



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

23-092 sll

January 2, 2024

TO: Facility Operators / State Operators

FROM: Elizabeth Galvez, Emergency Preparedness and Response Supervisor
Hazard Evaluation and Emergency Response Office

SUBJECT: **Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA), Section 128E-6, Hawaii Administrative Rules (HAR), Chapter 11-453-25, Filing for the 2023- Reporting Year**

A handwritten signature in blue ink, appearing to be "J. Galvez", is written over the "FROM:" line of the letter.

The 1993 Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA) requires an **annual submission** of chemical inventories by covered facilities.

The Environmental Protection Agency (EPA) and the National Oceanographic and Atmospheric Administration (NOAA) have developed a software package, **Tier2Submit**.

1. This program is free and available at: <https://www.epa.gov/epcra/tier2-submit-software>.
2. The Department of Health (DOH), Hazard Evaluation and Emergency Response (HEER) Office request facility operators to use the most recent version of Tier2Submit and provide the HEER Office with an electronic version of their data.

Submit your chemical inventories and filing fees on-line at the **Hawaii DOH E-Permitting System** at: <https://eha-cloud.doh.hawaii.gov/epermit/>.

1. If using E-Permitting for the first time, please **Register to Create a User File** to establish an Account.
2. **New facilities** need to contact the HEER Office to get a HEER-issued unique Facility ID number.
3. Instructions for using the Hawaii DOH E-Permitting System for HEPCRA are included in this package on-line at <https://health.hawaii.gov/heer/files/2024/01/FacilityOperatorsPackage.pdf>.
4. Upload the Tier II Chemical Inventory Report in both .t2s and .pdf format.
5. Submit payment online via PayPal or a credit card.
6. The HEER Office is not requiring the EPA CROMMER electronic signature requirements for the Tier II submittal through e-permitting. A subscriber agreement is not required to be submitted.

Accurate coordinates of your facility where your chemicals are stored is very important for emergency responder personnel to find your facility in an event of an emergency. Please ensure that you submit the exact Latitude and Longitude correctly for your facility.

In case your chemicals are stored in several locations, please submit the latitude and longitude of the front gate. Do not submit the coordinates of your mailing address.

We request that you notify us by fax, mail, or e-mail if your facility is no longer operating or is no longer a reportable facility.

Additional information from the HEER Office is available at our website:
<https://health.hawaii.gov/heer/>.

If you have questions regarding HEPCRA, please contact Sharon Leonida with the DOH HEER Office at (808) 586-4249, fax (808) 586-7537, or email sharon.leonida@doh.hawaii.gov.

Attachments:

- 1-A Tier2Submit 2022 SAMPLE EPA Program form,
- 2-A HEER Hazardous Substance Inventory Guideline,
- 2-B Summary Implementations Table,
- 3-A Options for Tier2Submit,
- 3-B DOH E-Permitting System Instructions,
- 3-C LEPC and Fire Dept. Contact Names,
- 4 Additional Notes and Amendments for Filing Hawaii Chemical Inventory Form,
- 5-A Hawaii Chemical Inventory Form (HCIF) Blank Form,
- 5-B Instructions, Reporting Ranges and State Storage Codes,
- 6 Sample Journal Voucher for State Facilities only.

Tier II
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

Reporting Period: January 1 to December 31, 2023

Page 1

Printed: December 22, 2023

Facility: SAMPLE TIER II FOR PACKET

FACILITY NAME AND LOCATION:

SAMPLE TIER II FOR PACKET

Dept:

ANY STREET

Any city, Hawaii 00001 USA

County: Other

Fire District:

Latitude: 21.362023

Longitude: -157.932775

MAILING ADDRESS:

All facility information (not including chemical information) is identical to last year's submission

IDENTIFICATION NUMBERS:

Dun & Bradstreet: 0001

NAICS: 926150 (Regulation, Licensing, and Inspection of Miscellaneous Commercial Sectors)

Is the facility manned? Manned Unmanned

Maximum No. of Occupants: 1,000

REGULATORY INFORMATION:

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? Yes No

Subject to Chem. Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Mgmt. Pgm.)? Yes No

STATE-SPECIFIC FACILITY DATA FIELDS FOR HAWAII:

Island: Oahu

Facility ID Number: 1

Facility is a government facility

Payment Status:

Submittal Status:

Submission Type:

Submittal Received Date:

Close Date:

Former Name:

Notes:

CONTACT INFORMATION:

Hawaii, Businesses

Title: Tier II

Contact Type(s): Tier II Information Contact, Fac. Emergency Coordinator, Owner / Operator, Emergency Contact

Address: 2385 Waimano Home Road, Pearl City, HAWAII 06782 USA

Phones: 24-hour: 808 586-4249 Work: 808 586-7542

Email: sharon.leonida@doh.hawaii.gov

CHEMICAL INVENTORY INFORMATION:

Chemical Name: Oxygen

CAS #:

Chemical Category: Pure Mixture

EHS: Yes No

**Tier II
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical**

Reporting Period: January 1 to December 31, 2023

Page 2

Printed: December 22, 2023

Facility: SAMPLE TIER II FOR PACKET (continued)

Physical State: Solid Liquid Gas

Identical to previous year

Trade secret

PHYSICAL HAZARDS:

- Explosive
- Flammable (gases, aerosols, liquids, or solids)
- Oxidizer (liquid, solid, or gas)
- Self-reactive
- Pyrophoric (liquid or solid)
- Pyrophoric gas
- Self-heating
- Organic peroxide
- Corrosive to metal
- Gas under pressure (compressed gas)
- In contact with water emits flammable gas
- Combustible dust

HEALTH HAZARDS:

- Acute toxicity (any route of exposure)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity (single or repeated exposure)
- Aspiration hazard
- Simple asphyxiant

Hazard not otherwise classified

AMOUNTS:

Below Reporting Thresholds

Maximum Amount: 13 pounds Maximum Amount code: 01 (0-99 pounds)

Average Daily Amount: 12 pounds Average Daily Amount code: 01 (0-99 pounds)

Max amount in largest container:

Days on site: 365

STORAGE LOCATIONS:

Confidential

Location Description: All around

Container Type: Above ground tank

Pressure: Ambient pressure

Temperature: Ambient temperature

Amount: 13 pounds

State/local fees: \$200.00

I have attached a site plan

I have attached a list of site coordinate abbreviations

I have attached a description of dikes and other safeguard measures

FACILITY NOTES:

SAMPLE

Facility: SAMPLE TIER II FOR PACKET (continued)

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 in pages 1 through 3, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

03/01/2024

Signature

Date signed

Sharon L. Leonida

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

**Hawaii State Department of Health
Hazard Evaluation and Emergency Response Office (HEER)
Hazardous Substance Inventory Guideline**

WHO MUST SUBMIT AN INVENTORY FORM

You need to report hazardous substances that were present at your facility at any time during the previous calendar year at levels that equal or exceed reporting thresholds established for Hawaii Chemical Inventory Form/Tier II (HCIF) reporting under the Hawaii Emergency Planning and Community Right-to-Know Act (HEPCRA). These thresholds are as follows:

For Extremely Hazardous Substances (EHS) designated under section 302 of The Emergency Planning and Community Right-to-Know Act (EPCRA), the reporting threshold is 500 pounds (or 227 kg) or the Threshold Planning Quantity (TPQ) whichever is lower.

For all other hazardous chemicals for which facilities are required to have or prepare a Safety Data Sheet (SDS), the reporting threshold is 10,000 pounds or (4,540 kg).

