hawaii County	Gerald Kosaki Hawaii County LEPC Hawaii State District Health Office 1582 Kamehameha Avenue Hilo, Hawaii 96720 Gerald Kosaki, LEPC Co-Chair Phone: 808 936-8181/808 443-4150 Henry Silva, LEPC Co-Chair Phone: 808 895-7318	Darren Rosario, Fire Chief Hawaii Fire Department 25 Aupuni Street, Suite 2501 Hilo, Hawaii 96720 Phone: 808 932-2903
Kauai County	Albert Kauai Kauai County Fire Department 4444 Rice Street, Suite 315 Lihue, Hawaii 96766 Phone: 808 634-0310 Fax: 808 241-6508	Robert Westerman, Chief Kauai County Fire Department 4444 Rice Street, Suite 315 Lihue, Hawaii 96766 Phone: 808 241-4975 Fax: 808 241-6508
Maui County	Jeffrey Kihune Maui County Fire Department 200 Dairy Road Kahului, Hawaii 96732 Phone: 808 870-7404 Fax: 808 270-7911	Jeff Murray, Chief Maui County Fire Department 200 Dairy Road Kahului, Hawaii 96732 Phone: 808 270-7561 Fax: 808 270-7919

* Please include maps for new facilities and/or facilities with updates to chemical locations. If there are no changes from the previous year, re-submittal is not necessary.

Additional Notes and Amendments for Filing Hawaii Chemical Inventory Form

Preprinted Hawaii Chemical Inventory Form (HCIF)

If you are not using Tier2Submit program, please use the preprinted form, **with the information printed from the previous year**, generated by Tier2submit 2015. Fill in any missing information and make small changes directly on the form. The date of the reporting period and the **date signed will need updating**. Initial all updates and changes. Then make three copies, sign and date each form. Send each one of the signed forms to the three appropriate agencies. Only include an updated map for each agency if there are changes. **Use the blank form for major corrections, (Attachments 5), Chemical Inventory Form.**

If you used the previous year's Tier2Submit, you may import those records into the current version of Tier2Submit and update your information.

Safety Data Sheet (SDS) Handling

The HEER Office asks that facilities **do not** submit SDSs with their forms due to space constraints. Facilities are required to maintain current SDSs for its hazardous substances and to have them available upon request.

Retail Gasoline Stations

For Retail Gasoline Stations that are in full compliance with Underground Storage Tank requirements, the threshold planning quantities (TPQ) are increased to 75,000 gallons for gasoline and 100,000 gallons for diesel. This is due to the **1999 changes in Federal EPCRA Section 311-312**. For those Retail Gasoline Stations that **have violations documented during a compliance inspection**, the TPQ reverts to 10,000 pounds for the reporting year following the year in which the violation occurred. Call the EPA hotline at 1(800) 424-9346, the HEER Office at (808) 586-4249, or check <http://www.epa.gov/ceppo/> for more information.

Rules for Hawaii Revised Statutes (HRS) 128-E

The Hazard Evaluation and Emergency Response (HEER) Office and the Local Emergency Planning Committees (LEPCs) have written rules for HRS 128E:

http://www.capitol.hawaii.gov/hrscurrent/Vol03_Ch0121-0200D/HRS0128E/HRS_0128E-.htm .

The effective date for "Chapter 453 of Title 11, Hawaii Administrative Rules" is November 5, 2010, <http://health.hawaii.gov/opppd/files/2015/06/11-453.pdf> . Contact Sharon Leonida of the HEER Office at sharon.leonida@doh.hawaii.gov or (808) 586-4249 for additional information.

Amendments to EPCRA

Tier I and Tier II forms and instructions have been removed from the Code of Federal Regulations (CFR). They are located on EPA's website: www.epa.gov/emergencies.

Facilities are now required to report their North American Industry Classification System (NAICS) code on Tier I or Tier II form.

Chemical or common name of the chemical as provided on the Safety Data Sheet must be provided on Tier II form.

Hazardous Chemical Inventory Reporting Chemicals in Mixtures

When determining whether the threshold quantity of an **extremely hazardous substance (EHS)** has been met, facilities must include the total quantity of the EHS present in the pure form as well as in any mixture, even if any mixture including the EHS is also being reported as a hazardous chemical.

