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# SENATOR LOREN LEMAN

Northwest Anchorage

716 W 4th Ave, Suite 520, Anchorage, AK 99501 (907) 258-8189 Session: State Capitol, Juneau, AK 99801 (907) 465-2095

## SPONSOR STATEMENT SB 69

"An Act relating to hazardous chemicals, hazardous materials, and hazardous waste."

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As we downsize government, and make it more user friendly, we have to assess the efficacy of current statutes and regulations.

Many times, I believe, state and federal governments ask businesses to report information without a lot of thought as to how that information will be used when it is received. That is the case with the "Placarding Statute" under AS 18.70.310.

We need to ask ourselves what is nice to know and what is need to know? We need to stop asking business to provide "nice (for us) to know" information and concentrate on what it is the state needs to know.

Currently, businesses in Alaska must report virtually the same information about hazardous chemicals, materials and wastes, in four different formats to four different entities. This bill eliminates three formats and one entity.

The bill was crafted with input from industry, fire departments, and the departments of Environmental Conservation and Public Safety, Division of Fire Prevention.

The information to be reported is streamlined to one form which satisfies federal, state and local reporting requirements.



# FISCAL NOTE

No. 5

Bill Version: CSSB 69 (Res)

(S) Publish Date: 2/7/96

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BIL

Revision Date: Original Dept Affected Military & Veterans Affairs  
 Title: An Act relating to hazardous chemicals, BRU: Disaster Planning & Control  
hazardous materials, and hazardous waste. Component: Disaster Planning & Control  
 Sponsor: Senator Leman  
 Requestor: Senate Finance Component Serial No. 1808

Expenditures/Revenues	(Thousands of Dollars)					
OPERATING EXPENDITURES	FY97	FY98	FY99	FY00	FY01	FY02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>CAPITAL EXPENDITURES</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>CHANGE IN REVENUES ( )</b>	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE	(Thousands of Dollars)					
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/INTIA						
Other						
<b>TOTAL</b>	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY96) cost: \$ none

POSITIONS	FY97	FY98	FY99	FY00	FY01	FY02
FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

**ANALYSIS:** (Attach a separate page if necessary)

There is no anticipated fiscal impact associated with implementation of this legislation.

Prepared by: Carol Carroll, Director Phone: 465-4730  
 Division: Administrative Services Date: 5-Feb-96  
 Approved by Commissioner: *Michael L. Sullivan* Date: 5-Feb-96  
 Agency: Military & Veterans Affairs

FISCAL NOTE

UEST:

Revision Date: 2/6/96 Affected Agency: DEC

Title: Reporting of hazardous substances BRU: Spill Prevent. & Resp.

Sponsor: Sen. Leman Components: Emergency Response

Requestor: Senate Finance 494

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 97	FY 98	FY 99	FY 2000	FY 2001	FY 2002
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

ENDING: (THOUSANDS OF DOLLARS)

General Fund						
Federal Fund						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

Estimated FY 96 Impact: 0

ANALYSIS: (ATTACH A SEPARATE PAGE IF NECESSARY)

Prepared By:



Senator Rick Halford, Co-chair  
Senate Finance Committee

Date: 2/6/96

Phone: 465-4958

**SECTIONAL ANALYSIS**  
**SB 69: Reporting of Hazardous Substances**

**Section 1:**

Deletes reference to AS 18.70.310 - the placarding program within the state fire marshal's office.

**Section 2:**

Deletes reference to AS 18.70.310 - the placarding program within the state fire marshal's office.

**Section 3:**

Subsection (a) makes the State Emergency Response Commission the agency to approve a form to be used for the reporting of placarding information under a municipal placarding program. This ensures that if the form needs to be changed, this commission can coordinate with all agencies that receive such reports.

**Section 4:**

Subsection (c) refers to the existing MUNICIPAL placarding program. Currently under state or federal law, either a municipality or the SERC may add substances to those already required to be reported. This section ensures a public process for adding or removing substances required to be reported.

Subsection (c)(1) standardizes the substances and their threshold amounts to be reported under a municipal placarding program, and to fire departments and Local Emergency Planning Committees under Emergency Planning and Community Right-to-Know requirements. The "hazard classes" conform to the new classification system passed by Congress in 1993 recognizing the UN Identification system that enables the same classification to be used for national and international shipments of hazardous materials.

Subsection (c)(2) deletes from the municipal placarding program the requirement that businesses report consumer commodities of hazardous materials. These businesses are readily identified by fire departments in Alaska as handling large quantities of consumer commodities. Deleted also is requirement to report compressed gases, which exceeds federal reporting requirements.

**Section 5:**

Deletes reference to the state fire marshal's placarding program under AS 18.70.310.

**Section 6:**

Deletes reference to the Municipality having to obtain placards from the state fire marshal's office. Retains ability for the Municipality to charge fees to compensate for the costs of a Municipal placarding program.