WHAT CHEMICALS ARE EXCLUDED

- 1) Any food additive, color additive, drug or cosmetic regulated by the Food and Drug Administration;
- 2) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- 3) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;
- 4) Any substance to the extent it is used in research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual; and
- 5) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

In 1999, Federal EPCRA Section 311-312 threshold planning quantities increased to 75,000 gallons for gasoline and 100,000 gallons for diesel for Retail Gasoline Stations that are in full compliance with underground storage tank regulations for the year.

WHEN TO SUBMIT THE HCIF

HCIFs for the reporting year January 1, 2023 through December 31, 2023 must be submitted by March 1, 2024.

WHERE TO SUBMIT THE HCIF TO

Send completed Hawaii Chemical Inventory/Tier II Forms to each of the following organizations: (Attachment 3-C)

- 1) Hawaii State Emergency Response Commission (HSERC/HEER)
- 2) Your Local Emergency Planning Committee (LEPC)
- 3) Your Local Fire Chief

FILING FEE

Under Hawaii Revised Statutes Section 128E-9 and Hawaii Administrative Rules 11-453-32, a **\$200.00 filing fee must be submitted for each facility** covered under HEPCRA. You are encouraged to make your **payment online** <https://health.hawaii.gov/heer/submit-documents-to-heer/submit-a-hepcra-tier-ii-report/>. Checks or money orders payable to the **State of Hawaii, Hazard Evaluation and Emergency Response Office, or State of Hawaii, HEER Office** will still be accepted. **No Purchase Orders will be accepted.**

PENALTIES

Any owner or operator who violates any HCIF reporting requirements shall be liable to the State of Hawaii for a civil penalty of up to \$25,000 for each such violation. Each day of a violation constitutes a separate violation.

HEER Hazardous Substance Release Notification and Inventory Guideline - Summary Implementation Table

Statute or Regulation Section Number	List of Lists (4/13/2022)	Who must Provide Information	Information to Provide	To Whom Information Goes	When to Submit Information
§302 §128E-6	Sec. 302 (EHS) TPQ	All who store in excess of the TPQ.	Letter stating that you are regulated.	HSERC 808 586-4249 LEPC	Information due within 60 days of receipt of Extremely Hazardous Substance at a facility.
§304 §128D §128E-7 §11-451-7 §103	EHS RQ CERCLA RQ and 10-pound RQ for TCP and Oil under the listed circumstances. *	Those who release above the RQ.	Release Notification and Written Follow-up	HSERC, 808 586-4249 M-F 808 236-8200 after-hours LEPC NRC 800 424-8802	Immediately Written follow-up due as soon as possible. Immediately Immediately
§311 §128E-6(2)(A)	Sec. 302 (EHS) TPQ and 10,000-pound TPQ for OSHA Hazardous Chemicals.	Those who store above the TPQ.	(Only upon request from HEER) List of SDS Chemicals and Hazard Categories for Each.	HSERC, LEPC, Fire Department	Due annually by March 1 for preceding calendar year inventory.
§312 §128E-6(2)(B) &(C)	Sec. 302 (EHS) TPQ and 10,000-pound TPQ for OSHA Hazardous Chemicals.	Those who store above the TPQ.	Hawaii Chemical Inventory Form (HCIF) (Tier II) and Site Map.	HSERC, LEPC, Fire Department	Due annually by March 1 for preceding calendar year inventory.
§128E-9		Those who submit an HCIF.	Filing Fee - \$200 per facility.	HSERC	Due annually with HCIF.
§313	Sec 313	Manufacturing facilities in specified SIC Codes, with more than 10 employees, that manufacture or process more than 25,000 pounds or otherwise use more than 10,000 pounds of the listed chemicals.	TRI Form R (Do not submit to HEER; upon request to EPA, HEER can get the information from EPA)		Due annually by July 1 for preceding calendar year inventory.

*(A) Any amount of oil which when released into the environment causes a sheen to appear on surface water, or any navigable water of the State;

(B) Any free product that appears on ground water;

(C) Any amount of oil released to the environment greater than 25 gallons; and

(D) Any amount of oil released to the environment, which is less than 25 gallons, but which is not contained and remediated within 72 hours.

Submitting Your Tier II Chemical Inventory Report to the HEER Office

The **DEADLINE** for filing your Tier II Chemical Inventory Report is **March 1, 2024**. The Tier II submission to the Hazard Evaluation and Emergency Response Office must include the following:

- 1) The completed Chemical Inventory Report (Tier II) form(s)
- 2) Facility maps indicating chemical locations.
- 3) A **\$200.00** filing fee **per facility**

Facility Identification Number

If you are submitting for the first time, a HEPSCRA Facility ID number needs to be provided to you. Please contact Sharon Leonida with HEER Office, email at:

sharon.leonida@doh.hawaii.gov .

Office phone (808) 586-4249, fax (808) 586-7537.

Tier2Submit Electronic Submission

- 1) Download the Tier2Submit software from the following website:
<https://www.epa.gov/epcra/tier2-submit-software>
- 2) Enter the inventory information into Tier2Submit.
- 3) Generate an electronic file (.t2s and .pdf) of your chemical inventory from the Tier2Submit software.

There are two options for submitting your Tier II report, filing fee, and map:

Option 1: e-permitting <https://eha-cloud.doh.hawaii.gov/epermit/>
Note: We do not require Electronic Signatures to be notarized.

Option 2: You may copy the electronic file to a compact disc and mail it to:

**State of Hawaii
Department of Health
Hazard Evaluation and Emergency Response (HEER) Office
ATTN: HEPCRA Data Manager
2385 Waimano Home Road #100
Pearl City, HI 96782**

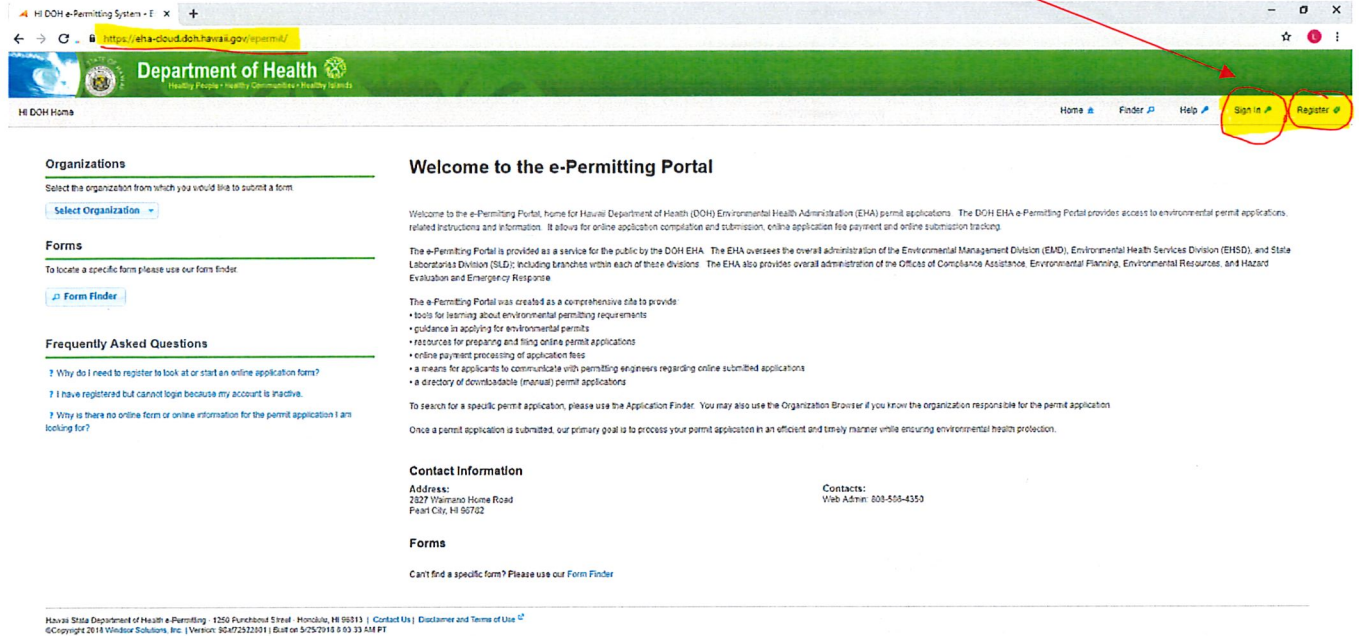
The HEER Office is using Tier2Submit for two reasons: The first reason is to allow electronic submission in a format already utilized by the EPA. The second reason is to gain compatibility with the CAMEO/ALOHA/MARPLOT software used by emergency planners. Maintaining Tier II information in CAMEO will increase the usefulness of the HEPCRA inventories to emergency response agencies.

