

OMB No. 2010-0032 Expiration Date 01/31/2010

# Performance Track Membership Application 2008

**Sample Application** 

# **CONTACT INFORMATION**

Name of your facility:

Sample Application	
Does your facility hav	ve a parent company?
Facility contact perso	n for the Performance Track program:
Name: Title: Phone: Fax: Email:	Mr. Facility Contact Environmental Health and Safety Manager 555-555-5555 555-555-5555 contact@sample.com
Facility location:	
Facility Address Street Address: Address Cont:	1 Sample Drive
City:	Sample City
State:	со
Zip Code:	80202
Same as above?	Yes
If your facility has mubuildings. 32 Sample Street - w	ultiple street addresses, please list any other addresses for its sites or rarehouse
Facility's website add	

### **SECTION A: ABOUT YOUR FACILITY**

A.1 How did you learn about Performance Track? (select all that apply)
 At a professional conference
 From a peer in your sector

A.2.a List the activities, products, or services that take place at your facility.

Our facility manufactures films, rubbers, and chemicals to be used in the production of textiles, films, and adhesives.

A.2.b Provide the size and general description of your site.

Our facility is comprised of a manufacturing plant, loading and unloading areas, materials storage areas, a wastewater treatment plant, and sludge application fields. We are located on an 11-acre site in an industrial area.

A.2.c Describe any recent changes to facility operations or ownership (if applicable).

Sample Company was acquired by Sample Corporation in May 2007 however the change in ownership has not effected the facility's management or operations.

A.2.d Describe any activities, products, or services located on your site that are not intended to be included in the facility definition for purposes of Performance Track membership (e.g., business units, leased areas, tenants, or contractors) (if applicable).

There is one building on our campus that is leased to an outside company that is not included in our facility definition for Performance Track membership.

A.3 For the purposes of where your facility would be listed in our Member Directory, please list the North American Industrial Classification System (NAICS) Code(s) that is (are) used to classify business at the facility:

Primary Secondary Tertiary Quaternary Quinary 325199 32511

A.4 Number of employees (full-time equivalents) who currently work in the facility: 100-499

A.5 Is your facility currently a member of a state voluntary environmental leadership program?

# SECTION B: ENVIRONMENTAL MANAGEMENT SYSTEM

B.1	I Is your facility's EMS (not your corporate office's EMS) certified to the American Chemistry
	Council's Responsible Care® program (i.e., has your facility successfully undergone a
	Responsible Care® third-party audit)?
	No

B.2 Is your EMS certified to ISO 14001? Yes

B.3 Have you done a comprehensive review of all activities conducted at your facility that could impact the environment (i.e., have you done an aspect analysis)?:

Yes

a. Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors (i.e., have you determined your significant aspects)?:

Yes

- b. When did you last update your aspect analysis? (mo/yr):August 07
- B.4 Have you completed at least one EMS cycle (plan-do-check-act)?: Yes
- a. Did this cycle include both an EMS and a compliance audit? Yes
- B.5 Have you completed an independent assessment of your EMS in conformance with the <u>Performance Track Independent EMS Assessment Criterion</u> in the last two years? Yes
- a. What method of EMS assessment did you use? ISO 14001 Standards
- b. When was your last independent EMS assessment? (mo/yr) September 2007
- c. Who or what organization performed the independent assessment?
   Name and Title: Bill Sample, Certified EMS Assessor
   Organization: Sample Associates

# **SECTION C: PAST ACHIEVEMENTS**

#### **First Achievement**

- 1a. What category have you selected from the Environmental Performance Table?
  Water Use
- 1b. What indicator have you selected from the Environmental Performance Table?

  Total Water Use
- 1c. Please provide any additional detail to describe your indicator (e.g., specific hazardous waste component, specific chemical that was reduced)
  All water used across our entire facility.
- 1d. What activities or process changes did you undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?
  We have revised our manufacturing processes to use the least amount of water possible and installed new toilets that use less water and sinks that only run if an employee has his or her hands under the faucet.