For hazardous chemicals that are mixtures and **do not** contain any **EHS**, facilities have an option when determining whether the threshold quantity is present: (1) add together the quantity present in its pure form and as a component in all mixtures (even if the mixture is also being reported as a hazardous chemical), or (2) consider the total quantity of each mixture separately.

STATE OF HAWAII
CHEMICAL INVENTORY FORM (TIER II)

REPORTING YEAR: 20
REMIT \$100.00 FILING FEE PER FACILITY

FACILITY IDENTIFICATION		OWNER/OPERATOR IDENTIFICATION	
NAME:		NAME:	
STREET ADDRESS:		PHONE:	
CITY:		ALTERNATE PHONE:	
STATE: HI ZIP:		MAILING ADDRESS:	
LONGITUDE:		CITY:	
COUNTRY: US		STATE:	
LATITUDE:		ZIP:	
Is this facility manned? <input type="checkbox"/> MANNED <input type="checkbox"/> UNMANNED Maximum Number of Occupants:		E-MAIL:	
RMP: <input type="checkbox"/> YES <input type="checkbox"/> NO EPCRA: <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY CONTACTS (Please provide a primary and a secondary emergency contact)	
SIC CODE:		NAME:	
DUN & BRAD NUMBER:		TITLE:	
NAICS:		PHONE:	
MAILING ADDRESS:		24-HR PHONE:	
(If different from facility address)		EMAIL:	
CITY:		NAME:	
STATE:		PHONE:	
ZIP:		24-HR PHONE:	
COUNTY:		EMAIL:	
Chemical Description		Physical and Health Hazards	
Inventory		Storage Type	
Locations (Non-Confidential)		Optional Attachments	

<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential Chemical Name: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS Check all that apply	<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)	Max Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days) <input type="checkbox"/> Below Reporting Threshold	Container Pressure Temp
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 and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate and complete.			
Name and official title of owner/operator OR operator's authorized representative Signature		Date	
DATE PAYMENT RECEIVED:		FOR DOH HEER USE ONLY	
CHECK NO:		REVIEWED BY:	
DATE HCJF RECEIVED:		DATE:	
FACILITY ID:		DOCUMENT NUMBER:	
20140108		20140108	

REPORTING YEAR:
FACILITY NAME:

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes			Locations (Non-Confidential)
			Container Type	Pressure	Temp	
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS Chemical Name:	<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)	Max Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days) <input type="checkbox"/> Below Reporting Threshold				
						<input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS Chemical Name:	<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)	Max Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days) <input type="checkbox"/> Below Reporting Threshold				
						<input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS Chemical Name:	<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)	Max Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days) <input type="checkbox"/> Below Reporting Threshold				
						<input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS

ATTACHMENT 5

Hawaii Emergency Planning and Community Right-To-Know Act (HEPCRA) Hawaii Chemical Inventory Form/Tier II (HCIF) - INSTRUCTIONS

FACILITY INFORMATION

Enter the full name of your facility.

Enter the full street address or state road. If a street address is not available, **enter other appropriate identifiers** that describe the physical location of your facility. Include city, state, zip code, island and **latitude and longitude in decimal degrees**.

Enter the primary Standard Industrial Classification (SIC) code, the North American Industry Classification System (NAICS) and the Dun and Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, visit <http://fedgov.dnb.com/webform/displayHomePage.do>, to obtain your facility number or have one assigned. Check the box to indicate if your facility is Manned or Unmanned and number of occupants.

REGULATORY INFORMATION

Fill in the correct boxes for each question as it applies to your facility regarding 40 CFR part 68, Risk Management Program, and 40 CFR part 355 of Section 302, Extremely Hazardous Substances.

FACILITY REPRESENTATIVE

Under Section 303 a facility representative shall be reported to the HSERC/HEER OFFICE. Enter the facility representative's full name, mailing address, phone number and **e-mail address**.

OWNER/OPERATOR

Enter the owner or operator's full name, mailing address and phone number. Any changes or sale shall be reported to the HEER Office stating the new owner and the effective date of the transfer. **Owner/Operators are required to have an email address listed.**

EMERGENCY CONTACT

Enter the name, title and work phone number of at least one local person or office who can act as a referral if emergency personnel need assistance in responding to a chemical incident at a facility. **Emergency contacts are required to have an email address listed.**

Provide an emergency phone number where emergency information will be **available 24 hours a day, every day. This requirement is mandatory. The facility must make some arrangement to ensure that a 24-hour contact is available. All Emergency Contacts are required to have two (2), phone numbers and an email address listed.**

CHEMICAL INFORMATION

The main section of the Hawaii Chemical Inventory Form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

CHEMICAL DESCRIPTION

Enter the chemical name or common name of each hazardous chemical

Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole, it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, report the CAS number of as many constituent chemicals as possible.