**Section 7:**

Makes the Department of Environmental Conservation the one-stop agency to provide lists of reportable substances under the Municipal placarding, and the federal/state Emergency Planning and Community Right-to-Know laws. DEC would also provide the single form approved by the SERC for these reporting purposes.

**Section 8:**

Subsection (6) makes the Municipal placarding definition of hazardous chemical the same as the definition of hazardous chemical under the Emergency Planning and Community Right-to-Know Act, with the same exceptions as under federal law.

**Section 9:**

Subsection (7) allows the State Emergency Response Commission to add hazardous substances to the Emergency Planning reporting requirements. Removes the exceptions which are not mentioned in federal law, but which are probably covered by the reference in federal law to "substances capable of posing an unreasonable risk".

**Section 10:**

Subsection (8) adds in the DEC definition of hazardous waste and allows the SERC to define additional hazardous wastes to be reported under Emergency Planning and Community Right-to-Know requirements. This is to ensure continuity in definitions and reporting thresholds.

**Section 11:**

Deletes the fire marshal's placarding program (AS 18.7C. 10).

Deletes responsibilities of the fire marshal under the Municipal placarding program (AS 29.35.530(b)).

Deletes definition of consumer commodity from definitions section of Municipal placarding program (AS 29.35.590(2)).

**EXAMPLE OF TIER II FORM WHICH COULD BE USED AS THE  
SINGLE FORM PROPOSED UNDER SB 69: REPORTING OF  
HAZARDOUS SUBSTANCES**

This form is the result of a working group involving the departments of Military and Veterans Affairs (jurisdiction for the State Emergency Response Commission); Environmental Conservation; local fire departments (Mat-Su, Kenai, Anchorage, Kodiak); and industry (ARCO, BP, Alyeska).

*Official*

**State of Alaska**

**Tier II Hazardous Material Inventory Form**

**Important: Read all instructions before completing form**

**Tier Two**

**EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY**

*Specific Information by Chemical*

A. Facility Information	B. Owner/Operator
Facility Name _____ Physical Address _____ City _____, Alaska Postal Code _____ Borough/LEPD _____ Facility Phone _____ Facility FAX _____ Facility Contact Person _____ SIC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dun & Brad. Number <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Alaska Business License Number _____ (Optional) Facility Latitude _____ Longitude _____ How was Lat/Long Derived? <input type="checkbox"/> GPS/NAD 27 <input type="checkbox"/> GPS/NAD 83 <input type="checkbox"/> Other: _____	Name _____ Mail Address _____ City _____ State _____ Postal Code _____ Phone ( ) _____ FAX ( ) _____
C. Emergency Contact	
Name _____ Title _____ 24 Hour Phone ( ) _____ <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (cell phone, pager, etc.) Name _____ Title _____ 24 Hour Phone ( ) _____ <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (cell phone, pager, etc.)	

**FOR OFFICIAL USE ONLY**

ID# \_\_\_\_\_  
Date Filled \_\_\_\_\_

Reporting Period From January 1 to December 31, 19\_\_\_\_\_  Check if any of the information in this report has changed from what you reported last year.

Operator: For Use and sign after completing all sections  
I certify under penalty of law that I have personally reviewed 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 and complete.

Name and official title of owner/operator or other person's authorized representative \_\_\_\_\_ Signature \_\_\_\_\_ Date of entry \_\_\_\_\_