2b. List the past annual quantity of the indicator (from two years ago) and the current annual quantity of the indicator (from the most recent year for which you have data).  2c. What units are you using to quantify this indicator?  34,318,237  31,13  2c. What units are you using to quantify this indicator?  Gallons  2d. Estimate your past normalizing factor.  98  1  2e. What is your normalizing factor based on? (e.g., production, employment)  Pounds of total produced			Past	Current
ago) and the current annual quantity of the indicator (from the most recent year for which you have data).  2c. What units are you using to quantify this indicator?  31,13  2c. Estimate your past normalizing factor.  34,318,237  Gallons  2d. Estimate your past normalizing factor.  98  1  2e. What is your normalizing factor based on? (e.g., production, employment)  Pounds of total produced	2a. ∣l	Please provide information for these calendar years.	2005	2007
2d. Estimate your past normalizing factor.       .98       1         2e. What is your normalizing factor based on? (e.g., production, employment)       Pounds of total produced	6	ago) and the current annual quantity of the indicator (from the	34,318,237	31,134,675
<b>2e.</b> What is your normalizing factor based on? (e.g., production, employment)       Pounds of total produced	2c.	What units are you using to quantify this indicator?	Gall	ons
employment) produced	2d.	Estimate your past normalizing factor.	.98	1.0
<b>2f.</b> Normalized Quantities 35,018,609.18 31,132	- 11	, , , , , , , , , , , , , , , , , , , ,	Pounds of total products produced	
	2f.	Normalized Quantities	35,018,609.18	31,134,675.00

#### Second Achievement

- 1a. What category have you selected from the Environmental Performance Table? Waste
- 1b. What indicator have you selected from the Environmental Performance Table?

  Non-hazardous waste generation
- 1c. Please provide any additional detail to describe your indicator (e.g., specific hazardous waste component, specific chemical that was reduced) all non-hazardous waste
- What activities or process changes did you undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?
   We identified a facility that can reuse some of our used materials and we continued our campaign to reduce the generation of waste across the facility by encouraging our employees to minimize the generation of excess materials. In addition to reducing waste by 13 tons (26 tons on a normalized basis) we also improved our waste management methods.

		Past	Current
2a.	Please provide information for these calendar years.	2005	2007
2b.	List the past annual quantity of the indicator (from two years ago) and the current annual quantity of the indicator (from the most recent year for which you have data).	135	112
2c.	What units are you using to quantify this indicator?	Tons	
2d.	Estimate your past normalizing factor.	.98	1.0
2e.	What is your normalizing factor based on? (e.g., production, employment)	n, Pounds of total products produced	
2f.	Normalized Quantities	137.76	112.00

## **SECTION C: APPLICATION GOALS**

#### Goal 1

1a Category Water Use

1b Indicator Total water used

- 1c Does your goal include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)?

  All
- 1d What activities or process changes do you plan to undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?

  We plan to revise our system to increase our use of process cooling water and to replace fixtures with more efficient models that will reduce our water use.
- 1e Describe the data collection process and data source(s) that you will use to measure progress towards this goal.

All water is provided by the city therefore we use our municipal water meters to measure our water use.

2a Are you proposing this as a Challenge Goal? Yes

2b Does this goal address a significant aspect in your EMS? Yes

		Baseline	Future
За	Please provide information for these calendar years.	2007	2010
3b	What units are you using to quantify this indicator?	Gallons	
3c	List the baseline annual quantity of the indicator and the annual quantity you are committed to achieve by the future year. Assume a constant level of activity at your facility when setting your future goal.	31,134,675	29,577,941

4 Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?

Normalized goal (i.e. indexed to level of business in baseline year)

- 5 Whether your goal is absolute or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data.

