

HAZARDOUS MATERIALS REPORTING (11/00)

(a) General. The Company is required by regulations of the Environmental Protection Agency and the Occupational Safety and Health Administration to maintain records and report on quantities of hazardous materials that are on-site at DOE facilities. The purpose of this clause is to ensure the accuracy of Company records by requiring hazardous-material reports from subcontractors that will work on-site.

(b) Definition. For the purposes of this clause, the term "hazardous materials" means "hazardous chemicals" as defined in regulations of the Occupational Safety and Health Administration appearing in 29 CFR 1910.1200.

(c) Report. The Seller shall submit a hazardous materials report before beginning work on-site at a DOE facility operated and managed by the Company. The report shall be submitted on form HMISR014, "Hazardous Materials Inventory System, Contractor Hazardous Materials Inventory Report." Copies of the form and instructions for its completion are attached. The report shall be submitted to:

BWXT Y-12, L.L.C.
Attention: HMIS Coordinator
HMIS Office
P. O. Box 2009
Oak Ridge, TN 37831-6291

(d) Negative Reports. Reports are required if the Seller does not intend to bring hazardous materials on-site.

(e) Subcontracts. The Seller shall include this clause in all subcontracts that require work to be done on-site at a DOE facility managed and operated by the Company.

**INSTRUCTIONS AND CONDITIONS FOR COMPLETION
OF HAZARDOUS MATERIAL INVENTORY REPORT (3-94)**

PART IA./IB. - Complete pertinent subcontract information.

- (1) CONTRACT NO. DE-ACO5-00OR22800 or other subcontract number for this specific work activity.
- (2) SITE. Indicate the facility at which the listed material is located. [1 = ETTP; 2 = Y-12; 3 = X-10] (If located outside facility fencing, consider those contiguous or adjacent sites to be operated or controlled by that facility.)
- (3) PROJECT BEGIN DATE. Date Seller or lower-tier subcontractor is scheduled to begin work.
- (4) PROJECT END DATE. Date Seller or lower-tier subcontractor is scheduled to complete work.
- (5) CONTRACTOR/SUBCONTRACTOR/SERVICE CONTRACTOR NAME. Name of the Seller or lower-tier subcontractor. (Place beside either MK Ferguson, BWXT Y-12, or Other.)
- (6) CONTRACTOR/SUBCONTRACTOR/SERVICE CONTRACTOR ADDRESS. Mailing address of the Seller or lower-tier subcontractor (include the P. O. Box, street address, city, state, and zip code).
- (7) CONTRACTOR/SUBCONTRACTOR AUTHORIZED REPRESENTATIVE. The authorized representative for the Seller or lower-tier subcontractor listed in Part IA.(5).
- (8) PHONE NUMBER. Phone number of the Seller's or lower-tier subcontractor's authorized representative.
- (9) DATE FORM (HMISR014) COMPLETED. Date the form was completed (month, day, year).
- (10) BWXT Y-12 CONTRACT COORDINATOR/AUTHORIZED REPRESENTATIVE. List the BWXT Y-12 contact should questions arise. [All service subcontract contacts should be the division representative requesting services.]
- (11) PHONE NUMBER. Phone number of that individual designated as the BWXT Y-12 Contract Coordinator/Authorized Representative listed in Part IA.(10).

Items 12-15 (Part IB.) should ONLY be completed by Sellers or lower-tier subcontractors that have permanent locations where materials will be stored on-site year round.

- (12) BUILDING NUMBER. Building number in which the hazardous material(s) is used/stored.
- (13) SHOP DESCRIPTION. Information regarding the work performed in that building (e.g., paint shop, weld shop, garage, etc.)
- (14) SHOP SUPERINTENDENT/FOREMAN. Name of the individual in charge of the designated shop area.
- (15) PHONE NUMBER. Phone number of the Shop Superintendent/Foreman.

PART II - Complete pertinent hazardous material inventory information.

- (16) CHEM NAME/TRADE NAME*. Provide the name of all materials (to be used during the duration of the subcontract) as they appear on the manufacturer's label or Material Safety Data Sheet (MSDS). Ensure the inclusion of all materials considered, suspected, or identified as hazardous according to manufacturer label, manufacturer MSDS, process knowledge, or listed in various regulatory lists. (Please include any material which there is uncertainty of its hazard potential.)
- (17) PHYS. STATE. Indicate if the material exists in a solid (S), liquid (L), or gaseous (G) state.

Container Information

- (18) NO. OF CONTAINERS. Total number of like containers of material to be brought on-site or to the job site.
- (19) CONTAINER CAPACITY. Volume or weight of each container. (See Attachment 1 on page 2 of this instruction form.)
- (20) CONTAINER TYPE. Type of container in which the material is held. (See Attachment 2 on page 2 of this instruction form.)

Example of Container Information:

- (18) No. of containers: 10
- (19) Container Capacity: Gal
- (20) Container Type: Can
- (21) SITE. Indicate the facility at which the listed material is located. [1 = K-25; 2 = Y-12; 3 = X-10; 5 = PAD] (If located outside facility fencing, consider those contiguous or adjacent sites operated or controlled by that facility.)
- (22) BEG. DATE ON-SITE. Date when the hazardous material will be brought on-site (month, day, year).
- (23) NO. DAYS ON-SITE. Total number of calendar days the material will be on-site or on the job site.

