

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KALUNA HO'OLELE


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

In reply, please refer to:
File:

26-004 sll

January 16, 2026

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 2025 Reporting Year**

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 requests 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 online 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 online at <https://health.hawaii.gov/heer/submit-documents-to-heer/submit>
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. **A signed form is required for submission.** The HEER Office is not requiring the EPA CROMMER electronic signature requirements for the Tier II submittal through e-permitting.

Facility Operators / State Operators

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January 16, 2026

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 2025 SAMPLE EPA Program form (3pages);
- 2-A HEER Hazardous Substance Inventory Submittal Guideline (4pages);
- 2-B Summary Implementation Table (2 pages).
- 3-A LEPC and Fire Dept. Contact Names (1 page);
- 3-B DOH E-Permitting System Instructions (11 pages);
- 4-A Hawaii Chemical Inventory Form (HCIF) Tier II Blank Form (2 pages);
- 4-B-1 Instructions Hawaii Chemical Inventory Form (HCIF)/Tier II (3 pages);
- 4-B-2 Reporting Ranges – Storage Codes (1 page); and
- 5 Sample Journal Voucher for State Facilities only (1 page).

Tier II
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

Reporting Period: January 1 to December 31, 2025

Page 1

Printed: January 9, 2026

Facility: SAMPLE FACILITY

FACILITY NAME AND LOCATION:

SAMPLE FACILITY

Dept:

2468 Anywhere Street

Pearl City, Hawaii 96782 USA

County: Honolulu

Fire District:

Latitude: 21.391838

Longitude: -157.986241

MAILING ADDRESS:

SAMPLE

IDENTIFICATION NUMBERS:

Dun & Bradstreet: N/A

NAICS: 485111 (Mixed Mode Transit Systems)

Is the facility manned? ☒ Manned ☐ Unmanned

Maximum No. of Occupants: 300

REGULATORY INFORMATION:

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? ☒ Yes ☐ NoSubject 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: 6000

☐ Facility is a federal government facility subject to fee payment exemption

Payment Status: Paid

Submission Status: Complete and Paid

Submission Type: Electronic

Submission Received Date: 1/9/2026

Close Date:

Former Name:

Notes:

CONTACT INFORMATION:

Form, Sample

Job Title: Safety Supervisor

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

Address: 246 Sample Street, Pearl City, HAWAII 96782 USA

Phones: Emergency: 808 642-1010 24-hour: 808 642-1214

Email: sform@ridealong.com

CHEMICAL INVENTORY INFORMATION:

Mixture or Product Name: Diesel

CAS #: 68476-30-2

Chemical Category: ☐ Pure ☒ MixtureEHS: ☐ Yes ☒ NoPhysical State: ☐ Solid ☒ Liquid ☐ Gas☐ Identical to previous year

Tier II
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

Reporting Period: January 1 to December 31, 2025

Page 2

Printed: January 9, 2026

Facility: SAMPLE FACILITY (continued)

☐ 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: 25,000 pounds Maximum Amount code: 07 (25,000-49,999 pounds)

Average Daily Amount: 2,000 pounds Average Daily Amount code: 04 (1,000-4,999 pounds)

Max amount in largest container:

Days on site: 365

STORAGE LOCATIONS:

☐ Confidential

Location Description: Above ground at station

Container Type: Above ground tank

Pressure: Ambient pressure

Temperature: Ambient temperature

Amount: 57,200 pounds

ATTACHMENTS:

- ☒ I have submitted a site plan
- ☒ I have attached a description of dikes and other safeguard measures
- ☒ I have attached a list of site coordinate abbreviations

CERTIFICATION:

State/local fees: \$200.00

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

FACILITY NOTES:

SAMPLE

Tier II
Emergency and Hazardous Chemical Inventory
Specific Information by Chemical

Reporting Period: January 1 to December 31, 2025

Page 3

Printed: January 9, 2026

Facility: **SAMPLE FACILITY** (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.

Signature needed

Signature

01/06/2026

Date signed

Sample Form, Safety officer

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

SAMPLE

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

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.

Effective December 12, 2025, pursuant to the applicability of section 11-453-16, Hawaii Revised Statutes, the Hawaii State Emergency Response Commission designates each owner or operator of a facility that stores, uses, or manufactures Lithium-ion batteries with a threshold quantity of 10,000 pounds or more, be subject to reporting. A \$200.00 filing fee per facility is not required.