  Pounds of total products produced
- 6a Are you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? No

#### Goal 2

1a Category Material Use

1b Indicator Hazardous materials used

1c Does your goal include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)? All measurements should represent the performance level for the indicator across the entire facility. For many indicators, however, you may choose to focus your goal on a specific subset of the indicator, e.g. a specific material, a specific group of toxic air emissions, a particular waste component, a specific VOC, etc.

Specific

If your goal is to a specific substance or component, please provide additional detail on your indicator (e.g., specific chemical to be reduced, specific waste component). lead

- 1d What activities or process changes do you plan to undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?

  Currently we use lead to line our chemical drums and in some piping for carrying corrosive chemicals. We plan on reducing the amount of lead used by a combination or reusing old drums and replacing our chemical drums and, as needed, the pipes, with uber-liner, a less toxic but equally durable alternative.
- 1e Describe the data collection process and data source(s) that you will use to measure progress towards this goal.

We will keep records of the pounds of lead that come into the facility by reviewing our purchase records.

2a Are you proposing this as a Challenge Goal to reduce the use of Priority Chemicals?

Yes

If yes, what Priority Chemical are you committing to reduce?

Lead

2b Does this goal address a significant aspect in your EMS? Yes

- 4 Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?
  - Absolute goal (i.e., demonstrates improvement even if production increases)
- 5 Whether your goal is absolute or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data.

  Pounds of total products produced

6aAre you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? No

#### Goal 3

1a Category Energy Use

1b Indicator Total (non-transportation) energy use

- 1c Does your goal include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)?

  All
- 1d What activities or process changes do you plan to undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?

  We plan to implement motion sensors in our buildings to reduce electricity use for lighting and walso plan on installing more efficient light bulbs.

Additionally, as we update our heating system, we are installing more heating regions so we can be more specific about the location and quantity of heat used at the facility. In buildings that are not being updated, we are installing timers on to our heating system so that our facility will not waste energy heating empty areas, which will reduce our natural gas use. We also use diesel for our generators, but we do not have a goal to reduce the amount of diesel used.

1e Describe the data collection process and data source(s) that you will use to measure progress towards this goal.

Data for this goal will be gathered from our electricity bill and purchase records for gas and diesel. We will also be able to track changes by looking at light bulb inventories and thermostat settings.

2a Are you proposing this as a Challenge Goal?
No

2b Does this goal address a significant aspect in your EMS? Yes

3a Is the intent of your energy use goal to reduce total energy use, to use or invest in Combination of Both renewable energy fuel sources, or a combination of both?

Combination of Both Strategies

### 3b Please provide information for these calendar years.

Зс	Off-site Sources			
Ele	ectricity Purchased	Baseline: 2007	Future: 2010	Units
	Electricity from Grid/Utility	3,496,320	3,185,604	Kwh
	Electricity from Off-Grid Renewable Sources			
	Total Electricity Purchased	11,929.44	10,869.28	MMBtus
If your facility purchases electricity from the grid, please identify your facility's electricity geographic region.		WECC Rockies		
Ste	eam			
Total Energy Generated Off-Site		11,929.44	10,869.28	MMBtus

Future: 2010

Baseline: 2007

3d On-site Sources	Baseline: 2007	Future: 2010	Units
Coal			
Natural Gas	2,241	2,213	MMBtus
Crude Oil			
Fuel Oil			
Diesel	770	770	MMBtus
Propane/LPG			
Gasoline			
Hydrogen Powered Fuel Cells			
Natural Gas / Methane Powered Fuel Cells			
Biomass			
Biodiesel			
Solar			
Wind			
Landfill Gas			
Geothermal			
Hydroelectric			
Tire Derived Fuel			
Other Fuel or Source Specify:			
Total Energy Generated On-Site	3,011.00	2,983.00	MMBtus

