



FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
Toxic Chemical, Category, or Generic Name

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act. This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0212). Responses to this collection of information are mandatory (42 CFR 11023). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The annual public burden related to Form R is estimated to average 35.76 hours per response for a facility filing a report on one chemical. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden including through the use of automated collection techniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.	Revision (Enter up to two code(s)) <input type="text"/> <input type="text"/>	Withdrawal (Enter up to two code(s)) <input type="text"/> <input type="text"/>
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IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)
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SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date signed:
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SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name	TRI Facility ID Number	BIA Code
	Physical Street Address	Mailing Address (if different from physical street address)	
	City/County/State/ZIP Code	City/State/ZIP Code	Country (Non-US)
4.2	This report contains information for: (Important: Check a or b; check c or d if applicable)		
	a. <input type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A federal facility
			d. <input type="checkbox"/> GOCO
4.3	Technical Contact Name	Telephone Number (include area code and ext.)	
	Email Address		
4.4	Public Contact Name	Telephone Number (include area code and ext.)	
	Email Address		
4.5	NAICS Code(s) (6 digits)	Primary	
		a.	b. c. d. e. f.
4.6	Dun & Bradstreet Number(s) (9 digits)	a.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>
5.2	U.S. Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)	No Foreign Parent Company (for TRI Reporting purposes) <input type="checkbox"/>
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>

FORM R	TRI Facility ID Number
Part II. CHEMICAL-SPECIFIC INFORMATION	Toxic Chemical, Category, or Generic Name

SECTION 1. TOXIC CHEMICAL IDENTITY
(Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If Produce or Import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<input style="width: 50px;" type="text"/> (Enter two-digit code from instruction package.)	
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>			
5.2	Stack or point air emissions	NA <input type="checkbox"/>			
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1					
5.3.2					

If additional pages of Part II, Section 3.2 and 3.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 3.2 and 3.3 page number in this box. (Example: 1, 2, 3, etc.)

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (Example: 1, 2, 3, etc.)

<h1 style="margin: 0;">FORM R</h1> <h2 style="margin: 0;">Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</h2>	TRI Facility ID Number Toxic Chemical, Category, or Generic Name
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (continued)

		NA	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5 Disposal to land on-site				
5.4.1	Class I Underground Injection Wells	<input type="checkbox"/>		
5.4.2	Class II-V Underground Injection Wells	<input type="checkbox"/>		
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>		
5.5.1B	Other landfills	<input type="checkbox"/>		
5.5.2	Land treatment/application farming	<input type="checkbox"/>		
5.5.3A	RCRA Subtitle C surface impoundments	<input type="checkbox"/>		
5.5.3B	Other surface impoundments	<input type="checkbox"/>		
5.5.4	Other disposal	<input type="checkbox"/>		

Optional Waste Rock Piles Information
 You may check this box if your Section 5.5 quantities include "waste rock piles." Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA

6.1. POTW Name

POTW Address:

City		County		State		ZIP	
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A. Quantity Transferred to this POTW (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Disposal/Treatment (Enter code)
1.	1.	1. P
2.	2.	2. P
3.	3.	3. P

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 6.1 page number in this box. (Example: 1, 2, 3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name:

Off-Site Address:

City		County		State		ZIP		Country (non-US)	
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Is this location under control of reporting facility or parent company? Yes No

FORM R

Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
Toxic Chemical, Category, or Generic Name

SECTION 6.2. TRANSFERS TO OTHER OFF-SITE LOCATION (CONTINUED)

A. Total Transfer (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M

6.2 ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site Location Name:

Off-Site Address:

City	County	State	ZIP	Country (non-US)
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Is this location under control of reporting facility or parent company? Yes No

A. Total Transfer (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment method is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (Enter code)	b. Waste Treatment Method(s) Sequence (Enter 3- or 4-character code(s))						c. Waste Treatment Efficiency (Enter 2 character code)
7A.1a	7A.1b		1		2	7A.1c	
	3		4		5		
	6		7		8		
7A.2a	7A.2b		1		2	7A.2c	
	3		4		5		
	6		7		8		
7A.3a	7A.3b		1		2	7A.3c	
	3		4		5		
	6		7		8		
7A.4a	7A.4b		1		2	7A.4c	
	3		4		5		
	6		7		8		
7A.5a	7A.5b		1		2	7A.5c	
	3		4		5		
	6		7		8		

If additional pages of Part II, Section 6.2/7.A are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 6.2/7.A page number in this box. (Example: 1, 2, 3, etc.)

FORM R	TRI Facility ID Number
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	Toxic Chemical, Category, or Generic Name

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

NA Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods (Enter 3-character code(s))

1. 2. 3.

SECTION 7C. ON-SITE RECYCLING PROCESSES

NA Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods (Enter 3-character code(s))

1. 2. 3.

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 – 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1b	Total other on-site disposal or other releases				
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills				
8.1d	Total other off-site disposal or other releases				
8.2	Quantity used for energy recovery on-site				
8.3	Quantity used for energy recovery off-site				
8.4	Quantity recycled on-site				
8.5	Quantity recycled off-site				
8.6	Quantity treated on-site				
8.7	Quantity treated off-site				
8.8	Non-Production-Related Waste Managed**				
8.9	<input type="checkbox"/> Production ratio or <input type="checkbox"/> Activity ratio (select one and enter value to the right)				
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA. NA <input type="checkbox"/>				
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1		a.	b.	c.	d.
8.10.2		a.	b.	c.	d.
8.10.3		a.	b.	c.	d.
8.10.4		a.	b.	c.	d.

EPA Form 9350 -1 (Rev. 04/2023). Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year.

**Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

FORM R Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	Toxic Chemical, Category, or Generic Name

SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES

8.11 If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.

SECTION 9. MISCELLANEOUS INFORMATION

9.1 If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.