

**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 the number of occupants.

**REGULATORY INFORMATION**

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

**FACILITY REPRESENTATIVE**

Under Section 303, a facility representative shall report 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 sales 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 arrangements 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 Substances (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 the 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 (e.g., an 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 container type code 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.