Tier II forms and instructions have been removed from the Code of Federal Regulations (CFR). They are located on EPA’s website: www.epa.gov/epcra/Tier2-submit-software

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

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

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).

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.

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 that 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 public.
- 4) Any substance to the extent it is used in a research laboratory, 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.

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.

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 their hazardous substances and to have them available upon request.

Hawaii Emergency Planning and Community Right-to-Know Act Facility Identification Number (HEPCRA Facility ID No.)

HEPCRA Facility ID NUMBERS ARE UNIQUE NUMBERS ISSUED BY HEER

1. If you are submitting for the first time, a HEPCRA Facility ID number needs to be provided to you. Contact the HEER Office to get a new Facility ID number.
2. If your facility changes ownership or name but remains in the same location, the HEPCRA Facility ID remains the same.
3. If your facility moves, let the HEER Office know, as a HEPCRA Facility ID number may already exist for that specific location, or a new HEPCRA Facility ID number may need to be provided to you.

For questions about HEPCRA Facility ID Numbers, please call (808) 586-4249 or go to <https://health.hawaii.gov/heer/contact-us/>, and complete the HEER contact form.

SUBMITTING YOUR TIER II CHEMICAL INVENTORY REPORT TO THE HEER OFFICE

The **DEADLINE** for filing your Tier II Chemical Inventory Report is **March 1, 2026**.

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) **Accurate coordinates of your facility where your chemicals are stored are very important in order for emergency responder personnel to find your facility in the 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.
- 3) Facility maps indicating chemical locations.
- 4) A **\$200.00** filing fee **per facility**; and
- 5) If reporting for Lithium-ion batteries **only**, a fee is not required.

AGENCIES TO SUBMIT THE HCIF TO

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

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

Tier2 SUBMIT ELECTRONIC SUBMISSION

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.

- 1) Download the Tier2Submit software from the following website:
<https://www.epa.gov/epcra/tier2-submit-software>
If you have used the previous year's Tier2Submit, you may import those records Into the current version of Tier2Submit and update your information.
- 2) Enter the inventory information into Tier2Submit.
- 3) Generate an electronic file (.t2s and .pdf) of your chemical inventory from the Tier2Submit software.
- 4) **If you are 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 4 to complete and submit your report.

FILING FOR PAST REPORTING YEARS, HAWAII CHEMICAL INVENTORY FORM (HCIF) ATTACHMENT 4

Fill in the facility information and the **year of the reporting period**. Then make three copies, sign and date each form. Send each signed form to the three appropriate agencies. Include an updated map for each agency.

The \$200 filing fee per facility per year must be submitted with the forms to HSERC.

OPTIONS FOR SUBMITTING YOUR TIER II REPORT FILING FEE AND MAP:

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

Option 2: You may copy the electronic file 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

Attachment 2-B Page 1
Summary Implementation Table

Statute or Regulation Section Number	List of Lists (10/2010)	Who must Provide Information	Information to Provide	To Whom Information Goes	When to Submit Information
§302(40 CFR part 355) §128E-6	Sec. 302 (EHS) TPQ Threshold Planning Quantity	All who store in excess of the TPQ.	A letter stating that you are regulated.	HSERC 808 586-4249 LEPC	Information due within 60 days of receipt of an Extremely Hazardous Substance at a facility.
§304 §128D §128E-7 §11-451-7(b) (1) §103	EHS RQ CERCLA RQ and 10-pound RQ for TCP and Oil under the listed circumstances. *	Those who release in quantities equal to or exceeding the Reportable Quantity (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(CWA) §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 the preceding calendar year's 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 the preceding calendar year's inventory.
§128E-9		Those who submit an HCIF.	Filing Fee - \$200 per facility.	HSERC	Due annually by March 1, with HCIF.
§313	Sec 313 (North American Classification System)	Manufacturing facilities in specified NAICS 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; HEER can get the information from EPA)		Due annually by July 1 for the preceding calendar year's 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; an

(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.