Hawaii DOH E-Permitting System Instructions

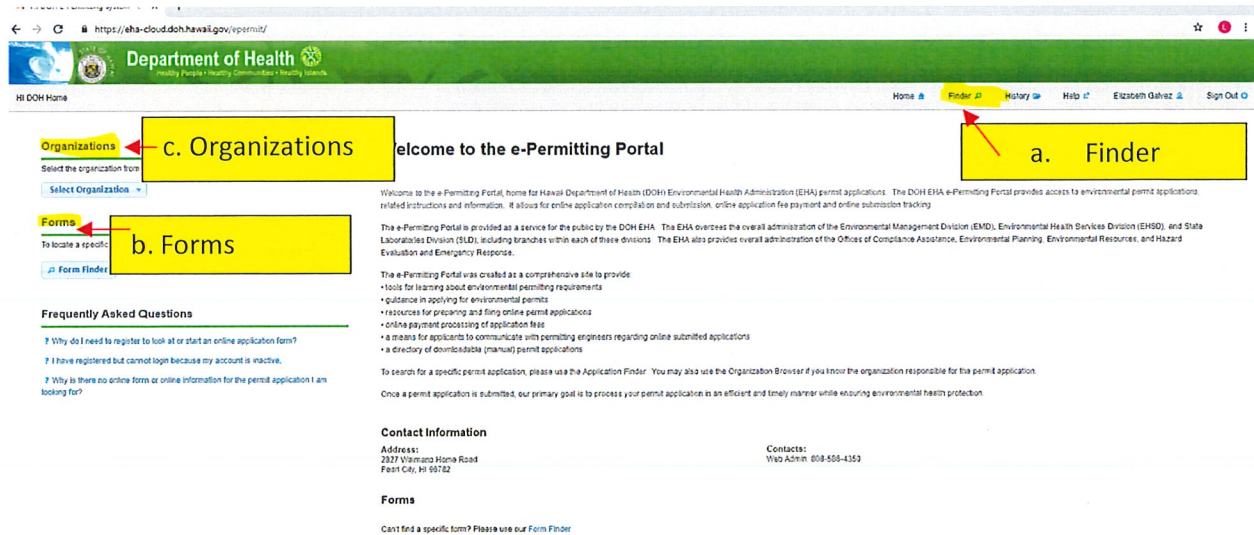
1. <https://eha-cloud.doh.hawaii.gov/epermit/>

Sign in if you already have an Account.

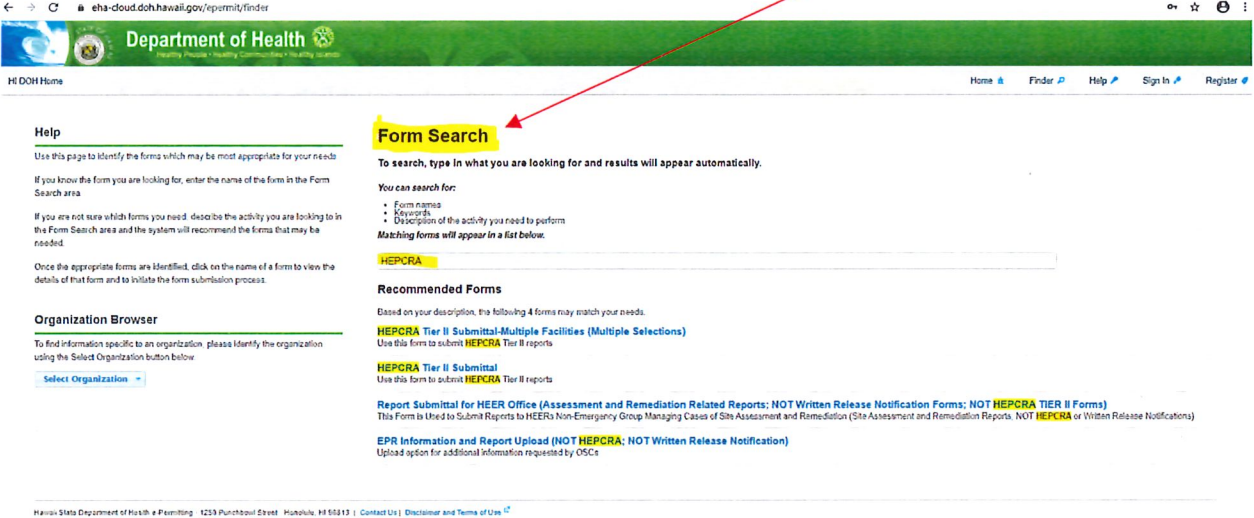
If using for the first time, Please Register to create a User ID in order to establish an Account. A verification e-mail will be sent to you.



2. To get into HEP CRA Tier II:

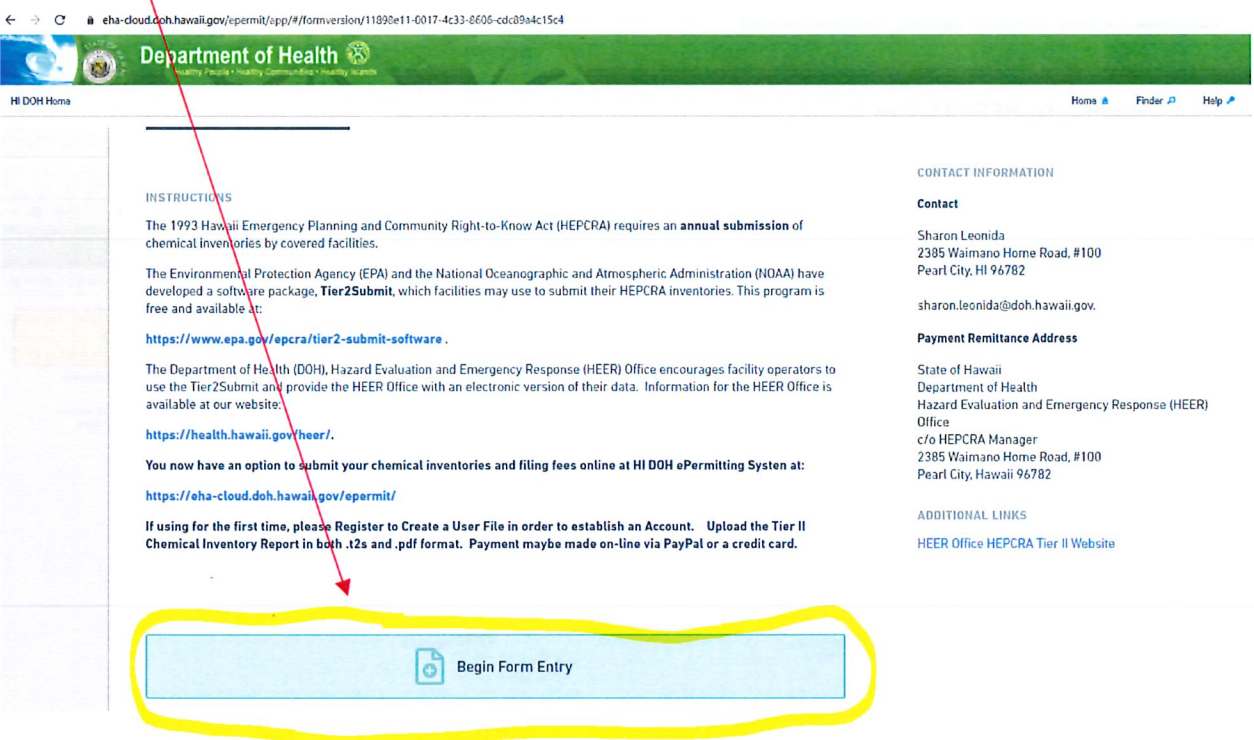


- a. Search using **Finder**. You will be forwarded to a screen with **Form Search**. Type in HEPBCRA.