Page 1 of \_\_\_\_\_ pages

Facility Name _____		Critical Number _____	
B. Chemical Description		E. Physical and Health Hazards	F. Inventory <small>Present and stored in inventory and on the site See Introduction</small>
G. Storage Codes and Locations <small>(Non-Confidential) Storage Locations</small>			
CAS <input type="text"/>	Trade Secret <input type="checkbox"/>	(check all that apply)	Minimum Daily Amount <input type="text"/>
Chem. Name _____		<input type="checkbox"/> Fire	Average Daily Amount <input type="text"/>
Check all that apply: <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	Extremely Hazardous Chemical <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Maximum Quantity in one vessel <input type="text"/>
EH# Name _____		<input type="checkbox"/> Reactivity	Number of days on site <input type="text"/>
Concentration by weight (%) _____		<input type="checkbox"/> Immediate (acute)	Location of Material Safety Data Sheet _____
		<input type="checkbox"/> Delayed (chronic)	
CAS <input type="text"/>	Trade Secret <input type="checkbox"/>	(check all that apply)	Minimum Daily Amount <input type="text"/>
Chem. Name _____		<input type="checkbox"/> Fire	Average Daily Amount <input type="text"/>
Check all that apply: <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	Extremely Hazardous Chemical <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Maximum Quantity in one vessel <input type="text"/>
EH# Name _____		<input type="checkbox"/> Reactivity	Number of days on site <input type="text"/>
Concentration by weight (%) _____		<input type="checkbox"/> Immediate (acute)	Location of Material Safety Data Sheet _____
		<input type="checkbox"/> Delayed (chronic)	
CAS <input type="text"/>	Trade Secret <input type="checkbox"/>	(check all that apply)	Minimum Daily Amount <input type="text"/>
Chem. Name _____		<input type="checkbox"/> Fire	Average Daily Amount <input type="text"/>
Check all that apply: <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	Extremely Hazardous Chemical <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Maximum Quantity in one vessel <input type="text"/>
EH# Name _____		<input type="checkbox"/> Reactivity	Number of days on site <input type="text"/>
Concentration by weight (%) _____		<input type="checkbox"/> Immediate (acute)	Location of Material Safety Data Sheet _____
		<input type="checkbox"/> Delayed (chronic)	
CAS <input type="text"/>	Trade Secret <input type="checkbox"/>	(check all that apply)	Minimum Daily Amount <input type="text"/>
Chem. Name _____		<input type="checkbox"/> Fire	Average Daily Amount <input type="text"/>
Check all that apply: <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	Extremely Hazardous Chemical <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Maximum Quantity in one vessel <input type="text"/>
EH# Name _____		<input type="checkbox"/> Reactivity	Number of days on site <input type="text"/>
Concentration by weight (%) _____		<input type="checkbox"/> Immediate (acute)	Location of Material Safety Data Sheet _____
		<input type="checkbox"/> Delayed (chronic)	
CAS <input type="text"/>	Trade Secret <input type="checkbox"/>	(check all that apply)	Minimum Daily Amount <input type="text"/>
Chem. Name _____		<input type="checkbox"/> Fire	Average Daily Amount <input type="text"/>
Check all that apply: <input type="checkbox"/> Gas <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	Extremely Hazardous Chemical <input type="checkbox"/>	<input type="checkbox"/> Sudden Release of Pressure	Maximum Quantity in one vessel <input type="text"/>
EH# Name _____		<input type="checkbox"/> Reactivity	Number of days on site <input type="text"/>
Concentration by weight (%) _____		<input type="checkbox"/> Immediate (acute)	Location of Material Safety Data Sheet _____
		<input type="checkbox"/> Delayed (chronic)	

Change from last year

Official

State of Alaska

# Tier II Hazardous Material Inventory Form

**Important: Read all instructions before completing form**

Tier Two

EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

A. Facility Information		B. Owner/Operator					
Facility Name _____		Name _____					
Physical Address _____		Mail Address _____					
City _____, Alaska	Postal Code _____	City _____ State _____ Postal Code _____					
Borough/LEPD _____	Facility Phone _____ Facility FAX _____	Phone ( ) _____ FAX ( ) _____					
Facility Contact Person _____		C. Emergency Contact					
SIC Code [ ][ ][ ][ ]	Dun & Brad. Number [ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]	Name _____ Title _____					
Alaska Business License Number _____		24 Hour Phone ( ) _____					
(Optional) Facility Latitude _____ Longitude _____		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (cell phone, pager, etc.)					
How was Lat/Long Derived? <input type="checkbox"/> GPS/NAD 27 <input type="checkbox"/> GPS/NAD 83 <input type="checkbox"/> Other.		Name _____ Title _____					
<table border="1"> <tr> <td>FO OFFICIAL</td> <td>□</td> </tr> <tr> <td>USE ONLY</td> <td>Date Filled _____</td> </tr> </table>		FO OFFICIAL	□	USE ONLY	Date Filled _____	24 Hour Phone ( ) _____	
FO OFFICIAL	□						
USE ONLY	Date Filled _____						
		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other (cell phone, pager, etc.)					

Reporting Period From January 1 to December 31, 19 \_\_\_\_\_  Check if any of the information in this report has changed from what you reported last year.

*Declaration (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 and complete.

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

Signature \_\_\_\_\_

Date of entry \_\_\_\_\_

- I have attached a site plan that shows storage locations
- I have attached a list of the materials identified on site
- I have attached a description of other and other reference data



## TRANSPORTATION INFORMATION

- Primary Transportation Mode: (Circle all that apply)  
Air    Rail    Road    Marine    Pipeline    Other (specify)
- Intermediate delivery point such as name of airport or dock where substance is off-loaded:
- Frequency of shipment (Specify number and times of year per substance):
- Quantities per shipment in pounds, gallons, cubic feet, Etc.
- Shipment container type (use codes from Tier II Form):
- Shipment container size in pounds, gallons, cubic feet, etc.:
- Carriers that deliver the Tier II reportable materials to your facility:
  - Carrier:
  - Contact Person:
  - Phone:

ANSWERS TO SUGGESTIONS RAISED BY LEPC ASSOCIATION  
Regarding SB 69: Reporting of Hazardous Substances  
Dated February 21, 1995

1) Keep the facilities responsible for placarding through state law.