Attachment 2-B Page 2
Summary Implementation Table

Statute or Regulation Section Number	List of Lists (10/2010)	Who must Provide Information	Information to Provide	To Whom Information Goes	When to Submit Information
§11-453-17 §355.10	N/A*	Those who store Lithium-ion batteries with a threshold quantity of 10,000 pounds or more	Emergency Notification and Emergency Planning Requirements	HSERC, LEPC, Fire Department	Within 60 days of the facility first being subject to report, and due annually by March 1.

**Effective December 12, 2025, pursuant to the applicability of section 11-453-16, Hawaii Revised Statutes, the Hawaii State Emergency Response Commission designates each owner or operator of a facility that stores, uses, or manufactures Lithium-ion batteries with a threshold quantity of 10,000 pounds or more, subject to reporting. A \$200.00 filing fee per facility is not required.

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, 2026**.

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 LEPC Coordinator Department of Emergency Management 650 South King Street Honolulu, Hawaii 96813 Phone: 808 723-8960 Fax: 808 768-1492 Email: dem@honolulu.gov https: www8.honolulu.gov/dem/hazardous-materials/	Sheldon Kalani Hao, Fire Chief Honolulu Fire Department c/o TRB – HazMat Section 890 Valkenburg Street Honolulu, Hawaii 96818 Phone: 808 723-7000 Fax: 808 723-7031 Email: HFDHazmatTRB@honolulu.gov
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	Daniel Volpe, Acting 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: 808 241-4980 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

Hawaii DOH E-Permitting System Instructions

1. HI DOH e-Permitting System -

Environmental Health Administration or
<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.

Department of Health
 Healthy People • Healthy Communities • Healthy Islands

HI DOH Home

Home Finder Help Sign in Register

Sign in **Register**

Organizations

Select the organization from which you would like to submit a form.

Select Organization

Forms

To locate a specific form please use our form finder.

Form Finder

Frequently Asked Questions

- Who do I contact for help with my online form?
- Why do I need to register to look at or start an online application form?
- I have registered but cannot login because my account is inactive

[view more FAQs](#)

Hawaii Environmental Health e-Permitting Portal

Welcome to the Hawaii Environmental Health e-Permitting Portal, home for Hawaii Department of Health (DOH) Environmental Health Administration (EHA) permit applications. The DOH EHA e-Permitting Portal provides access to environmental permit applications, related instructions and information. It allows for online application compilation and submission, online application fee payment and online submission tracking.

The e-Permitting Portal is provided as a service for the public by the DOH EHA. The EHA oversees the overall administration of the Environmental Management Division (EMD), Environmental Health Services Division (EHS), and State Laboratories Division (SLD); including branches within each of these divisions. The EHA also provides overall administration of the Offices of Compliance Assistance, Environmental Planning, Environmental Resources, and Hazard Evaluation and Emergency Response.

The e-Permitting Portal was created as a comprehensive site to provide:

- tools for learning about environmental permitting requirements
- guidance in applying for environmental permits
- resources for preparing and filing online permit applications
- online payment processing of application fees
- a means for applicants to communicate with permitting engineers regarding online submitted applications
- a directory of downloadable (manual) permit applications

To search for a specific permit application, please use the Application Finder. You may also use the Organization Browser if you know the organization responsible for the permit application.

Once a permit application is submitted, our primary goal is to process your permit application in an efficient and timely manner while ensuring environmental health protection.

Contact Information

Address:
 2627 Waiʻanae Home Road
 Pearl City, HI 96782

Contacts:
 E-mail: epwebadmin@doh.hawaii.gov
 Web Admin: 808-588-4350

Forms

[Electronic Signature Subscriber Agreement](#)
 Required form for EHA electronic signature approval

Can't find a specific form? Please use our [Form Finder](#)

2. Access HECRA Tier II. Search using **Form Finder** or **Finder**:

Department of Health
Healthy People • Healthy Communities • Healthy Islands

HI DOH Home Home Finder Help Sign In Register

Organizations
Select the organization from which you would like to submit a form.
[Select Organization](#)

Forms
To locate a specific form please use our form finder.
[Form Finder](#)

Frequently Questions
[Form Finder](#)

Hawaii Environmental Health e-Permitting Portal

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The e-Permitting Portal was created as a comprehensive site to provide:

- a. Below Form Search, type in HEP CRA and Recommended Forms will appear automatically.