Total Energy Use and Associated Greenhouse Gas Emissions			
Total Renewable Energy Use	691.91	630.42	MMBtus
Total Non-Renewable Energy Use	14,248.54	13,221.86	MMBtus
Total Energy Use	14,940.44	13,852.28	MMBtus
Metric Tons of CO <sub>2</sub> Equivalents	3,403.73	3,115.14	MTCO <sub>2</sub> E
Metric Tons of CO <sub>2</sub> Equivalents Offset due to Investments in Green Energy, e.g. green tags		1,250	MTCO <sub>2</sub> E
Net Metric Tons of CO <sub>2</sub> Equivalents	3,403.73	1,865.14	MTCO <sub>2</sub> E

- 4 Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal? Normalized goal (i.e. indexed to level of business in baseline year)
- 5 Whether your goal is absolute or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Pounds of total products produced

6aAre you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? No

#### Goal 4

- 1a Category Material Procurement
- 1b Indicator Hazardous/toxic components
- 1c Does your goal include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)? All measurements should represent the performance level for the indicator across the entire facility. For many indicators, however, you may choose to focus your goal on a specific subset of the indicator, e.g. a specific material, a specific group of toxic air emissions, a particular waste component, a specific VOC, etc.

  Specific

If your goal is to a specific substance or component, please provide additional detail on your indicator (e.g., specific chemical to be reduced, specific waste component).

Mercury

- 1d What activities or process changes do you plan to undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?
  We plan to reduce the amount of mercury procured by purchasing less toxic products, including light bulbs.
- 1e Describe the data collection process and data source(s) that you will use to measure progress towards this goal.
  - We will use our material safety data sheets and information from our suppliers to calculate the total weight of mercury in all of our purchases.
- 2a Are you proposing this as a Challenge Goal?
  No
- 2b Does this goal address a significant aspect in your EMS? Yes

		Baseline	Future
За	Please provide information for these calendar years.	2007	2010
3b	What units are you using to quantify this indicator?	Pounds	
3с	List the baseline annual quantity of the indicator and the annual quantity you are committed to achieve by the future year. Assume a constant level of activity at your facility when setting your future goal.	6.5	2.3

- 4 Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?

  Normalized goal (i.e. indexed to level of business in baseline year)
- 5 Whether your goal is absolute or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Total pounds of purchases for light bulbs, thermostats, and any other products that currently contain mercury.

6aAre you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? No

#### Goal 5

1a Category Waste

1b Indicator Non-hazardous waste generation

1c Does your goal include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)? All measurements should represent the performance level for the indicator across the entire facility. For many indicators, however, you may choose to focus your goal on a specific subset of the indicator, e.g. a specific material, a specific group of toxic air emissions, a particular waste component, a specific VOC, etc.

ΑII

1d What activities or process changes do you plan to undertake at your facility to accomplish your goal e.g., technology changes in a particular process line, employee training?

We plan on reducing waste by replacing some of our disposable materials with reusable materials. Specifically, we plan on using returnable boxes rather than cardboard boxes to carry materials throughout the facility. We will also continue to focus on reusing and recycling the wooden and plastic pallets that we carry our drums on.

We also also working to increase the amount of waste that is diverted to the waste to energy incineration plant and our recyclers through better sorting and increased employee education.

1e Describe the data collection process and data source(s) that you will use to measure progress towards this goal.

We will use invoices from all of our waste management companies to track how much waste is disposed of by each waste management method as each hauler specializes in a particular waste management method.

2a Are you proposing this as a Challenge Goal?

2b Does this goal address a significant aspect in your EMS? Yes

In the table below, please enter your facility's amount of non-hazardous waste, broken down by waste management method. Please enter both the amounts that you manage currently and that you intend to manage in 2010. "Waste" is defined as all materials that are sent off-site that are neither product packaging. Assume a constant level of activity at your facility when setting your future goal.

