

**EPA** U.S. Environmental Protection Agency  
 STRATOSPHERIC OZONE PROTECTION PROGRAM

CLASS I CONTROLLED SUBSTANCE  
 ESSENTIAL USE ALLOWANCE HOLDERS & LABORATORY  
 SUPPLIER QUARTERLY REPORT AND ESSENTIAL USE  
 ALLOWANCE HOLDER ANNUAL REPORT (Sec 82.13)

**SECTION 1 COMPANY IDENTIFICATION**

|  |  |  |
|--|--|--|
| <b>1.1 Date of Submission</b>  |  | <b>1.2</b> <input type="checkbox"/> Original Submittal <input type="checkbox"/> Re-submittal |
| <b>1.3 Number of Transactions Reported</b>   |  | <b>1.4 Number of Pages Submitted</b>   |
| <b>1.5 Quarter and Year to Which This Report Applies (If 4<sup>th</sup> quarter is selected, Essential Use Holders should also submit Section 5 of this form.)</b> | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> Year _____ |  |

**1.6 Company Information**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**1.7 Company Contact Identification**

|                                  |              |            |
|----------------------------------|--------------|------------|
| Reporting Company Contact Person | Phone Number | Fax Number |
| E-mail Address _____             |              |            |

**1.8 Signature of Reporting Company Representative**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

|                                 |   |  |
|---------------------------------|---|--|
| <b>SEND COMPLETED FORMS TO:</b> | <b>For U.S. Postal Service:</b><br>Tracking System Program Manager<br>Stratospheric Protection Division<br>U.S. EPA (6205J)<br>1200 Pennsylvania Avenue, NW<br>Washington, DC 20460 | <b>For Private Courier:</b><br>Tracking System Program Manager<br>Stratospheric Protection Division<br>U.S. EPA (6205J)<br>1310 L Street, NW; 10 <sup>th</sup> Floor<br>Washington, DC 20005 |
|---------------------------------|---|--|

Information in reports submitted in compliance with the final rule may be claimed as confidential. A company may assert a claim of confidentiality for information submitted by clearly marking that information as confidential. Such information shall be treated in accordance with EPA's procedures for information claimed as confidential at 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. If no claim of confidentiality accompanies the report when it is received by EPA, it may be made public without further notice to the company (40 CFR 2.203).

The public reporting and recordkeeping burden for this collection of information is estimated to average 7 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

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**SECTION 2** **QUARTERLY REPORT:**  
**For Essential-Use Allowance Holders and Distributors of Laboratory Supplies:**  
**Amounts Purchased/Received from Producers and/or Importers**  
(Reproduce additional sheets as needed)

**2.1 Company Name**

**2.2 Transaction Summaries**

**TRANSACTION #**

Source Company

Street Address

City State (U.S.) or Country Zip Code (U.S.)

Chemical Name of Class I Substance Received Quantity of Class I Substance Received (kg)

**TRANSACTION #**

Source Company

Street Address

City State (U.S.) or Country Zip Code (U.S.)

Chemical Name of Class I Substance Received Quantity of Class I Substance Received (kg)

**TRANSACTION #**

Source Company

Street Address

City State (U.S.) or Country Zip Code (U.S.)

Chemical Name of Class I Substance Received Quantity of Class I Substance Received (kg)

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**SECTION 3 QUARTERLY REPORT:**  
**For Distributors of Laboratory Supplies: Amounts Supplied to Each Laboratory Customer Quarterly**  
 (Reproduce additional sheets as needed)

3.1 Company Name

3.2 Quarterly Totals by Lab Customer

**Amounts Supplied Quarterly per Lab**

Lab Company

Street Address

City

State

Zip Code

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

**Amounts Supplied Quarterly per Lab**

Lab Company

Street Address

City

State

Zip Code

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

Class I Substance Supplied to Lab and Quantity:

Substance:                      Quantity (kg):

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**SECTION 4 QUARTERLY TOTALS BY CHEMICAL**

4.1 Company Name

4.2 Company Totals

| A                           | B  | C   |
|-----------------------------|--|---|
| Chemical Name               | Total Quantity of Essential Use ODS Received from Producers/Importers (kg) | Total Quantity of Class I ODS Supplied to Labs (kg) |
| CFC-11                      |  |   |
| CFC-12                      |  |   |
| CFC-13                      |  |   |
| CFC-111                     |  |   |
| CFC-112                     |  |   |
| CFC-113                     |  |   |
| CFC-114                     |  |   |
| CFC-115                     |  |   |
| Other CFCs (please specify) |  |   |
|                             |  |   |
| HBFCs (please specify)      |  |   |
|                             |  |   |
| Halons (please specify)     |  |   |
|                             |  |   |
| Carbon Tetrachloride        |  |   |
| Methyl Chloroform           |  |   |
| CBM                         |  |   |

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**SECTION 5 ANNUAL REPORT:  
 For 4<sup>th</sup> Quarter Essential Use Holder Reporting Only  
 (To be completed by the person allocated essential-use allowances)**

5.1 Distributor Name

5.2 Company Totals

| A             | B                                  | C  |         | D  | E   | F  | G  | H                                  | I   |
|---------------|------------------------------------|--|---------|--|---|--|--|------------------------------------|---|
| Chemical Name | Amount Acquired by Production (kg) | Amount Acquired for Essential Uses by Import and Country(s) of Manufacture |         | Amounts On Hand at the <u>End of the Year</u> (includes pre-1996 amounts) (kg) | Pre-phaseout Stockpiled Amounts Held (kg) | Amounts Used for the Essential Uses (kg) | Amount Contained in Exported Products (kg) | Amounts Destroyed or Recycled (kg) | Total Number of Marketable MDI Units Manufactured |
|               |                                    | Amount (kg)  | Country |  |   |  |  |                                    |   |
| CFC-11        |                                    |  |         |  |   |  |  |                                    |   |
| CFC-12        |                                    |  |         |  |   |  |  |                                    |   |
| CFC-114       |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |
|               |                                    |  |         |  |   |  |  |                                    |   |