Department of Health
Healthy People • Healthy Communities • Healthy Islands

HI DOH Home Home Finder Help Sign In Register

Help

Use this page to identify the forms which may be most appropriate for your needs.

If you know the form you are looking for, enter the name of the form in the Form Search area.

If you are not sure which forms you need, describe the activity you are looking to in the Form Search area and the system will recommend the forms that may be needed.

Once the appropriate forms are identified, click on the name of a form to view the details of that form and to initiate the form submission process.

Organization Browser

To find information specific to an organization, please identify the organization using the Select Organization button below.

Select Organization

Form Search

To search, type in what you are looking for and results will appear automatically.

You can search for:

Form names
Keywords
Description of the activity you need to perform

Matching forms will appear in a list below.

HEPCRA

Type in HEP CRA

Recommended Forms

Based on your description, the following 6 forms may match your needs.

Late Submittals HEP CRA Tier II Submittal-Multiple Facilities (Multiple Selections)- 2017 and later
Use this form to submit HEP CRA Tier II reports

Late Submittals HEP CRA Tier II Submittal-Multiple Facilities (Multiple Selections)- Prior to and including 2016
Use this form to submit HEP CRA Tier II reports

HEP CRA Tier II Submittal-Multiple Facilities (Multiple Selections)
Use this form to submit HEP CRA Tier II reports

HEP CRA Tier II Submittal
Use this form to submit HEP CRA Tier II reports

- b. Click on one of the following forms:

- i. **Late Submittals HEP CRA Tier II Submittal-Multiple Facilities (Multiple Selections)- 2017 and later** – for late submittals for calendar years 2017 - 2024
- ii. **Late Submittals HEP CRA Tier II Submittal-Multiple Facilities (Multiple Selections)- Prior to and including 2016** – for late submittals for calendar years 2016 and earlier
- iii. **HEP CRA Tier II Submittal-Multiple Facilities (Multiple Selections)** – for filing more than one facility for calendar year 2025
- iv. **HEP CRA Tier II Submittal** – for filing a single facility for calendar year 2025

3. Click on **Begin Form Entry**. Please take the time to read the HEPCRA Tier II Submittal Instructions.

HEPCRA Tier II Submittal

VERSION 1.36

INSTRUCTIONS

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, which facilities may use to submit their HEPCRA inventories. This program is free and available at:

<https://www.epa.gov/epcra/tier2-submit-software#tierii>

The Department of Health (DOH), Hazard Evaluation and Emergency Response (HEER) Office encourages facility operators to use Tier2Submit and provide the HEER Office with an electronic version of their data. See instructions for submitting forms through e-permitting in Section 3B of the facility Operators Package:

<https://health.hawaii.gov/heer/submit-documents-to-heer/submit-a-hepcra-tier-ii-report#package>

Submit your chemical inventories and filing fees online.

If using e-Permitting for the first time, please Register to Create a User File in order to establish an Account.

If you are submitting for a new facility, please contact HEER to receive a unique Facility ID number.

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.

Upload the Tier II Chemical Inventory Report in both .xls and .pdf format.

Payment may be made via PayPal or a credit card. Don't close PayPal before you receive your payment confirmation from the e-Permitting Portal.


Accurate coordinates of your facility where your chemicals are stored is very important in order 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.

Information about the HEER Office is available at our website: <https://health.hawaii.gov/heer/>



4. Processing Info – provide information. Submission Reason: New or Renewal will take you through the same steps. Click on the Arrow down for the Next Section.



Department of Health

Healthy People • Healthy Communities • Healthy Islands

[HI DOH Home](#)[Home](#)[Finder](#)[Dashboard](#)[My Submissions](#)[Help](#)[Elizabeth Galvez](#)[Sign Out](#)

HEPCRA Tier II Submittal

Submission HQJ-0P9C-BWGGT Revision 1 Form Version 1.36

\$200.00

Last saved a few seconds ago

SAVE PROGRESS

Processing Info

1. Report Information

2. Upload Tier 2 Report As PDF And Any Supplemental Information (PDF & .t2s files)

Review

Certify & Submit

Submission Reason

Search

Modification

Name Change

New

Permit Transfer

Registration

Renewal

Survey/Other

Variance

t modification, or survey. If no options
annot be changed.