A: Facilities have never been allowed by the state fire marshal's office to placard.

2) Give the authority to the local communities for enforcement, this could be part of the Tier Two reporting requirement and or notifications from the facilities.

A: Fire departments recognized by the state fire marshal already have enforcement authority under AS 18.70.090.

3) State Fire Marshal's office to enforce placarding if facilities do not comply.

A: The state fire marshal's office will not enforce placarding under this legislation. Enforcement would be a local issue, only for those communities choosing to have a placarding program.

4) Hold the facility responsible for all expenses of enforcement of the placarding law if they are not in compliance.

A: Current law allows municipalities to inspect and establish and impose penalties necessary to ensure compliance with reporting requirements. Current law also allows municipalities to impose "appropriate fees to fully or partially compensate for the cost of processing reports and administering inspections" for placarding (AS 29.35.510 and AS 29.35.520).

5) Exempt facilities out of a public fire response jurisdiction.

A: Facilities out of a public fire response jurisdiction would be exempt, because AS 29.35.500 applies to municipalities. So facilities outside of a municipality (public fire response) would be exempt from placarding.



Local

Honorable Loren Leman  
Alaska State Senator  
Capitol Building  
Juneau, Alaska 99801

February 21, 1995

Honorable Senator Leman;

I would like to speak in favor of SB 69 and the intent of the proposed legislation.

Emergency

Senate Bill 69's attempt to simplify the filing process and reduce the duplicate efforts of reporting requirements should be applauded. Recognizing the department of Public Safety's inability to enforce existing placarding laws because of lack of funding is also an important and valid consideration worthy of change, placing this in the local authority is certainly appealing as well. Local government should be placed in the position of regulating their own community.

However to remove a visible sign on a building (a placard) warning the public of potential danger (currently a state law) is inherently wrong and not in the best interest of public safety. I believe it also takes away from the basic intent of the "Community Right To Know Law" which allows the public to information warning of the Hazardous Substances that are inside the building.

Planning

In the interest of compromise I would like to offer the following suggestions:

1. Keep the facilities responsible for placarding through state law.
2. Give the authority to the local communities for enforcement, this could be part of the Tier Two reporting requirement and or notifications from the facilities.
3. State Fire Marshall's Office to enforce placarding if facilities do not comply.
4. Hold the facility responsible for all expenses of enforcement of the placarding law if they are not in compliance.
5. Exempt facilities out of a public fire response jurisdiction.

Public awareness and education is the only tool that has proven an effective for public safety. The principal ideas behind placarding were sound ideas, the current manner of enforcement and simplicity of reporting requirements and local involvement all need to be incorporated in this legislation to make it a sound and workable law.

Thank you again for your attention to such an important matter.

Sincerely;

*James Studley*  
James Studley  
Chair

Committee

association

Aleutians East	Denali	Ketchikan	Northern SE	Prudhoe Bay
Aleutians/Pribilof Is.	Fairbanks	Kodiak	NW Arctic	Sitka
Anchorage	Juneau	Lake & Peninsula Bor.	Petersburg	Southern SE
Copper Center	Kenai	Mat-Su	Wrangell	Yakutat

## FACT SHEET FOR SB 69 Hazardous Substances Reporting

Eliminates reporting provisions that are stricter than federal law.

Businesses are now required to report under:

- Title 29 Local Municipal placarding reporting requirements (currently only Municipality of Anchorage)
- State Fire Marshal placarding reporting requirements (Title 18)
- Emergency Planning and Community Right to Know reporting requirements (EPCRA)
- OSHA Hazard Communications Standard (MSDS sheets)
- Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA)

**What SB 69 does:**

a) deletes the fire marshal's ineffective placarding program (Division of Fire Prevention supports; division doesn't have the personnel to do this program.) Deleting the program deletes the requirement for business to report to State Fire Marshal.

b) modifies substances and amounts currently required to be reported to municipalities to be the same as those required under EPCRA and CERCLA. Leaves door open to municipalities with their own placarding program to add substances to be reported if the municipality feels it is a public safety issue. This is done through a public process. Also the State Emergency Response Commission may add substances, but only after notifying facilities (this is current federal law).

c) creates one form sent out by DEC to cover:

