Form Approved OMB Number: 2070-0212
Approval Expires: 06/30/2025

TOXICS RELEASE INVENTORY FORM A

EPA United States Environmental Protection Agency

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act. This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0212). Responses to this collection of information are mandatory (42 CFR 11023). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The annual public burden related to Form A is estimated to average 21.96 hours per response for a facility filing a report on one chemical. 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, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 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.

TRI Facility ID Number

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.

Revision (Enter up to two code(s)) ☐ ☐

Withdrawal (Enter up to two code(s)) ☐ ☐

IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 as a trade secret?
☐ Yes (Answer question 2.2; attach substantiation forms) ☐ No (Do not answer 2.2; go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official:	Signature:	Date signed:

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name	TRI Facility ID Number	BIA Code

Physical Street Address	Mailing Address (if different from physical street address)

City/County/State/ZIP Code	City/State/ZIP Code	Country (Non-US)

4.2 This report contains information for: (Important: Check c or d if applicable) c. ☐ A Federal Facility d. ☐ GOCO

4.3	Technical Contact Name		Telephone Number (include area code and ext.)
	Email Address		
4.4	Public Contact Name		Telephone Number (include area code and ext.)
	Email Address		

4.5 NAICS Code(s) (6 digits)

Primary	b.	c.	d.	e.	f.
a.					

4.6 Dun & Bradstreet Number(s) (9 digits)

a.
b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)		No U.S. Parent Company (for TRI Reporting purposes) ☐
5.2	Parent Company's Dun & Bradstreet Number	NA ☐	

DO NOT SUBMIT TO EPA

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*

TRI Facility ID Number

SECTION 1. TOXIC CHEMICAL IDENTITY **Report____of ___**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 9.2. OPTIONAL POLLUTION PREVENTION AND ADDITIONAL INFORMATION FOR THIS TOXIC CHEMICAL

9.2	If you wish to provide optional chemical specific pollution prevention or additional information, provide it here.

SECTION 1. TOXIC CHEMICAL IDENTITY **Report____of ___**

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 9.2. OPTIONAL POLLUTION PREVENTION AND ADDITIONAL INFORMATION FOR THIS TOXIC CHEMICAL

9.2	If you wish to provide optional chemical specific pollution prevention or additional information, provide it here.

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*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)