unless it is a calculated fee. Calculated
can one project type may be selected
RL key and mouse. Please note that

NEXT SECTION

1. Report Information

Next Section

5. Provide facility information.

- a. For existing facilities, there is a drop-down menu. Type the first three letters of facility name or the address. You may also type in the Facility ID. Please confirm that you have the correct facility name, facility address and the Facility ID before you proceed.
- b. For a new facility, please obtain a Facility ID no. prior to completing the HEPCRA Tier II submittal. You may contact us at <https://health.hawaii.gov/heer/contact-us/>

Department of Health
Healthy People • Healthy Communities • Healthy Islands

HEPCRA Tier II Submittal
Submission ID: JEP9C-BWGGT Revision 1 Form Version 1.36 \$200.00

Logged in as Elizabeth
Navigation Menu
Last saved a few seconds
SAVE PROGRE

Processing Info

1. Report Information

2. Upload Tier 2 Report As PDF And Any Supplemental Information (PDF & .t2s files)

Review

Certify & Submit

PREVIOUS SECTION
Processing Info

1. Report Information

Please enter basic facility information

Purpose

This is a HEPICRA Tier II Submittal for the following Facility.

Facility (Select One)

Select...

New Facility (If Facility is not in selection above)

New Facility Address

Address Line 1

Address Line 2

City

State/Area
HI

Postal Code

VALIDATE ADDRESS

E-mail Address of Person Submitting the HEPICRA Tier II Report

Enter valid e-mail address

NEXT SECTION
2. Upload Tier 2 Report As PDF And Any Supplemental Information (PDF & .t2s files)

c. Click on the Next Section.

Next Section

6. Upload Tier 2 Report as a pdf and .t2s files

Department of Health
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HEPCRA Tier II Submittal (P)
Submission HQJ-SP/PC-BWDGT Revision 1 Form Version 1.36 \$200.00

Logged in as Elizabeth Galt
Navigation Menu
Last saved 5 minutes ago
SAVE PROGRESS

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

PREVIOUS SECTION
1. Report Information

2. Upload Tier 2 Report As PDF And Any Supplemental Information (PDF & .t2s files) CLEAR SECTION

Upload the Tier II Report

Upload Tier II Report (PDF and .t2s Files)
Please upload the individual .t2s output file and a PDF copy here. Do not upload the zip file- it will not work.
Please be aware that files exceeding 200 MB in size are not allowed

Drop files here to upload
OR
CHOOSE FILE

Comment

Next Section Review



a. Click on the Next Section.

Next Section

Next Section

7. **Review.** You may print review and/or print to ensure that your online application is completed accurately.

Department of Health
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HI DOH Home

Logged in as Elizabeth Galvez
Navigation Menu

HEPCRA Tier II Submittal
Submission HQJ-BP9C-BI/ACGT Revision 1 Form Version 1.34 \$200.00

Last saved 20 minutes ago
SAVE PROGRESS

Processing Info

1. Report Information

2. Upload Tier 2 Report As PDF And Any Supplemental Information (PDF & .t2s files)

Review

Review

For this step, your online application form is shown with the responses you have selected. Please take a moment to review and ensure that your online application form is completed accurately, prior to the next step. If you need to make any changes, please return to the application form sections step.

As a reminder, your online application form is not accessible by HI DOH staff until you have submitted the form in the 'Certify & Submit' step. Prior to submission, your online application form is considered a draft. At the time of submission, it will be transmitted to HI DOH and it will become part of the public record.

1. REPORT INFORMATION

Please enter basic facility information

Purpose
This is a HEP CRA Tier II Submittal for the following facility.

Facility (Select One)
None Specified

New Facility (If Facility is not in selection above)
None Specified

New Facility Address
[No Street Address Specified]
[No City Specified] HI [No Postal Code Specified]

E-mail Address of Person Submitting the HEP CRA Tier II Report
None Specified

Enter valid e-mail address

2. UPLOAD TIER 2 REPORT AS PDF AND ANY SUPPLEMENTAL INFORMATION (PDF & .T2S FILES)

Upload the Tier II Report

Upload Tier II Report (PDF and .t2s Files)
No files uploaded

Comment
None Specified

At least one file is required.

