

# MINNESOTA RULES 1991

7457

## HAZARDOUS SUBSTANCE NOTIFICATION 7513.0100

### CHAPTER 7513

## DEPARTMENT OF PUBLIC SAFETY EMERGENCY RESPONSE COMMISSION 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*

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## 7513.0200 HAZARDOUS SUBSTANCE NOTIFICATION

7458

## 7513.0200 EXAMPLE: HAZARDOUS SUBSTANCE NOTIFICATION REPORT FORM.



MINNESOTA EMERGENCY RESPONSE COMMISSION  
CO DEPT OF PUBLIC SAFETY  
STATE CAPITOL BUILDING  
ROOM B-5  
ST. PAUL, MN 55156  
(612) 296-0481

### 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.

<b>Facility Identification</b>	
Name	_____
Street Address	_____
City	State _____ Zip _____
County	ERC ID# _____
SIC Code	Dun & Brad Number
Owner/Operator	
Name	_____
Mail Address	_____
Phone	( ) _____

<b>Emergency Contacts</b>	
Name	_____
Title	_____
Phone	( ) _____
24 Hour Phone	( ) _____
Name	_____
Title	_____
Phone	( ) _____
24 Hour Phone	( ) _____

Reporting Period From January 1 to December 31, 19 \_\_\_\_\_

Physical Hazards	Hazard Type	Max Amount*	Average Daily Amount*	Number of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
	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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Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Form Approved OMB No. 2050-0072

Statutory Authority: *MS s 299F.094*

History: *14 SR 1132*

# MINNESOTA RULES 1991

7459

## HAZARDOUS SUBSTANCE NOTIFICATION 7513.0300

### **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*