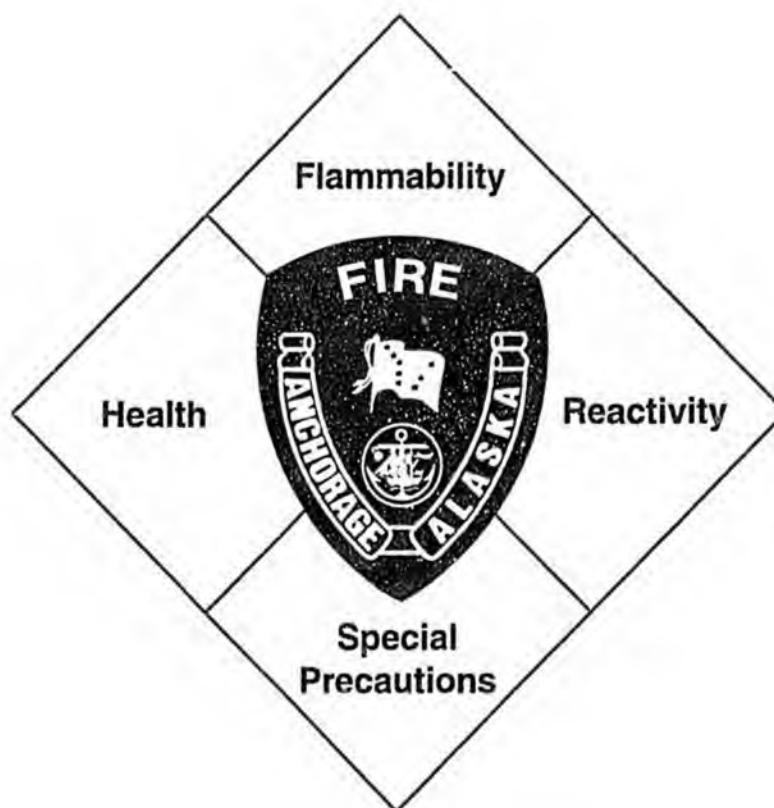
- 1) Municipal placarding reporting requirements
- 2) EPCRA/CERCLA reporting requirements to:
  - local fire departments
  - local emergency planning committees (LEPCs)
  - DEC for the SERC

NOTE: DEC currently sends out Tier II form for the EPCRA/CERCLA reporting.

d) Businesses could do electronic filing with this one form. Those needing the information, usually fire departments and LEPCs, (all of this info is public whether on paper format or electronic) could download the info into their computers. Most fire departments and LEPCs received from the state computers and plume modeling software several years ago.

# **Community Right-to-Know Program (CRTK)**

## **Transshipment Facility**



**Municipality of Anchorage  
ANCHORAGE FIRE DEPARTMENT**

# Municipality of Anchorage



1301 E. 80th Avenue  
ANCHORAGE, ALASKA 99518-3399  
TELEPHONE: (907) 267-4924

FIRE DEPARTMENT

## Community Right-to-Know Program Anchorage Municipal Code Title 16.110

This is your Community-Right-to-Know Program (CRTK) package for the current year. Federal, State and Municipal laws require forms to be filed by businesses each year. The Transshipment Facility Inventory form, along with complete directions, is included in this packet. The filing deadline is March 1 of each year.

A program overview and detailed instructions are included to take you step-by-step through each section of the form. Please read through the instructions before filling out the form and call us if you have questions on exactly what information is required.

Our CRTK Inspector, Les Baird, retired in August. At this time, there is no Inspector assigned to the program due to a staff shortage. However, as CRTK Administrator, I will be available to answer any questions you might have about what is reportable, inspection procedures, placards, or filling out forms. Fire Inspectors from the Prevention Division are available for more technical questions.

Filing Transshipment forms with the Anchorage Fire Department meets the Local Emergency Planning Commission's reporting requirements. You are also required to send a copy of your Transshipment forms to the State Emergency Response Commission office. The address is: Camille Stevens, ADEC, 410 Willoughby Street, Suite 105, Juneau, Alaska 99801-1795.

For those already in the program, we appreciate your cooperation during the past year and look forward to working with you again in the coming year. If you are new to CRTK, you may want to talk to me before starting your Transshipment form. You can reach me in the Fire Prevention office at 267-4924. You are always welcome to visit our office at 1301 East 80th Avenue to review forms, ask questions or just chat about the program in general. It is best to schedule an appointment to be sure that I'll be in the office.

On behalf of the Fire Department, I want to thank you for your co-operation with the CRTK program. With your information available to our first responders, Anchorage is a safer place for all of us to live.

Sincerely,

Rita A. Venta, Administrator  
CRTK Program

Robert Taylor  
Fire Marshal

# **MUNICIPALITY OF ANCHORAGE COMMUNITY RIGHT-TO-KNOW ORDINANCE TITLE 16**

## **TRANSSHIPMENT FACILITY FORM GENERAL INFORMATION AND INSTRUCTIONS**

**ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED IN THE FORMAT REQUESTED TO FULFILL FEDERAL REPORTING REQUIREMENTS**

**Please read instructions carefully. Print or type all responses. Photocopy extra copies of the form and Transportation sheet if necessary**

Submission of this Transshipment Facility form is required by Title III of the Superfund Amendments and Re authorization Act of 1986 (SARA), Section 312, Public Law 99-499 and the Anchorage Community Right-to-Know Ordinance (Title 16) pertaining to Hazardous Materials and Hazardous Chemicals. The purpose of this Transshipment Facility form is to provide specific information on the types and locations of hazardous materials and hazardous chemicals used or stored at your facility to State and Local officials and the general public.

**YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THIS FORM IN THE FORMAT REQUESTED TO FULFILL TRANSSHIPMENT FACILITY REPORTING REQUIREMENTS.**

**Who must submit this form:** Section 312 of SARA Title III requires that any person who handles hazardous materials, hazardous chemicals or hazardous wastes at a Transshipment facility must submit a report if so requested to the Anchorage Fire Chief on a Transshipment Report form including a site layout and floor plan showing the usual and ordinary location of each hazardous material , hazardous chemical and hazardous waste. This request may apply to the owner or operator of any facility that is required under regulations implementing the Occupational Safety and Health Act of 1970 to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous material or hazardous chemical present at the facility. MSDS requirements are specified in the Occupational Safety and Health Administration (OSHA) Hazard Communications Standard found in Title 29 of the Code of Federal Regulations Section 1910.1200. Anchorage Municipal Code, Title 16.110 requires a person who handles hazardous materials, hazardous chemicals or hazardous wastes to submit a report to the Anchorage Fire Department on a Transshipment Facility form including a site layout and floor plan of each facility showing the location of each hazardous material, hazardous chemical or hazardous waste. This requirement applies to any Transshipment Facility that handles hazardous materials, hazardous chemicals or hazardous wastes in reportable quantities.

**Transshipment Facility:** A Transshipment Facility means any land, building, equipment, structure, stationary items or combination thereof that is located on a single site or contiguous or adjacent sites owned, leased, operated or otherwise controlled by the same person, whose principle business consists of handling materials, including hazardous chemicals, hazardous materials or hazardous wastes, while such materials remain in the stream of interstate, intrastate or international commerce.

**What chemicals must be reported and what are reportable amounts.** You must report the information required on this form for each hazardous chemical and hazardous material for which Federal or Local reporting requirements are met. The reporting requirements apply if any of the following quantities are handled at a transshipment facility on any one day during the calendar year.

- **ANY quantity** of a hazardous material of the following Hazard Classes:

Class 1.1 or 1.2, Explosives  
Class 2.3, Poison Gases  
Class 4.3, Flammable Solids  
(dangerous when wet)

Class 6.1, Poison Liquid,  
Inhalation Hazard  
Class 7, Radioactives

- A **Hazardous Material or Hazardous Chemical** in amounts of **500 pounds or more** (\*see definition below).
- An **Extremely Hazardous Substance (EHS)** in amounts equal to or greater than **500 pounds or the Threshold Planning Quantity (TPO), whichever is less** (\*see definition below).
- **Compressed Gases** in amounts of 200 Cu. ft. or more.

## **DEFINITIONS**

- **Hazardous Material** means a material as defined in 49 Code of Federal Regulations (49 CFR), Subchapter C.
- **Hazardous Chemical** means a hazardous chemical as defined in 29 Code of Federal Regulations (29 CFR).
- **Extremely Hazardous Substance (EHS)** means a substance listed in the Appendices to 40 Code of Federal Regulations (40 CFR), Part 355
- **Hazardous Waste** in an amount equal to or greater than **220 pounds**.
- **Extremely Hazardous Waste** in an amount equal to or greater than **2.2 pounds**.
- **Consumer Commodity** a hazardous material equal to or greater than **1000 pounds**.

**When to submit this form:** A person must submit the Tier Two form by March 1 each year for every facility in operation on January 1 and no later than March 1 of each year thereafter. A person not subject to reporting requirements on January 1 who subsequently becomes subject to the Anchorage Municipal Code, Title 16, shall submit the information required within thirty (30) days after commencement of such handling and shall update the information by March 1 of each year thereafter. Those currently in the program will be notified by the Anchorage Fire Department each year with current filing information.

**When to Update Transshipment Information:** A person required to make a report for a facility shall report each change to the most recently submitted site layout or floor plan showing the change in storage location for a hazardous chemical or hazardous material to the Anchorage Fire Department by telephone within 24 hours, (907) 267-4924; and follow that with a written confirmation within 30 days after each change takes place. Anchorage Fire Department, CRTK Program, 1301 East 80th Avenue, Anchorage, Alaska 99518, Telephone (907) 267-4924.

**Warning Markers:** A person operating a Transshipment Facility **SHALL** display markings and warnings under one of the following categories:

- Mark the immediate area to be used for hazardous materials or hazardous wastes handling with a conspicuous sign reading "**HAZARDOUS MATERIALS**", using block letters a minimum of 3 inches high with 1/2 inch strike on a white background; **OR**
- Display **HAZARDOUS MATERIALS** labels or placards in accordance with U.S. Department of Transportation requirements to identify the commodities present; **OR**
- Display Placards in accordance with Anchorage Municipal Code, Title 16.110.050; **OR**
- Display such other Placards warnings or markings as the Anchorage Fire Department may request, following their determination that such additional or alternative action will reasonably protect public safety.

# INSTRUCTIONS FOR COMPLETING TRANSSHIPMENT FACILITY INVENTORY FORM

**PLEASE READ INSTRUCTIONS CAREFULLY. PRINT OR TYPE ALL INFORMATION.**

- A. **FACILITY NAME:** 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 and telephone number of the facility during normal business hours. Enter the primary Standard Industrial Classification (SIC) code and Dun & Bradstreet number for your facility if available.
- B. **OWNER/OPERATOR:** Enter the owner's or operator's full name, mailing address and telephone number.
- C. **EMERGENCY CONTACTS:** Enter the name, title and work telephone number of at least one and preferably two local contacts or offices who can act as a referral if emergency responders need assistance responding to a chemical accident at the facility. Provide an emergency telephone number where such emergency chemical information will be available 24 hours a day, every day.
- D. **HAZARD CLASS:** The main section of the **Transshipment Facility Report Form** requires specific information on classes of hazardous materials and hazardous wastes. The hazard class information used on shipping documents that go through your facility may be used for the main section of this form. Check all hazard classes that may be found at any time at your facility.
- E. **ATTACHMENTS:** A description of the precise location and marking or warning placards used at your facility must be provided so that emergency responders can locate and identify the area easily. Draw or reproduce a site layout and floor plan showing the usual and ordinary location of each hazardous material and hazardous waste at your facility.
1. Provide a **floor plan** showing electrical box, gas main, standpipes, fire sprinklers, floor drains, etc., and all ingress and egress points. Show the usual and ordinary locations of hazardous materials and hazardous wastes within rooms at your facility.
  2. Identify the types of warning markers or placards used at your transshipment facility.

- F. **INVENTORY QUANTITY:** Provide the **maximum** inventory amount of hazardous materials transshipped at your facility on any one calendar day (24 hour period).
- G. **CERTIFICATION:** This must be completed by the owner, operator or officially designated representative of the owner or operator. Enter full name and official title. Sign your name and enter the current date.
- H. **REPORTING FEES:** Annual reporting fees are based on the **maximum** amount of hazardous material at the facility on any one day during the calendar year.

<b><u>REPORTABLE QUANTITIES/POUNDS</u></b>		<b><u>ANNUAL FEE PER FACILITY</u></b>
0	4,999	\$125.00
5,000	14,999	\$150.00
15,000	74,999	\$175.00
75,000	299,999	\$250.00
300,000	649,000	\$750.00
650,000	999,999	\$1,500.00
1,000,000	3,000,000	\$3,000.00
Greater than	3,000,000	\$4,000.00

**WHERE TO SUBMIT:** Hand deliver or mail the Transshipment Facility form with attachments to: Anchorage Fire Department, CRTK Program, 1301 E. 80th Avenue, Anchorage, Alaska 99518-3399.

If you have questions on the CRTK program, please call Rita Venta at 267-4924.

# TRANSSHIPMENT FACILITY REPORT FORM

**A. FACILITY NAME:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Telephone \_\_\_\_\_ Contact \_\_\_\_\_

**B. OWNER/OPERATOR:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Telephone \_\_\_\_\_ Contact \_\_\_\_\_

**C. EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: ( ) Work \_\_\_\_\_  
 Phone: ( ) 24-Hour \_\_\_\_\_

**F. INVENTORY QUANTITY:**

(Estimate): \_\_\_\_\_  
 Gallons or pounds (Provide maximum amount of hazardous materials transhipped in one day (24 hours).

**D. HAZARD CLASS (check all that apply)**

Hazard Class means that class of hazardous material defined in 49 Code of Federal Regulations or International Civil Aviation Organization/International Maritime Organization equivalents.

Reporting Period From January 1 to December 31, 19\_\_\_\_  Check if information below is identical to information submitted last year

**CLASS 1  
EXPLOSIVES**

- Class 1.1 & 1.2
- Class 1.3
- Class 1.4
- Class 1.5 Blasting Agents
- Class 1.6 Explosives

**CLASS 2  
COMPRESSED GASES**

- Class 2.1 Flammable Gas
- Class 2.2 Non-Flammable Gas
- Class 2.3 Poison Gas

**CLASS 3  
FLAMMABLE/COMBUSTIBLE LIQUIDS**

- Flammable Liquid
- Combustible Liquid

**CLASS 4  
FLAMMABLE SOLIDS**

- Class 4.1 Flammable Solid
- Class 4.2 Spontaneously Combustible
- Class 4.3 Dangerous When Wet

