

CHAPTER 7513
DEPARTMENT OF PUBLIC SAFETY
HAZARDOUS SUBSTANCE NOTIFICATION

7513.0100 FORM.
7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE
NOTIFICATION REPORT FORM.

7513.0300 ALTERNATIVE.

7513.0100 FORM.

The hazardous substance notification report form, as required by Minnesota Statutes, section 299F.094, is the “Tier One – Emergency and Hazardous Chemical Inventory” form used by the state under the Superfund Amendments and Reauthorization Act of 1986, Public Law 99–499, title III, section 312.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*

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HAZARDOUS SUBSTANCE NOTIFICATION 7513.0200

7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.



MINNESOTA EMERGENCY RESPONSE COMMISSION
 C/O DEPT OF PUBLIC SAFETY
 STATE CAPITOL BUILDING
 ROOM B-5
 ST. PAUL, MN 55155
 (612) 296-0461

Tier One

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Aggregate Information by Hazard Type

FOR OFFICIAL USE ONLY

Status _____

Date Received _____

← Important: Read instructions before completing form. Mail completed form to the above address and local fire department.

Facility Identification

Name _____

Street Address _____

City _____ State _____ Zip _____

County _____ (INC ID# _____)

SIC Code [][][][] Div & Prod Number [][][]-[][][][][][][]

Owner/Operator

Name _____

Mail Address _____

Phone () _____

Emergency Contacts

Name _____

Title _____

Phone () _____

24 Hour Phone () _____

Name _____

Title _____

Phone () _____

24 Hour Phone () _____

Reporting Period From January 1 to December 31, 19 _____

	Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
Physical Hazards	Fire	[][]	[][]	[][][]	_____	
	Sudden Release of Pressure	[][]	[][]	[][][]	_____	
	Reactivity	[][]	[][]	[][][]	_____	

Health Hazards	Immediate (acute)	[][]	[][]	[][][]	_____	
	Delayed (Chronic)	[][]	[][]	[][][]	_____	

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

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

Signature _____ Date signed _____

* Reporting Ranges	Range Value	Weight Range in Pounds From	To...
00	0		99
01	100		999
02	1000		9,999
03	10,000		99,999
04	100,000		999,999
05	1,000,000		9,999,999
06	10,000,000		49,999,999
07	50,000,000		99,999,999
08	100,000,000		499,999,999
09	500,000,000		999,999,999
10	1 billion		higher than 1 billion

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 Form Approved OMB No. 2050-0072

Statutory Authority: MS s 299F.094

History: 14 SR 1132

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7513.0300 ALTERNATIVE.

A facility may submit a Tier Two form, "Emergency and Hazardous Chemical Inventory," under the Superfund Amendments and Reauthorization Act of 1986, Public Law 99-499, title III, section 312, instead of the Tier One Form.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*