- i. Select HEPBCRA Tier II Submittal for a single facility; or,
- ii. Select HEPBCRA Tier II Submittal-Multiple Facilities (up to 20 Facilities)

3. Click on Begin Form Entry



4. Processing Info

HEPCRA Tier II Submittal
Submission HNK-JF00-33A-K3 Revision 1 Form Version 1.2 Flat Fee \$200.00

Processing Info

Please specify the following information for your online application

- The reason for the online application, e.g., new permit, permit renewal, permit modification, or survey. If no options are available for your online application, the value shown is the default and cannot be changed.
- The standard processing fee for your online application will be shown below, unless it is a calculated fee. Calculated fees will be finalized once the online application is ready for submittal. More than one project type may be selected by using the CTRL key with your mouse selector. To deselect, also use the CTRL key and mouse. Please note that justification is required for each project types designated.

Submission Reason
New

Flat Fee: \$200

Applicable Project Types

NEXT SECTION
1. Report Information

a. Submission Reason

b. Applicable Project Types. Please leave blank.

c. Report Information

a. Submission

Submission Reason

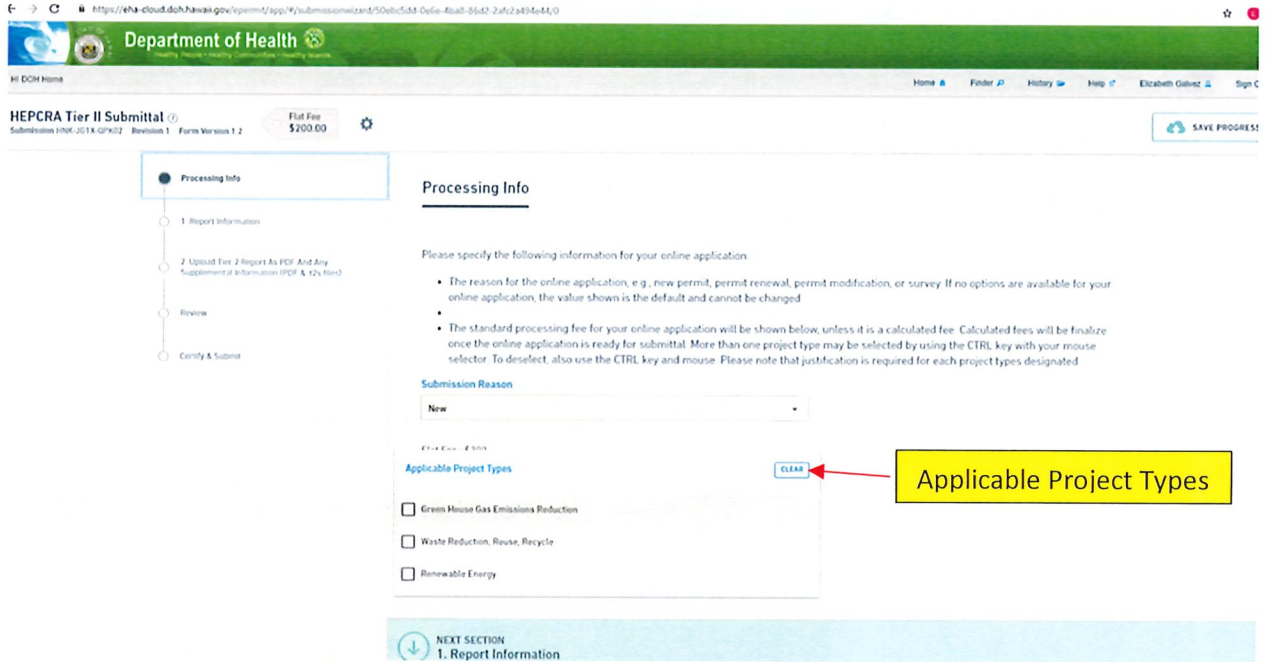
Name Change
Modification
Survey/Other
Renewal
Permit Transfer
Variance
Registration
New

Flat Fee: \$200

Applicable Project Types

NEXT SECTION
1. Report Information

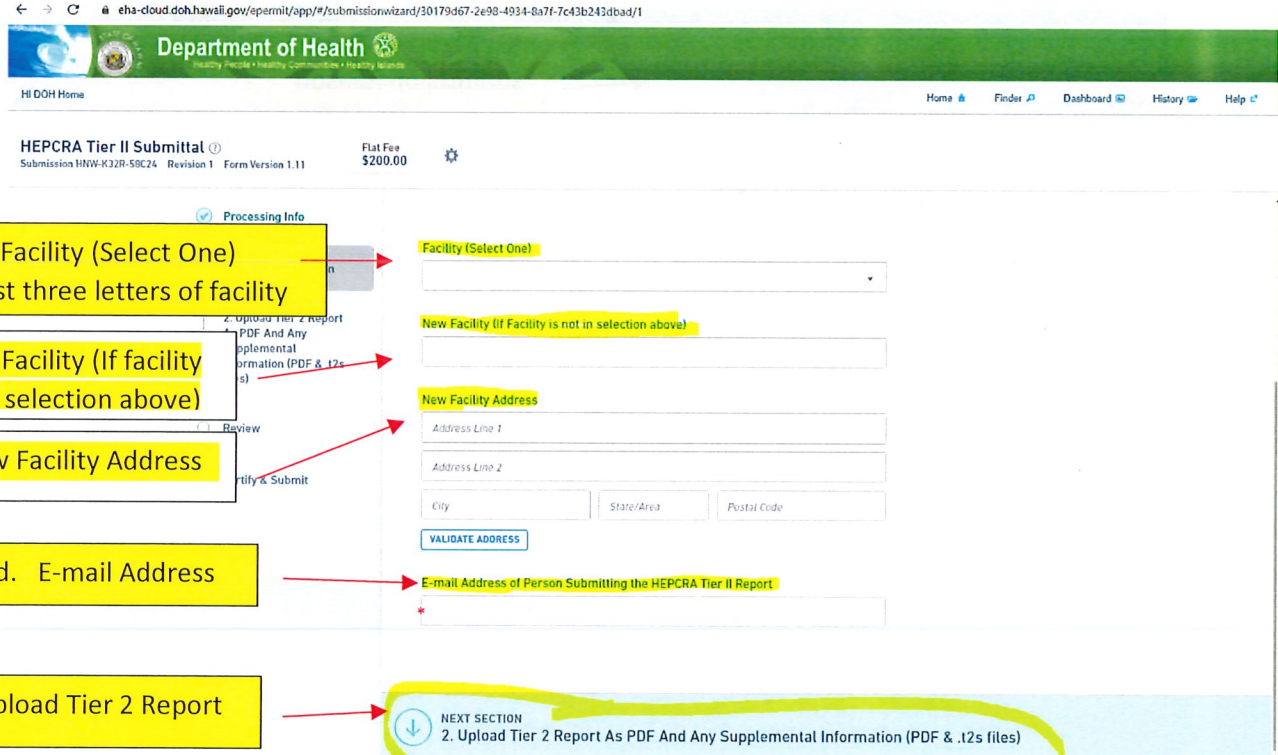
b. Applicable Project Types. Please leave blank.



