

Hazardous Materials Reporting (Apr 2000)

(a) General. The Company is required by regulations of the Environmental Protection Agency, the Occupational Safety and Health Administration, and Executive Order 12856 to maintain records and report on quantities of hazardous materials that are on site at U. S. Department of Energy (DOE) facilities. The purpose of this clause is to ensure the accuracy of Company records by requiring hazardous materials reports from subcontractors that will (1) perform work at a Company-operated-and-managed facility owned or leased by DOE (on site), (2) bring hazardous materials on site, and (3) leave these materials on site over night.

(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 in 29 CFR 1910.1200.

(c) Report. If the conditions in paragraphs (a)(1), (2), and (3) above are met, the Seller must submit a hazardous materials report, with a Material Safety Data Sheet for each hazardous material listed therein, before beginning work on site. The report shall be submitted on the form “Attachment 3, Contractor Hazardous Materials Inventory Report,” copy attached. The report shall be submitted to:

Oak Ridge National Laboratory
HMIS Contractor Interface Coordinator
HMIS Office
P. O. Box 2008
Oak Ridge, Tennessee 37831-6292

(d) Negative Reports. Reports are not required if the conditions in paragraphs (a)(1),

(2), and (3) above are not met.

(e) Subcontracts. The Seller shall include this clause in all subcontracts that require work to be done on site.

ATTACHMENT 3

**CONTRACTOR HAZARDOUS MATERIALS INVENTORY REPORT
CODE SHEET**

CONTAINER CAPACITY TO TROY OUNCE
 TROZ TROY OUNCE(S)

VOLUME/WEIGHT UNIT CODE

CONTAINER TYPE CODE

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 OUNCES
PINT PINT
QT QUART
TON TON
TN TON

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

CONTRACTOR HAZARDOUS MATERIALS INVENTORY REPORT

Project Name:	ORNL <input type="checkbox"/> Y-12 <input type="checkbox"/>	Project Begin Date:	Estimated Project End Date:
Contractor/Service Subcontractor Name:		Contractor/Service Subcontractor Address:	
Contractor/Service Subcontractor Authorized Representative:		Phone Number:	Date Form Completed:

ORNL Contacts: _____ Phone Numbers: _____

Project Manager: _____

Field Representative: _____

SHEST Representative: _____

List of Hazardous Materials

To be completed by HM Manager														
		Container Information					General Location Information							
Chemical Name/Trade Name*	Phys. State	# of Containers	Container Capacity	Container Type	Beg. Date On-Site	# Days On-Site	Storage Loc. (Bldg/Rm?Area)	Use Loc. (Bldg/Rm/Area)	REC ID	CAS No.	Tem Code	Pres Code	Max Daily Amt (MDA)	Avg Daily Amt (MDA)

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

ATTACHMENT 2

Chemical Name/Trade Name*	Phys. State	# of Containers	Container Capacity	Container Type	Beg. Date On-Site	# Days On-Site	Storage Loc. (Bldg/Rm?Area)	Use Loc. (Bldg/Rm/Area)	REC ID	CAS No.	Tem Code	Pres Code	Max Daily Amt (MDA)	Avg Daily Amt (MDA)

Person Completing Form:

Signature: Printed Name: Phone Number: