

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

CLASS I CONTROLLED SUBSTANCE  
LABORATORY CERTIFICATION REPORT (Sec 82.13)

**SECTION 1 LABORATORY 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 Class I Substances Reported</b> |  | <b>1.4 Number of Pages Submitted</b>   |  |

**1.5 Laboratory Information**

Laboratory Name \_\_\_\_\_

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

|            |             |                |
|------------|-------------|----------------|
| City _____ | State _____ | Zip Code _____ |
|------------|-------------|----------------|

**1.6 Laboratory Contact Identification**

|   |                    |                  |
|---|--------------------|------------------|
| Reporting Laboratory Contact Person _____ | Phone Number _____ | Fax Number _____ |
|---|--------------------|------------------|

E-mail Address \_\_\_\_\_

**1.7 Signature of Reporting Laboratory Representative**

*I certify that the quantities of controlled substances listed in this form are purchased solely for use in laboratory applications and will not be resold or used in manufacturing.*

*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 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**SEND COMPLETED FORMS TO:** **The Company from Whom the Class I Substances Were Purchased**

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 2.4 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 SUBSTANCE IDENTIFICATION AND USE**  
(Reproduce Additional Sheets as Needed)

2.1 Lab Name

2.2 Class I Substance (Select only one below)

|                       |                          |                      |                          |         |                          |                            |                          |                      |                          |  |
|-----------------------|--------------------------|----------------------|--------------------------|---------|--------------------------|----------------------------|--------------------------|----------------------|--------------------------|--|
| CFC-11                | <input type="checkbox"/> | CFC-12               | <input type="checkbox"/> | CFC-13  | <input type="checkbox"/> | CFC-111                    | <input type="checkbox"/> | CFC-112              | <input type="checkbox"/> |  |
| CFC-113               | <input type="checkbox"/> | CFC-114              | <input type="checkbox"/> | CFC-115 | <input type="checkbox"/> | Other CFC (please specify) | <input type="checkbox"/> | <input type="text"/> |                          |  |
| HBFC (please specify) | <input type="checkbox"/> | <input type="text"/> |                          |         |                          | Halon (please specify)     | <input type="checkbox"/> | <input type="text"/> |                          |  |
| Carbon Tetrachloride  | <input type="checkbox"/> | Methyl Chloroform    | <input type="checkbox"/> | CBM     | <input type="checkbox"/> | Methyl Bromide             | <input type="checkbox"/> |                      |                          |  |

2.3 Amount of Class I Substance (kg)

2.4 Laboratory Applications (Select as many as apply and indicate percent use)

**A. Research and Development**  
Reaction Solvent or Reaction Feedstock.....  \_\_\_\_\_%

**B. Analytical Uses and Regulated Applications**

**Reference**

Chemical.....  \_\_\_\_\_%

Toxicant.....  \_\_\_\_\_%

Product.....  \_\_\_\_\_%

**Extraction**

Pesticide and Heavy Metal Detection.....  \_\_\_\_\_%

Oil Mist Analysis.....  \_\_\_\_\_%

Product.....  \_\_\_\_\_%

Color & Food Additive Detection.....  \_\_\_\_\_%

**Diluent**

Zinc, Copper, Cadmium Detection in Plants and Food.....  \_\_\_\_\_%

Microchemical Methods to Determine Molecular Weight of Oxygen...  \_\_\_\_\_%

Measuring Drug Purity and Residual Information.....  \_\_\_\_\_%

Sterilization of Lab Equipment.....  \_\_\_\_\_%

**Carrier (Inert)**

Forensic Methods.....  \_\_\_\_\_%

Titration.....  \_\_\_\_\_%

Analytical Equipment.....  \_\_\_\_\_%

**Tracer**

Sanitary Engineering.....  \_\_\_\_\_%

**Miscellaneous (Including Testing)**

Ingredient in Material for Testing.....  \_\_\_\_\_%

Separation Media.....  \_\_\_\_\_%

**C. Miscellaneous**

**Laboratory Method Development**.....  \_\_\_\_\_%

**Sample Preparation Using Solvent**.....  \_\_\_\_\_%

**SECTION 3 SUPPLIER IDENTIFICATION**

3.1 Supplier Name