For all Extremely Hazardous Substance (EHS), a CAS number is required. If the chemical is a mixture containing an EHS, enter the chemical name and CAS number of each EHS in the mixture.

Check box for all applicable descriptors: pure or mixture and solid, liquid or gas.

PHYSICAL AND HEALTH HAZARDS

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard 29 CFR 1910.12

MAXIMUM AMOUNTS

For each hazardous chemical, estimate the greatest amount in pounds present at your facility on any single day during the reporting period.

Find the appropriate range value code under Reporting Ranges.

Enter this range value code as the maximum amount.

AVERAGE DAILY AMOUNT

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year.

To do this, total all daily weights and divide by the number of days the chemical was present on the site.

Find the appropriate range value under Reporting Ranges.

Enter this range value as the Average Daily Amount.

NUMBER OF DAYS ON-SITE

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

STORAGE TYPE AND LOCATIONS FOR EPA PROGRAM

List all non-confidential chemical locations in this row along with storage types/conditions associated with each location. You may list several locations for a particular chemical. Each row of boxes indicates a type of storage container and the conditions (example, above ground storage tank at ambient pressure and ambient temperature, or a cylinder at ambient pressure and ambient temperature. The corresponding line represents a location for that container.

STATE OF HAWAII STORAGE CODES

Indicate the code for the container types and the pressure and temperature conditions for that storage container. Each row of boxes indicates a type of storage container "for example: an above ground storage tank at ambient pressure and temperature (A14) or a cylinder at greater than ambient pressure and ambient temperature (H24)". The corresponding line represents a location for that container.

STORAGE LOCATIONS

Provide a brief description of the precise location of the chemical so that emergency responders can locate the area easily. These descriptions must correspond to the site plan that you provide.

CERTIFICATION

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

Reporting Ranges

ATTACHMENT 5

<u>Range Value</u>	<u>From (Pounds)</u>	<u>To (Pounds)</u>
01	0	99
02	100	499
03	500	999
04	1,000	4,999
05	5,000	9,999
06	10,000	24,999
07	25,000	49,999
08	50,000	74,999
09	75,000	99,999
10	100,000	499,999
11	500,000	999,999
12	1,000,000	9,999,999
13	10 million + pounds	

List of Container Type

Above ground tank
 Bag
 Battery
 Below ground tank
 Box
 Can
 Carboy
 Cylinder
 Fiber Drum
 Glass bottles or jugs
 Plastic bottles or jugs
 Plastic or non-metallic drum
 Rail Car
 Silo
 Steel drum
 Tank inside building
 Tote bin

Listing for Pressure and Temperature

Ambient Pressure
 Greater than ambient pressure
 Less than ambient pressure

Ambient temperature
 Cryogenic conditions
 Greater than ambient temperature
 Less than ambient temp./ not cryogen

STATE STORAGE CODES

Storage Codes for Container Type

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

Storage Codes for Pressure and Temperature

1 Ambient Pressure
2 Greater than ambient pressure
3 Less than ambient pressure

4 Ambient temperature
5 Cryogenic conditions
6 Greater than ambient temperature
7 Less than ambient temp. / not cryogen

STATE OF HAWAII
 DOH
 (HEER) HAZARDOUS EVALUATION AND EMERGENCY RESPONSE OFFICE

JOURNAL VOUCHER REMITTANCE FOR HEPCRA FEE:

Please use the numbers below for the TIER II PAYMENT

SFX	TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	COST CENTER	PROJ. NO.		DEPT ACT	G/L ACCT	S/L ACCT	REFERENCE DOC		AMOUNT	
									NUMBER	PH				NUMBER	SFX		
XX	XX	X	XX	XXX	XX	XX	XXX	XXX	XX	XX	XXX	XXX	XXX	XXX	XX	XXX	XX
01	805	S		342	H		1115			000338	00	371					100 00

SAMPLE JOURNAL VOUCHER

For State Agencies Only

NAME OF FACILITY SHOULD BE INCLUDED IN EXPLANATION BOX.

Questions can be directed to: sharon.leonida@doh.hawaii.com