



**State of Connecticut
Department of Environmental Protection
Chemical Hazard Reporting**

Please complete this Chemical Hazard Reporting form, if your facility named within is required to prepare or have available a Material Safety Data Sheet (MDS) . Therefore, this facility is subject to the Connecticut General Statutes (CGS), Section 22a-609 and the federal Emergency Planning and Community Right-to-Know Act, Section 311.

This document shall serve as notification that the facility named herein has one or more of the applicable chemicals, in quantities present the extremely hazardous substances (EHS), as listed, in an amount equal to or in excess of the threshold planning quantity. Complete Parts 1 through 4 in accordance with the instructions in order to ensure compliance with the laws.

Print legibly or type. Please submit this form and all supporting documentations to:

Department of Environmental Protection
State Emergency Response Commission
79 Elm Street
Hartford, CT 06106-5127

Part 1. Identify the type of reporting. The following facility is subject to CGS, Section 22a-609 and EPCRA, Section 311 reporting and meets the threshold for reporting of:

- Hazardous Substances equal to or in excess of 10,000 pounds
- Extremely Hazardous Substances equal to or in excess of the TPQ or 500 pounds whichever is less

Part 2. Facility Information.

Facility:					
Mailing Address:					
City/Town:		State:		Zip Code:	
Business Phone:		ext.:		Fax:	
Contact Person:		Phone:		ext.	
Type of Company (check one): LLC Corporation federal gov. state agency municipality					
or other: _____					

Please provide the following information to be used for notification purposes, if different:

Facility Name:

Mailing Address:

City/Town:

State:

Zip Code:

Contact Person:

Phone:

ext.

Part 3. List of Chemicals.

Check if list dated _____ is being submitted to comply with Connecticut's request for a list of chemicals in lieu of Material Safety Data Sheets. The list must provide the chemical or common name and the hazard category.

Part 4: Certification

The authorized representative **and** the individual(s) responsible for actually preparing this form must sign this part. The form will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, under Section 22a-175 of the General Statutes, under Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify by my signature that the document being submitted herewith complies with Section 22a-174-2a(a) of the Regulations of Connecticut State Agencies.

I certify that this form is as prescribed by the commissioner without alteration of the text."

Signature of Authorized Representative

Date

Name of Authorized Representative (print or type)

Title (if applicable)

Signature of Preparer

Date

Name of Preparer (print or type)

Title

Company: _____

Please enter a check mark if additional signatures are necessary. If so, please reproduce this sheet and attached signed copies to this document.

Note: Please submit this form and all supporting documentation to:

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Hartford, CT 06106-5127