Is the intent of your non-hazardous waste goal to reduce non-hazardous waste, to improve methods of waste management, or a combination of both?		Combination of Bot	th Strategies	
3a	Please provide information for these calendar years.	Baseline: 2007 Future: 2010		
3b	Method of Waste Management	How much of your waste is handled using each management method?		
		Baseline	Future	Units
Landfill		129,163	103,074	Pounds
Reused/recycled off-site		67,623	84,234	Pounds
Waste to Energy		22,745	27,236	Pounds
Incineration		3,852	2,342	Pounds
Total Non-Hazardous Solid Waste		111.69	108.44	Tons

## SECTION D: PUBLIC OUTREACH AND REPORTING

- D.1.a Please describe your process to identify potential community environmental concerns.
  We regularly host open houses and we also have representatives from our facility attend local town meetings and local emergency planning committee meetings (LEPC).
- D.1.b Please describe how you informed the community about environmental matters related to your facility.

We issued a press release in summer 2007 to inform the public of our progress toward our Performance Track goals as well as our corporate environmental goals. We also have a section of our website designated for environmental information

(www.samplefacility.com/environmental) and we send representatives from our facility to attend local meetings throughout the year to keep channels of communication open.

D.2 How will you make the Performance Track Annual Performance Report available to the public? Open House, Press Releases, Community Advisory, Bulletin Board, Web Site

URL: http://www.samplefacility.com/environmental

- D.3 Are there any ongoing citizen suits related to environmental issues against your facility No
- D.4 Please describe anything else you would like to tell us about your facility such as environmental awards or participation in other partnership programs at the local, tribal, state, or Federal level.

We are a silver partner of the Colorado Environmental Leadership Program and we are currently applying to become a gold leader.

D.5 List references below:

#### Representative of a Community/ Citizen Group

Organization: Sampletown Community Advisory Panel

Name: Mr. Robert Smith Phone: 555-5555

#### State/tribal/local regulator

Organization: Colorado Department of Public Health and Environment

Name: Mrs. Barbara Smith Phone: 555-5555

#### Other community/local reference

(e.g., emergency management official or business associate)
Organization: Sampletown Fire Department

Name: Mr. Michael Jones Phone: 555-5555

# **SECTION E: Application and Participation Statement**

On behalf of Sample Application, I certify that:

- I have read and agree to the terms and conditions for Application and Participation in the National Environmental Performance Track, as specified in the National Environmental Performance Track Program Guide and in the Application Instructions;
- I have personally examined and am familiar with the information contained in this
  Application, including the Environmental Requirements Checklist. The information contained
  in this Application is, to the best of my knowledge and based on reasonable inquiry, true,
  accurate, and complete, and I have no reason to believe the facility would not meet all
  program requirements;
- My facility has an environmental management system (EMS), as defined in the Performance
  Track EMS requirements, including systems to maintain compliance with all applicable
  Federal, State, tribal, and local environmental requirements in place at the facility, and the
  EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any
  were necessary), my facility is, to the best of my knowledge and based on reasonable
  inquiry, currently in compliance with applicable Federal, State, tribal, and local
  environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Performance Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date:	
Name:	Mrs. Sample Contact
Title:	President of Operations
Phone Number:	555-555-5555
E-Mail Address:	president@sample.com
Facility Name:	Sample Application

Sample City, CO 80202

1 Sample Drive

Facility Street Address:

# **ENVIRONMENTAL REQUIREMENTS CHECKLIST**

#### **Facility Identification Information**

1. Do you have a RCRA identification number?

(A RCRA number is used in the RCRAInfo database for Resource Conservation and Recovery Act (RCRA) programs).

Yes

RCRA ID: CO0000000825

2. Do you have an AFS identification number?

(An AFS number is used in the AIRS Facility Subsystem of the Aerometric Information Retrieval System (AIRS) for Clean Air Act programs).

No

3. Do you have a PCS/NPDES identification number?

(A PCS/NPDES number is used in the Permit Compliance System (PCS) for Clean Water Act programs monitoring National Pollutant Discharge Elimination System (NPDES) permits).