NEXT SECTION
Certify & Submit

Print Review

Print Review

8. Certify and Submit.

Your submittal is not complete until you complete one or more fields of the form that are marked in red, you have submitted it and you have made the payment. Your submittal is not accessible by Hawaii Hazard Evaluation and Emergency Response (HEER) staff until you submit the form in this step.

Department of Health
Healthy People • Healthy Communities • Healthy Islands

HEPCRA Tier II Submittal
Submission HQJ-BFYC-BWGGT Revision 1 Form Version 1.36 \$200.00

Logged in as Elizabeth Galvez
Navigation Menu

Last saved 3 minutes ago
SAVE PROGRESS

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

PREVIOUS SECTION Review

Certify & Submit

This step allows you to submit the form to HHI DOH.

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted info is true, accurate, and complete.

There are one or more areas of the form that have not been fully completed.
In order to submit this form, please revisit the section(s) marked with errors, and correct any missing or invalid fields.

FINALIZE SUBMISSION Submit Form
FINISH LATER Save and Exit

Submit Form

9. **Payment.**

Once the Tier II form has been submitted, please make the appropriate payment, either Online or by Mail. Payment must be received before the submission can be processed.

SUBMISSION OVERVIEW

HEPCRA Tier II Submittal

ID # HQJ-8579-AB0G2

View Form

It contains one of the submission form data

Summary

Processing

NAME

HEPCRA Tier II Submittal

SUBMITTED

12/31/2025 (9 days ago) by [J. Elizabeth Calves](#)

SUBMISSION ID

HQJ-8579-AB0G2

SUBMISSION REASON

New

INTEGRATION

—

Processing

View All

2

Notification Tier II Fee Paid

12/31/2025

Documents & Attachments

201 Other App_2 P.R.pdf

Attached to Submission by Elizabeth Calves: 2025-12-31 2:11 PM [SUBMISSION ID: HQJ-8579-AB0G2]

Status

Processing

Review Submission

Print

Download / Export

View Confirmation

Fees

Flat Fee \$200.00

Balance Due \$200.00

Make Payment

Download Payment Voucher

Contact Info

Contact

State of Hawaii

Department of Health

Hazard Evaluation and Emergency Response (HEER) Office

c/o HEP-CRA Manager, Sharon Leonida

2355 Waimanalo Home Rd #100

Pearl City, Hawaii 96762

sharon.leonida@doh.hawaii.gov

Submission Confirmation

Payment

Print Confirmation



HEPCRA Tier II Submittal

Submission **HQJ-8579-AB0G2** Revision 1 Form Version 1.36**AWAITING PAYMENT****Payment Required to Complete Submission**

Payment must be received before your submission can be processed.

Submission Fees

Flat Fee \$200.00

Total Due \$200.00

Pay Online

Pay by Mail

REPORTING YEAR:
\$200.00 FILING FEE PER FACILITY

STATE OF HAWAII
CHEMICAL INVENTORY FORM (TIER II)

Attachment 4-A Page 1
Refer to Attachment 5 for instructions on completing this form

Page 1 of _

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 Maximum Number of Occupants:				E-MAIL:			
RMP: <input type="checkbox"/> YES <input type="checkbox"/> NO EPCRA: <input type="checkbox"/> YES <input type="checkbox"/> NO				EMERGENCY CONTACTS (Please provide a primary <u>and</u> a secondary emergency contact)			
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		<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)				
CAS <input type="checkbox"/> Trade secret <input type="checkbox"/> Confidential			Avg. Daily Amount (code)				
Chemical Name:			No. of Days On-site (days)				
<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"/> 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:		rev 11/2025	
DATE HCIF RECEIVED:							

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							
<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							

**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.

Reporting Ranges

Range 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 Types

Above-ground tank
 Bag
 Battery
 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 the 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	Battery
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

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 HEPCRA 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	SIL ACCT	REFERENCE DOC		AMOUNT
								NUMBER	PH				NUMBER	SFX	
XX	XX..<	X	XX	XXX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXX	.XXXXX>	XXXXXXXXXX	XX	XXXXXX XX
01	805	S	26	342	H	1115		000338	00	371					2001 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.gov