c. Click on Next Section 1. Report Information

5. Report Information

a. Facility (Select One)



a. Facility

Department of Health
Healthy People • Healthy Communities • Healthy Islands

HI DOH Home

HEPCRA Tier II Submittal
Submission HNW-K32R-50C24 Revision 1 Form Version 1.11 Flat Fee \$200.00

Processing Info

- 1. Report Information
- 2. Upload Tier 2 Report As PDF And Any Supplemental Information (PDF & .t2s files)
- Review
- Certify & Submit

Facility (Select One)

Search

0170 Hilo, HA, USA (Reporting for year that construction is done on site), Facility ID: 2056

3M Company, Facility ID: 44

50,000 Tank 250, Facility ID: 45

616 Iwilei Brown Fields Remediation, Facility ID: 2006

846152-Iolehaehae, Facility ID: 2133

871317-Iolehaehae, Facility ID: 1857

AAT Chemical Inc, Facility ID: 46

ABC Corporation, Facility ID: 47

ABC Corporation Leanui Street, Facility ID: 48

Access Business Group LLC (Amway Corporation), Facility ID: 49

Ace Transmission, Facility ID: 50

AES Hawaii Inc. (Barbers Point), Facility ID: 51

Agrigenetics - DOW, Facility ID: 1876

Anuaoa Filter Plant Reservoir Site (0.30 MG Concrete & 0.10 MG Steel), Facility ID: 52

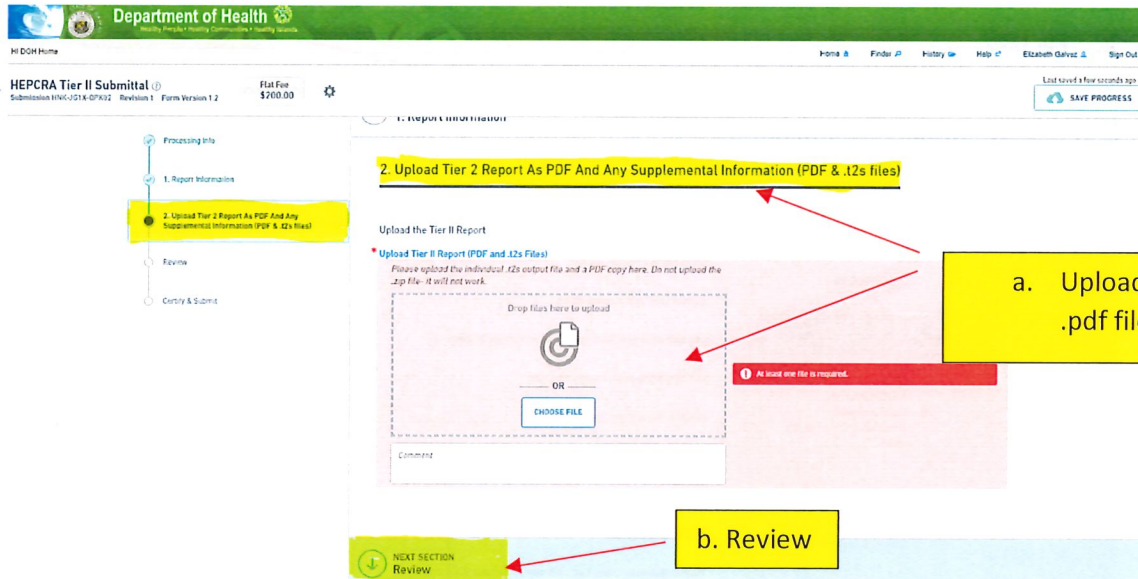
Ahulmanu WWPTF, Facility ID: 53

CLEAR SECTION

- i. Type first three letters of facility name; or,
- ii. Select from a drop-down. Please note the unique Facility ID No.

- b. New Facility – Type in Facility Name if Facility is not in the Selection above. Notify the HEER Office as you will need to obtain a unique HPCRA Facility ID number.
- c. New Facility Address
- d. E-mail address of Person Submitting the HPCRA Tier II report.
- e. Click on Next Section 2. Upload Tier 2 Report As PDF and Any Supplemental Information (.pdf & .t2s files)

6. Upload Tier 2 Report

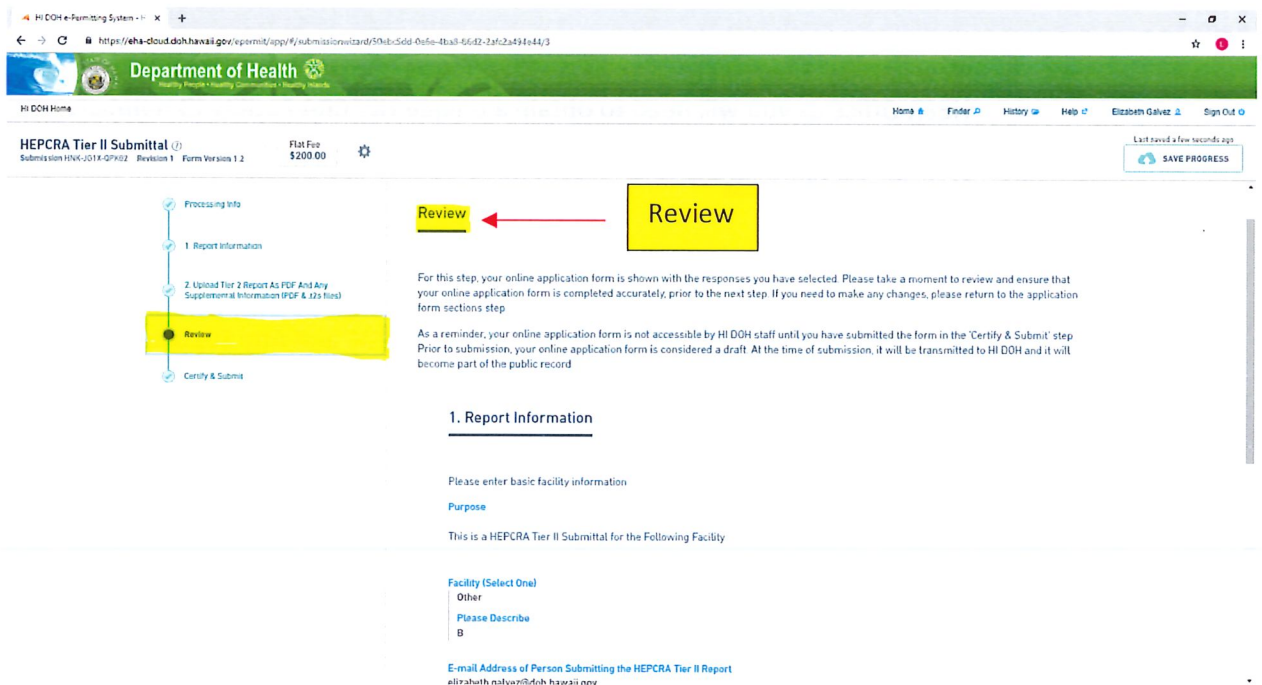


a. Upload .t2s output file and a .pdf copy. Do not upload a .zip file – it will not work. You may enter comments if you choose.