Yes

PCS/NPDES ID: 0115466

4. Do you have a FIFRA identification number?

(A FIFRA number is given to facilities regulated by the Federal Insecticide, Fungicide, and

Rodenticide Act (FIFRA)).

No

#### Air Characteristics

1. Is your facility an air permit holder?

Yes

a. Is your facility a Title V permit holder?

Yes

What is the permit number and date of issue?

Permit number: 256660232 Date of issue: 6/17/06

b. Is your facility a Clean Air Act Synthetic Minor Source?

No

Permit number:

Date of issue:

c. Is your facility a Clean Air Act Minor Source?

Permit number: Date of issue:

Is your facility subject to New Source Performance Standards (NSPS)?
 No

 Is your facility subject to Section 112/Maximum Achievable Control Technology (MACT) standards/National Emissions Standards for Hazardous Air Pollutants (NESHAPS)?
 Yes

List:

Reinforced Plastic Composites Production (40 CFR 63 Subpart WWWW)

Is your facility subject to Reasonably Available Control Technology (RACT) requirements?
 Yes

If so, which RACT requirement(s) are you subject to? BACT

- Is your facility subject to Section 129 combustion requirements?
   No
- 6. List relevant state/local/tribal/other air requirements: n/a

#### **Water Characteristics**

Is your facility a water permit holder?
 Yes

- a. Is your facility a National Pollutant Discharge Elimination System (NPDES) Permit Holder?
  No
- b. Is your facility subject to Phase I of the NPDES Storm Water Program? No
- c. Is your facility subject to Phase II of the NPDES Storm Water Program?No
- d. Is your facility a State Water Permit Holder? No

	Yes
	List:
3.	Plastic Molding and Forming (40 CFR Part 463) Is your facility Required to Pretreat? No
4.	Is your facility regulated under the Safe Drinking Water Act? No
5.	List relevant state/local/tribal/other water requirements: n/a
Hazardou	s Waste Characteristics
1.	Is your facility subject to hazardous waste regulations? Yes
	a. Is your facility a Large Quantity Generator?     No
	b. Is your facility a Small Quantity Generator? Yes
	<ul> <li>c. Is your facility a Conditionally Exempt Small Quantity Generator?</li> <li>No</li> </ul>
	<ul> <li>d. Is your facility a Treatment, Storage, or Disposal (TSD) Facility?</li> <li>No</li> </ul>
2.	List relevant state/local/tribal/other hazardous waste requirements: n/a
Environm	ental Clean-Up, Restoration, and Corrective Action Characteristics
1.	Is your facility a Potentially Responsible Party under CERCLA or Superfund for onsite clean- up? No
2.	Is your facility a Potentially Responsible Party under CERCLA or Superfund for offsite clean- up?

Is your facility subject to industry specific effluent guidelines and standards?

2.

3. Is your facility a Potentially Responsible Party in a federal or state clean-up of hazardous waste and/or oil? No 4. Is your facility engaged in RCRA corrective action? No 5. List other relevant federal/state/tribal/local environmental clean-up, restoration, or corrective actions not listed above. Please include date(s) of any remedy decisions. n/a Other Environmental Characteristics 1. Is your facility a Toxic Release Inventory (TRI) Reporter? Yes TRI ID: CO000000123 2. Is your facility subject to Underground Storage Tank (UST) Regulations? No 3. Is your facility regulated under Toxic Substances Control Act (TSCA)? No Is your facility regulated under the Federal Insecticide, Fungicide, and Rodenticide Act 4. (FIFRA)? No Is your facility subject to Worker Right-to-Know Regulations? 5. Yes Is your facility required to file an emergency management plan under the Emergency Planning 6. and Community Right-to-Know Act (EPCRA)? Yes 7. List relevant state/local/tribal/other requirements: n/a