

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 Number 99-499, title III, section 312.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*

MINNESOTA RULES 1990

7513.0200 HAZARDOUS SUBSTANCE NOTIFICATION

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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) 296-0481

Tier One	EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Aggregate Information by Hazard Type</i>
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 _____	ERC ID# _____
SIC Code [][][][][][]	Dun & Brad Number [][]-[][][][][][][]
Owner/Operator	
Name _____	
Mall 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	
Physical Hazards	Fire	[][]	[][]	[][][][]	_____	<input type="checkbox"/> Check if site plan is attached
	Sudden Release of Pressure	[][]	[][]	[][][][]	_____	
	Reactivity	[][]	[][]	[][][][]	_____	

	Immediate (acute)	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location
Health Hazards	Immediate (acute)	[][]	[][]	[][][][]	_____
	Delayed (Chronic)	[][]	[][]	[][][][]	_____

Certification <i>(Read and sign after completing all sections)</i>	
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

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 Number 99-499, title III, section 312, instead of the Tier One Form.

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*