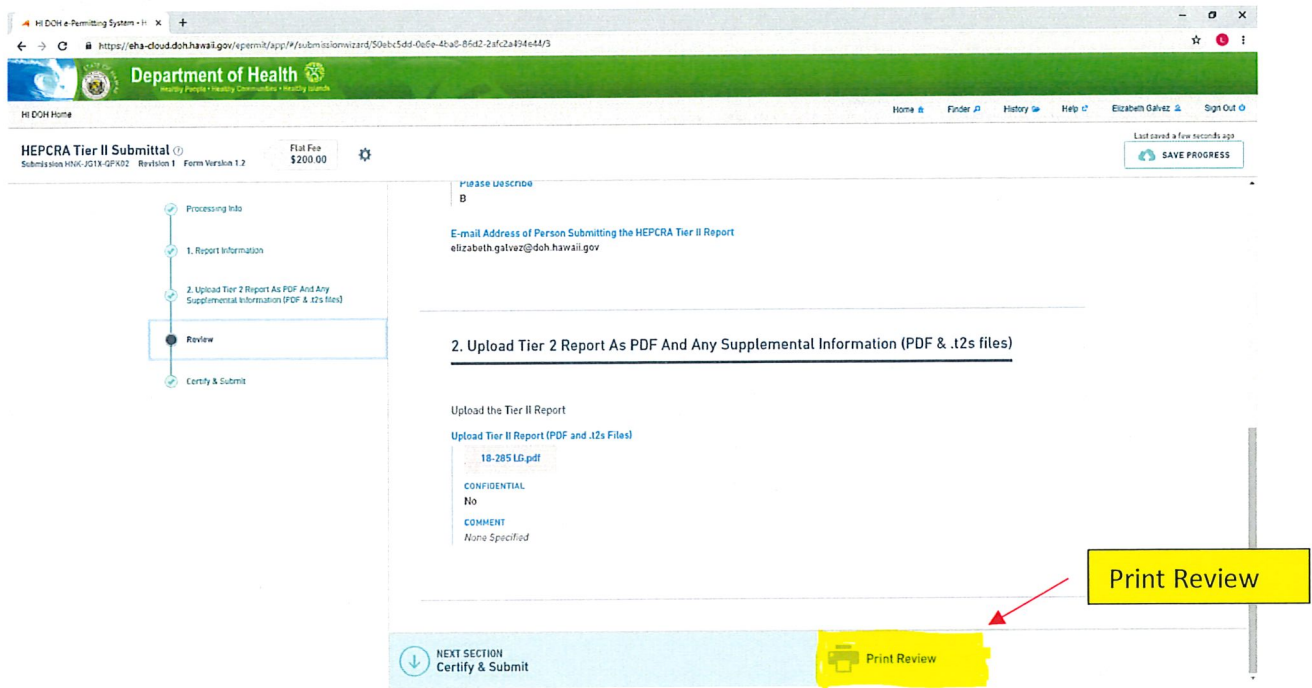
b. Click on Next Section Review.

7. Review

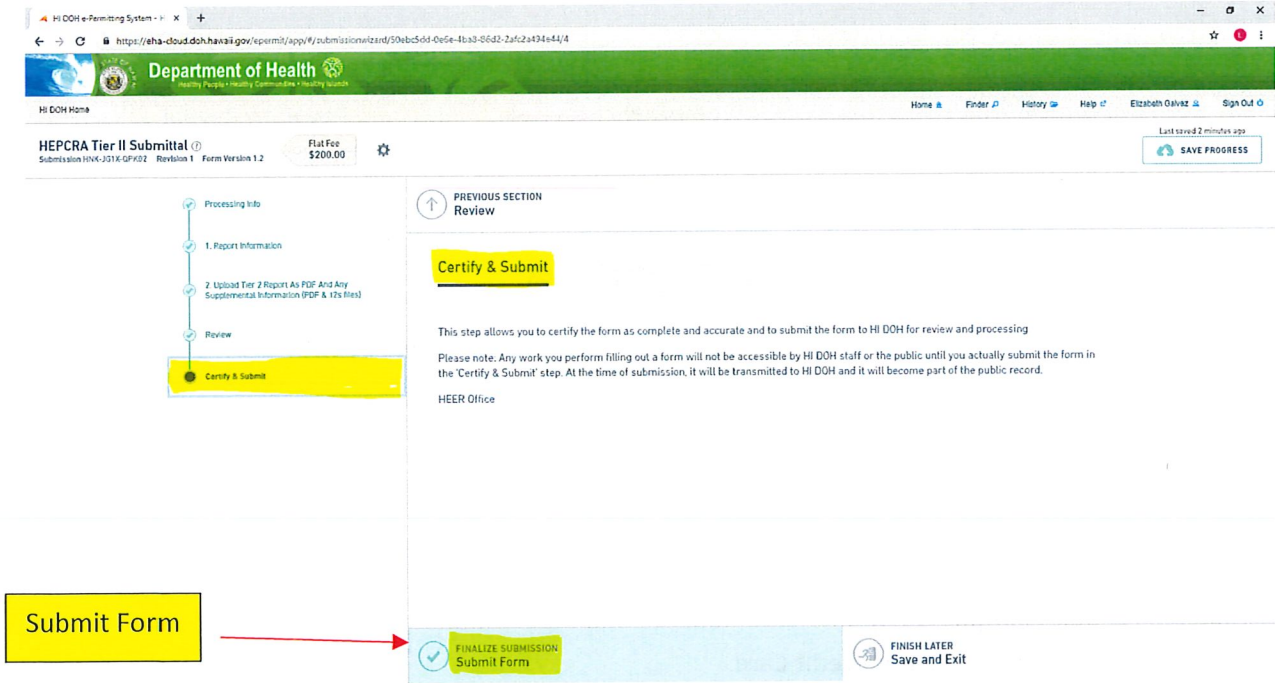
a. Please review and ensure that your entry is completed accurately, prior to the next step



b. You may also click on Print Review if you want a print-out of your entry.



8. Certify and Submit



Once completed, please Click on Finalize Submission Submit Form for submission.

9. Payment - \$200.00 per facility

Payment

This step of your online application allows you to pay any fees required for the submission. Please note that DOH will not begin processing your submitted application until full payment has been received in DOH.

HEPCRA Tier II Submittal version 1.2
(Submission #: HNK-JG1X-QPK02, revision 1)
Payment must be received before your submission can be processed.

Submission Information

Submission #:	HNK-JG1X-QPK02, revision 1	File Reference #:
Submitted By:	Elizabeth Galvez	
Submitted On:	01/04/2019	
Form:	HEPCRA Tier II Submittal	

Fee Details

Flat Fee

a. Online

Online

Pay online using a secure payment gateway

b. By Mail

By Mail

Pay by check or money order. Include the printed remittance slip with your payment.

c. Later

Later

Your forms cannot be processed until payment is received in full.

Hawaii State Department of Health - Permitting | 1229 Punchbowl Street | Honolulu, HI 96813 | Contact Us | Disclaimer and Terms of Use | Copyright © 2019 Windward Solutions, Inc. | Version: 01/07/2020(1) | Built on 5/25/2018 8:03:33 AM PST

a. Online

PayPal \$200.00 USD

i. Pay with PayPal

elizabeth.galvez@doh.hawaii.gov

Password

Stay logged in for faster checkout (not recommended on shared devices)

Log In

Having trouble logging in?

or

ii. Pay with Debit or Credit Card

English | Français | Español

Contact Us | Privacy | Legal | Your Data

- i. Pay with PayPal or
- ii. Pay with Debit or Credit Card

ATTACHMENT 3-B

After paying, please wait for the screen to return back to the previous page. This will allow the e-Permitting Portal to complete the process and the receipt will be sent to you and the HEER Office.