**CLASS 5  
OXIDIZING SUBSTANCES**

- Class 5.1 Oxidizers
- Class 5.2 Organic Peroxides

**CLASS 6.1, PG I, II, & III**

- Poisons

**CLASS 7**

- Radioactives

**CLASS 8**

- Corrosives

**CLASS 9**

- Miscellaneous

- ORM D Consumer Commodities

**E. ATTACHMENTS:**

\_\_\_\_\_ FLOOR PLAN

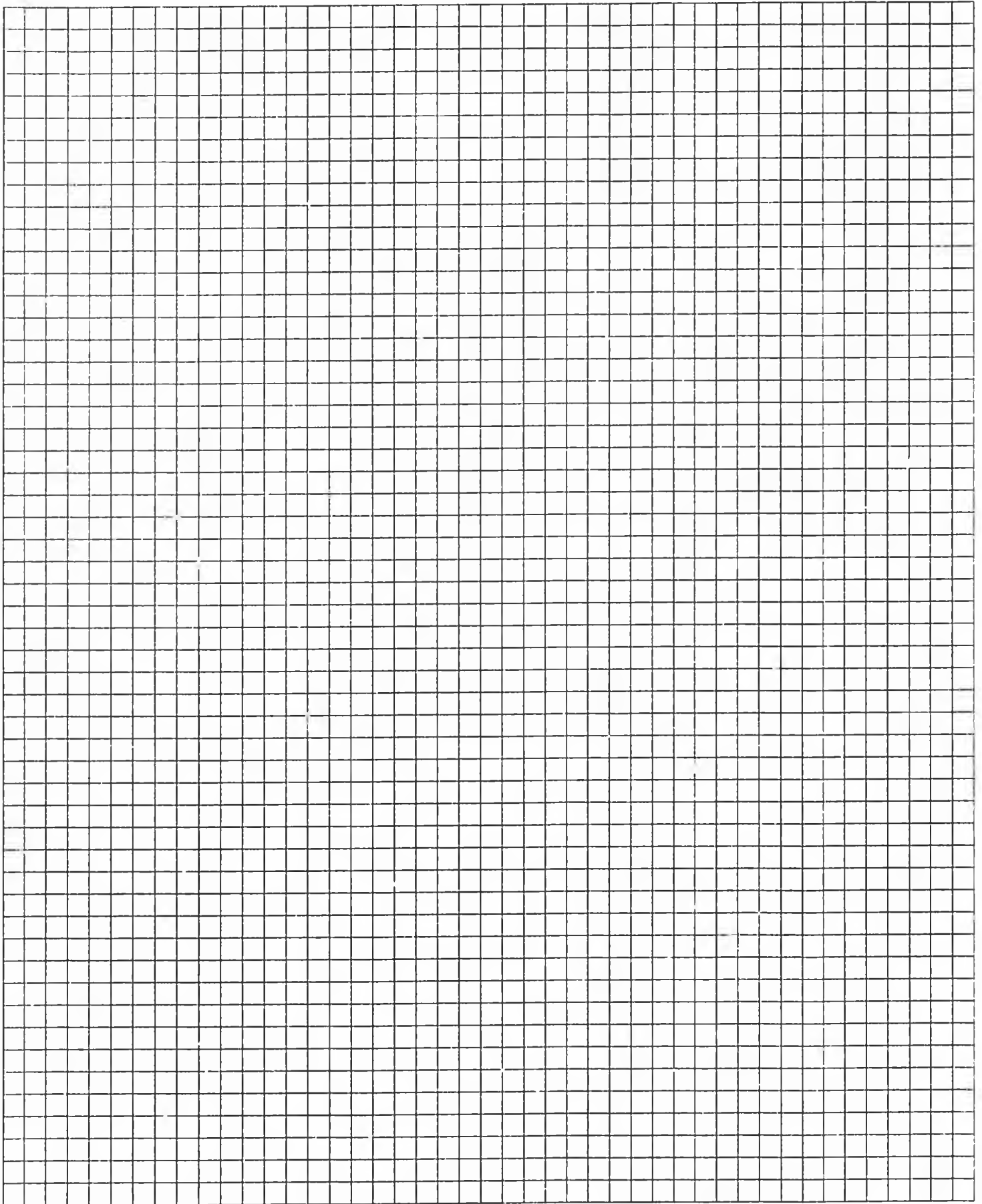
**G. CERTIFICATION: (Read and sign after completing all sections.)**

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

\_\_\_\_\_  
 Name and Official title of Owner/Operator or Owner/Operator's Representative Signature

\_\_\_\_\_  
 Date

**Floor Plan**





**Municipality of Anchorage**  
**ANCHORAGE FIRE DEPARTMENT**  
Community Right-to-Know Program  
1301 East 80th Avenue  
Anchorage, Alaska 99518

**Bulk Rate**  
**U.S. Postage**  
**PAID**  
**Anchorage, AK**  
**Permit No. 202**