General Location Information

Enter the general location within the facility where each hazardous material may be found. General locations should include the names or identifications of buildings, tank fields, lots, sheds, streets, or other such areas. You may attach a site plan and list site coordinates related to the appropriate locations.

- (24) STORAGE LOC. (BLDG./RM or AREA). Indicate exactly where material will be stored during duration of subcontract.
- (25) USE LOC. (BLDG./RM or AREA). Indicate exactly where the material will be used during work activities. (Should multiple locations exist, identify each with the respective material.)

- (26) PERSON COMPLETING FORM. This is the representative of the Seller or lower-tier subcontractor completing information on the form. Sign the form and print name.
- (27) PHONE NUMBER. Phone number where person completing HMISR014 may be reached.

Continuation Page

Attach if you require additional space to complete the form.

- (1) SUBCONTRACT NO. Supply information in Part IA.(1).
- (5) SELLER OR LOWER-TIER SUBCONTRACTOR NAME. Supply information in Part IA.(5).
- (12) BUILDING NUMBER. Supply information in Part IB.(12).

Attachment 1
CONTAINER CAPACITY
VOLUME/WEIGHT UNIT CODE
 [Use for completion of Part II.(19)]

CC	CUBIC CENTIMETER
CCFT	HUNDRED CUBIC FEET
CCYD	HUNDRED CUBIC YARD
CD	CUBIC YARD
CUYD	CUBIC YARD
CF	CUBIC FOOT
CFT	CUBIC FOOT
CUFT	CUBIC FOOT
CGAL	HUNDRED GAL
CUIN	CUBIC INCH
CWT	HUNDRED WEIGHT
CZ	CUBIC METER
DWT	PENNY WEIGHT
GAL	GALLON(S)
GL	GALLON
GM	GRAM
KG	KILOGRAM
L	LITER
LI	LITER
LB	POUND
MC	THOUSAND CUBIC FEET
MCYD	THOUSAND CUBIC YARD
MG	MILLIGRAM(S)
MGAL	THOUSAND GALLONS
ML	MILLILITER
OZ	AVOIRDPOIS OUNCE(S)
PINT	PINT
QT	QUART
TON	TON
TN	TON
TO	TROY OUNCE
TROZ	TROY OUNCE(S)

Attachment 2
CONTAINER TYPE CODE
 [Use for completion of Part II.(20)]

Q	=	RAIL CAR
I	=	FIBER DRUM
P	=	TANK WAGON
N	=	PLASTIC BOTTLE
G	=	CARBOY
F	=	CAN
L	=	CYLINDER
S	=	STEEL DRUM
B	=	BELOW GROUND TANK
K	=	BOX
H	=	SILO
J	=	BAG
O	=	TOTE BIN
A	=	ABOVE GROUND TANK
E	=	PLASTIC OR NONMETALLIC DRUM
M	=	GLASS BOTTLES OR JUGS
R	=	OTHER
C	=	TANK INSIDE BUILDING

**HAZARDOUS MATERIALS INFORMATION SYSTEM
CONTRACTOR HAZARDOUS MATERIALS INVENTORY REPORT**

Complete Either Part IA or Part IB

IA	(1) Contract No.:	(2) Site:	(3) Project Begin Date:	(4) Project End Date:
(5) Contractor/Subcontractor/ Service Contractor Name		MK Ferguson: BWXT Y-12: Other:		(6) Contractor/Subcontractor/Service Contractor Address:
(7) Contractor/Subcontractor Authorized Representative:			(8) Phone Number:	(9) Date Form (HMISR014) Completed:
(10) BWXT Y-12 Contract Coordinator/Authorized Representative:				(11) Phone Number:
IB	(12) Building Number:	(13) Shop Description		
(14) Shop Superintendent/Foreman:				(15) Phone Number:

II. (To be completed by HM Manager)

(16) Chem Name/Trade Name*	(17) Phys Stat e	Container Information			(21) Site	(22) Beg. Date On- Site	(23) No Days On- Site	General Location Information		RECD	CAS No	Temp Code	Pres Code	Max Daily Amt (MDA)	Avg. Daily Amt (ADM)	
		(18) No. of Containers	(19) Container Capacity	(20) Container Type				(24) Storage Loc. (Bldg/RM/or Area)	(25) Use Loc. (Bldg/RM/or Area)							
(26) Person Completing Form:																
Signature		Printed Name:					(27) Phone Number									

*Please attach a copy of corresponding Material Safety Data Sheet(s) to this form

**CONTRACTOR HAZARDOUS MATERIALS INVENTORY REPORT
CONTINUATION SHEET**

(1) Contract No.:

(5) Contractor/Subcontractor/Service Contractor Name:

(12) Building Number:

Part II.

(To be completed by HM Manager)

(16) Chem Name/Trade Name*	(17) Phys Stat e	Container Information			(21) Site	(22) Beg. Date On- Site	(23) No Days On- Site	General Location Information		RECD	CAS No	Temp Code	Pres Code	Max Daily Amt (MDA)	Avg. Daily Amt (ADM)
		(18) No. of Containers	(19) Container Capacity	(20) Container Type				(24) Storage Loc. (Bldg/RM/or Area)	(25) Use Loc. (Bldg/RM/or Area)						

*Please attach a copy of corresponding Material Safety Data Sheet(s) to this form