- b. By Mail – Please pay by check or money order. Include the remittance slip with your payment.
- c. Later - Your Tier II submittal forms cannot be processed until payment is received in full.

Submitting the TIER II Chemical Inventory Report to Your Local Emergency Planning Committee (LEPC) and Your Local Fire Department

In addition to filing your TIER II Chemical Inventory Report to the HEER Office, **HARDCOPIES** must also be submitted to the Local Emergency Planning Committee **AND** the local fire department of your facility's respective county. The **DEADLINE** for filing your Tier II Chemical Inventory Report is **March 1, 2024**.

Your TIER II submission to the LEPC and the local fire department must include the following:

- 1) The Tier II Chemical Inventory Report, completed with signature
- 2) Facility map(s) indicating chemical locations

COUNTY	LOCAL EMERGENCY PLANNING COMMITTEE	FIRE DEPARTMENT
City and County of Honolulu	Carlton Yamada - Chair Honolulu LEPC Robert Harter, Honolulu LEPC Coordinator Department of Emergency Management 650 South King Street Honolulu, Hawaii 96813 Phone: 808 723-8960 Fax: 808 768-1492 http://www.honolulu.gov/dem/resources/lepc.html	Sheldon Kalani Hao, Fire Chief Honolulu Fire Department 636 South Street Honolulu, Hawaii 96813-5007 Phone: 808 723-7101 Fax: 808 723-7111
Hawaii County	Gerald Kosaki - Chair Hawaii County LEPC 277 Kapualani Street Hilo, Hawaii 96720 Gerald Kosaki, LEPC Chair Cell: 808 936-8181 gkosaki@hawaii.rr.com	Kazuo Todd, Fire Chief Hawaii Fire Department 25 Aupuni Street, Suite 2501 Hilo, Hawaii 96720 Phone: 808 932-2903 Fax: 808 932-2928
Kauai County	Abraham Mohr - Chair Kauai LEPC Kauai Emergency Management Agency 3990 Kaana Street #100 Lihue, Hawaii 96766 Phone: 808 241-1800	Mike Gibson, Fire Chief Kauai County Fire Department 4444 Rice Street, Suite 315 Lihue, Hawaii 96766 Phone: 808 241-4975 Fax: 808 241-6508
Maui County	Jeffrey M. Kihune, Sr. - Chair Maui County LEPC 200 Dairy Road Kahului, Hawaii 96732 Phone: 808 870-7404 lepcmauicounty@yahoo.com	Brad Ventura, Chief Maui County Fire Department 200 Dairy Road Kahului, Hawaii 96732 Phone: 808 270-7561 Fax: 808 270-7919

Additional Notes and Amendments for Filing Hawaii Chemical Inventory Form

Preprinted Hawaii Chemical Inventory Form (HCIF)

If you are not using the Tier2Submit program, please use the blank forms, **Attachments 5**. Fill in the facility information and the **year of the reporting period**. Then make three copies, sign and date each form. Send each one of the signed forms to the three appropriate agencies. Include an updated map for each agency. When **filing for past years, you will not be able to use Tier2Submit**. The program is only for use in the current filing year. Use **Attachment 5** to complete and submit your report.

If you used the previous year's Tier2Submit, you may import those records into the current version of Tier2Submit and update your information.

Safety Data Sheet (SDS) Handling

The HEER Office requests that facilities **do not** submit SDSs with their forms. Facilities are required to maintain current SDSs for its hazardous substances and to have them available upon request.

Retail Gasoline Stations

For Retail Gasoline Stations that are in full compliance with Underground Storage Tank requirements, the threshold planning quantities (TPQ) are increased to 75,000 gallons for gasoline and 100,000 gallons for diesel. This is due to the 1999 changes in Federal EPCRA Section 311-312. For those Retail Gasoline Stations that **have violations documented during a compliance inspection**, the TPQ reverts to 10,000 pounds for the reporting year following the year in which the violation occurred. Call the EPA hotline at 1(800) 424-9346, the HEER Office at (808) 586-4249, or check <https://www.epa.gov/epcra/eligibility-gasoline-and-diesel-thresholds-retail-gas-stations> for more information.

Rules for Hawaii Revised Statutes (HRS) 128-E

The Hazard Evaluation and Emergency Response (HEER) Office and the Local Emergency Planning Committees (LEPCs) have written rules for HRS 128E:

https://www.capitol.hawaii.gov/hrscurrent/Vol03_Ch0121-0200D/HRS0128E/HRS_0128E-.htm .

The effective date for "Chapter 453 of Title 11, Hawaii Administrative Rules" is November 5, 2010, <https://health.hawaii.gov/opppd/files/2015/06/11-453.pdf> . Contact Sharon Leonida of the HEER Office at sharon.leonida@doh.hawaii.gov or (808) 586-4249 for additional information.

Amendments to EPCRA

Tier I and Tier II forms and instructions have been removed from the Code of Federal Regulations (CFR).

They are located on EPA's website: <https://www.epa.gov/epcra/consolidated-list-lists> .

Facilities are now required to report their North American Industry Classification System (NAICS) code on Tier I or Tier II form.

Chemical or common name of the chemical as provided on the Safety Data Sheet must be provided on Tier II form.

Hazardous Chemical Inventory Reporting Chemicals in Mixtures

When determining whether the threshold quantity of an **extremely hazardous substance (EHS)** has been met, facilities must include the total quantity of the EHS present in the pure form as well as in any mixture, even if any mixture including the EHS is also being reported as a hazardous chemical.

For hazardous chemicals that are mixtures and **do not** contain any **EHS**, facilities have an option when determining whether the threshold quantity is present: (1) add together the quantity present in its pure form and as a component in all mixtures (even if the mixture is also being reported as a hazardous chemical), **or** (2) consider the total quantity of each mixture separately.

STATE OF HAWAII
CHEMICAL INVENTORY FORM (TIER II)

FACILITY IDENTIFICATION			OWNER/ OPERATOR IDENTIFICATION		
NAME:			NAME: TITLE:		
HEPCRA FACILITY IDENTIFICATION NUMBER:					
STREET ADDRESS:			PHONE: ALTERNATE PHONE:		
CITY: STATE: HI ZIP:			MAILING ADDRESS:		
LATITUDE: LONGITUDE: COUNTRY: US			CITY: STATE: ZIP:		
Is this facility manned? <input type="checkbox"/> MANNED <input type="checkbox"/> UNMANNED <small>Maximum Number of Occupants:</small>			E-MAIL:		
RMP: <input type="checkbox"/> YES <input type="checkbox"/> NO EPCRA: <input type="checkbox"/> YES <input type="checkbox"/> NO			EMERGENCY CONTACTS <small>(Please provide a primary and a secondary emergency contact)</small>		
SIC CODE:			NAME: TITLE:		
DUN & BRAD NUMBER: NAICS:			PHONE: 24-HR PHONE:		
State I. D. Number			EMAIL:		
MAILING ADDRESS: <small>(If different from facility address)</small>			NAME: TITLE:		
CITY: STATE: ZIP:			PHONE: 24-HR PHONE:		
COUNTY:			EMAIL:		

Chemical Description	Physical and Health Hazards	Inventory	Storage Type			Locations (Non-Confidential)
			Container	Pressure	Temp	
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential <input type="checkbox"/> Confidential Chemical Name: Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max Daily Amount (code)				
		Avg. Daily Amount (code)				
		No. of Days On-site (days)				
		<input type="checkbox"/> Below Reporting Threshold				

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 and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate and complete.	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR operator's authorized representative	Signature Date

DATE PAYMENT RECEIVED:	FOR DOH HEER USE ONLY	REVIEWED BY:	DATE:
CHECK NO:	FACILITY ID:	DOCUMENT NUMBER:	
DATE HCIF RECEIVED:			rev 1/2019

REPORTING YEAR:

FACILITY NAME:

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes			Locations (Non-Confidential)
			Container Type	Pressure	Temp	
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential Chemical Name:	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max Daily Amount (code)				
		Avg. Daily Amount (code)				
		No. of Days On-site (days)				
		<input type="checkbox"/> Below Reporting Threshold				
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS						
<input type="checkbox"/> Check if all of the information for this chemical is identical to the information submitted last year CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential Chemical Name:	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max Daily Amount (code)				
		Avg. Daily Amount (code)				
		No. of Days On-site (days)				
		<input type="checkbox"/> Below Reporting Threshold				
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS						
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		Avg. Daily Amount (code)				
		No. of Days On-site (days)				
		<input type="checkbox"/> Below Reporting Threshold				
Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS						

Hawaii Emergency Planning and Community Right-To-Know Act (HEPCRA) Hawaii Chemical Inventory Form/Tier II (HCIF) - INSTRUCTIONS

FACILITY INFORMATION

Enter the full name of your facility.

Enter the unique HEPCRA Facility ID number that the HEER Office has provided to 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, island and latitude and longitude in decimal degrees.

Enter the primary Standard Industrial Classification (SIC) code, the North American Industry Classification System (NAICS) and the Dun and Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. Check the box to indicate if your facility is Manned or Unmanned and number of occupants.

REGULATORY INFORMATION

Fill in the correct boxes for each question as it applies to your facility regarding 40 CFR part 68, Risk Management Program, and 40 CFR part 355 of Section 302, Extremely Hazardous Substances.

FACILITY REPRESENTATIVE

Under Section 303 a facility representative shall be reported to the HSERC/HEER OFFICE. Enter the facility representative's full name, mailing address, phone number and **e-mail address**.

OWNER/OPERATOR

Enter the owner or operator's full name, mailing address and phone number. Any changes or sale shall be reported to the HEER Office stating the new owner and the effective date of the transfer. Owner/Operators are required to have an email address listed.

EMERGENCY CONTACT

Enter the name, title and work phone number of at least **one local person or office** who can act as a referral if emergency personnel need assistance in responding to a chemical incident at a facility. **Emergency contacts are required to have an email address listed.**

Provide an emergency phone number where emergency information will be **available 24 hours a day, every day**. **This requirement is mandatory. The facility must make some arrangement to ensure that a 24-hour contact is available. All Emergency Contacts are required to have two (2), phone numbers and an email address listed.**

CHEMICAL INFORMATION

The main section of the Hawaii Chemical Inventory Form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

CHEMICAL DESCRIPTION

Enter the chemical name or common name of each hazardous chemical

Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole, it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, report the CAS number of as many constituent chemicals as possible.

For all Extremely Hazardous Substance (EHS), a CAS number is required. If the chemical is a mixture containing an EHS, enter the chemical name and CAS number of each EHS in the mixture.

Check box for all applicable descriptors: pure or mixture and solid, liquid or gas.

PHYSICAL AND HEALTH HAZARDS

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard 29 CFR 1910.12

MAXIMUM AMOUNTS

For each hazardous chemical, estimate the greatest amount in pounds present at your facility on any single day during the reporting period. Find the appropriate range value code under Reporting Ranges. Enter this range value code as the Maximum Amount.

AVERAGE DAILY AMOUNT

For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site. Find the appropriate range value under **Reporting Ranges**. Enter this range value as the **Average Daily Amount**.

NUMBER OF DAYS ON-SITE

Enter the number of days that the hazardous chemical was found on-site.

STORAGE TYPE AND LOCATIONS FOR EPA PROGRAM

List all non-confidential chemical locations in this row along with storage types/conditions associated with each location. You may list several locations for a particular chemical. Each row of boxes indicates a type of storage container and the conditions (example, above ground storage tank at ambient pressure and ambient temperature, or a cylinder at ambient pressure and ambient temperature. The corresponding line represents a location for that container.

STATE OF HAWAII STORAGE CODES

Indicate the code for the container types and the pressure and temperature conditions for that storage container. Each row of boxes indicates a type of storage container "for example: an above ground storage tank at ambient pressure and temperature (A [above ground], 1[ambient pressure], 4 [temperature]) or a cylinder at greater than ambient pressure and ambient temperature (H [cylinder, 2 [greater than ambient pressure] 4[temperature])". The corresponding line represents a location for that container.

STORAGE LOCATIONS

Provide a brief description of the precise location of the chemical so that emergency responders can locate the area easily. These descriptions must correspond to the site plan that you provide.

CERTIFICATION

The owner, operator or the officially designated representative of the owner or operator must certify that all information included in the Hawaii Chemical Inventory Form (HCIF) submission is true, accurate and complete. On the first page of the report enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included as well as all attachments. An original signature is required on at least the first page of the submission. Submissions to the HSERC, LEPC and Fire department must each contain an original signature on at least the first page. Each page must contain the total number of pages in the submission.

Reporting Ranges

Ran Value	From (Pounds)	To (Pounds)
01	0	99
02	100	499
03	500	999
04	1,000	4,999
05	5,000	9,999
06	10,000	24,999
07	25,000	49,999
08	50,000	74,999
09	75,000	99,999
10	100,000	499,999
11	500,000	999,999
12	1,000,000	9,999,999
13	10 million + pounds	

List of Container Type

Above ground tank
 Bag
 Battely
 Below ground tank
 Box
 Can
 Carboy
 Cylinder
 Fiber Drum
 Glass bottles or jugs
 Plastic bottles or jugs
 Plastic or non-metallic drum
 Rail Car
 Silo
 Steel drum
 Tank inside building
 Tote bin

Listing for Pressure and Temperature

Ambient Pressure
 Greater than ambient pressure
 Less than ambient pressure

 Ambient temperature
 Cryogenic conditions
 Greater than ambient temperature
 Less than ambient temp./ not cryogen

STATE STORAGE CODES

Storage Codes for Container Type

A Above ground tank
B Bag
C Battely
D Below ground tank
E Box
F Can
G Carboy
H Cylinder
I Fiber drum
J Glass bottles or jugs
K Plastic bottles or jugs
L Plastic or non-metallic drum
M Rail car
N Silo
O Steel drum
P Tank inside building
Q Tank wagon
R Tote bin

Storage Codes for Pressure and Temperature

1 Ambient Pressure
2 Greater than ambient pressure
3 Less than ambient pressure

4 Ambient temperature
5 Cryogenic conditions
6 Greater than ambient temperature
7 Less than ambient temp. / not cryogen

STATE OF HAWAII
 DOH
 (HEER) HAZARD EVALUATION AND EMERGENCY RESPONSE OFFICE

JOURNAL VOUCHER REMITTANCE FOR HEP CRA FEE:

Please use the numbers below for the TIER II PAYMENT

SFX	TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	COST CENTER	PROJ. NO.		DEPT ACT	G/L ACCT	S/L ACCT	REFERENCE DOC		AMOUNT	
									NUMBER	PH				NUMBER	SFX		
XX	XXX	X	XX	XXX	XX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXX	KXXXX>	XXXXXXXXXX	XX	XXXXXI	XX
01	805	S		342	H		1115		000338	00	371					200	00

SAMPLE JOURNAL VOUCHER

For State Agencies Only

NAME OF FACILITY SHOULD BE INCLUDED IN EXPLANATION BOX.

Questions can be directed to: sharon.leonida@doh.hawaii.com