CONTAINS NO CBI

EPA

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OTS EXPORT CONTROL OFFICE

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

**Comprehensive Assessment Information Rule**

**REPORTING FORM**

| When completed, send this form to: | For Agency Use Only: |
|---|---|
| Document Processing Center<br>Office of Toxic Substances, TS-790<br>U.S. Environmental Protection Agency<br>401 M Street, SW<br>Washington, DC 20460<br>Attention: CAIR Reporting Office | Date of Receipt: _____<br>Document Control Number: _____<br>Docket Number: _____ |

EPA Form 7710-52

## SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

### PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
mo. day year

CBI

[ ] a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. ..... [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule ..... "N/A"

(ii) Name of mixture as listed in the rule .... "N/A"

(iii) Trade name as listed in the rule ..... "N/A"

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule ..... "N/A"

CAS No. of chemical substance ..... [ ][ ][ ][ ][ ][ ]-[ ][ ]-[ ]

Name of chemical substance ..... "N/A"

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI

[ ] Manufacturer ..... 1

Importer ..... 2

Processor ..... (3)

X/P manufacturer reporting for customer who is a processor ..... 4

X/P processor reporting for customer who is a processor ..... 5

[ ] Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

[ ]

Yes ..... [X] Go to question 1.04

No ..... [ ] Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

[ ]

Yes ..... 1

No ..... 2

b. Check the appropriate box below:

[ ] You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) .... "N/A"

"N/A"

[ ] You have chosen to report for your customers

[ ] You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

"N/A"

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

[ ]

Trade name ..... Voranate (R) T-80 Type I Toluene Diisocyanate

Is the trade name product a mixture? Circle the appropriate response.

Yes ..... 1

No ..... 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

[ ]

"I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

| CHARLES W. EAVENSON | Charles W. Eavenson | 6/12/89 |
|---|---|---|
| NAME | SIGNATURE | DATE SIGNED |

| PLANT MANAGER | ( 912 ) 226 - 7311 |
|---|---|
| TITLE | TELEPHONE NO. |

[ ] Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI [__]

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

| "N/A" | "N/A" | "N/A" |
|---|---|---|
| NAME | SIGNATURE | DATE SIGNED |
| "N/A" | (_____) "N/A" - | "N/A" |
| TITLE | TELEPHONE NO. | DATE OF PREVIOUS SUBMISSION |

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI [__]

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

| "N/A" | "N/A" | "N/A" |
|---|---|---|
| NAME | SIGNATURE | DATE SIGNED |
| "N/A" | (_____) "N/A" - | |
| TITLE | TELEPHONE NO. | |

[__] Mark (X) this box if you attach a continuation sheet.

## PART B CORPORATE DATA

### 1.09 Facility Identification

CBI Name [ ]F]O]A]M]E]X] ]P]R]O]D]U]C]T]S] ]I]N]C] ] ] ] ] ] ]

[ ] Address [ ]1]9]3]0] ]C]O]L]O]N]I]A]L] ]D]R] ] ] ] ] ] ] ] ]
Street

[ ]T]H]O]M]A]S]V]I]L]L]E] ] ] ] ] ] ] ] ] ] ] ] ] ]
City

[G]A] [3]1]7]9]2]--[ ] ] ] ]
State Zip

Dun & Bradstreet Number .....[1]1]-[8]5]5]-[2]0]0]9]

EPA ID Number .....GAD.[0]6]5]3]4]5]6]6]2]

Employer ID Number .....0[5]0]4]0]7]6]9]0]

Primary Standard Industrial Classification (SIC) Code .....[3]0]8]6]

Other SIC Code .....[ ] ] ] ]

Other SIC Code .....[ ] ] ] ]

### 1.10 Company Headquarters Identification

CBI Name [ ]F]O]A]M]E]X] ]P]R]O]D]U]C]T]S] ]I]N]C] ] ] ] ] ] ]

[ ] Address [ ]8]2]3] ]W]A]T]E]R]M]A]N] ]A]V]E]N]U]E] ] ] ] ] ]
Street

[ ]E] ]P]R]O]V]I]D]E]N]C]E] ] ] ] ] ] ] ] ] ] ] ] ] ]
City

[R]I] [0]2]9]1]4]--[ ] ] ] ]
State Zip

Dun & Bradstreet Number .....[1]0]-[6]1]8]-[7]3]5]4]

Employer ID Number .....0[5]0]4]0]7]6]9]0]

[ ] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [ ]K]N]O]L]L] ]I]N]T]L] ]H]O]L]D]I]N]G]S] ]I]N]C] ]

[ ] Address [ ]1]5]3] ]E]A]S]T] ]5]3]R]D] ]S]T]R]E]E]T] ]

Street

[ ]S]U]I]T]E] ]5]9]0]0] ]N]E]W] ]Y]O]R]K] ]

City

[N]Y] [1]0]0]2]2]--[ ]

State Zip

Dun & Bradstreet Number .....[0]5]-[6]3]4]-[1]6]5]0]

1.12 Technical Contact

CBI Name [ ]C]H]A]R]L]E]S] ]W] ]E]A]V]E]N]S]O]N] ]

[ ] Title [ ]P]L]A]N]T] ]M]A]N]A]G]E]R] ]

Address [ ]1]9]3]0] ]C]O]L]O]N]I]A]L] ]D]R] ]P]O]B]1]5]9]5]

Street

[ ]T]H]O]M]A]S]V]I]L]L]E] ]

City

[G]A] [3]1]7]9]9]--[1]5]9]5]

State Zip

Telephone Number .....[9]1]2]-[2]2]6]-[7]3]1]1]

1.13 This reporting year is from ..... [0]1] [8]8] to [0]1] [8]9]

Mo. Year Mo. Year

[ ] Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

CBI Name of Seller [__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]

[__] Mailing Address [__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]
Street

[__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]
City

[__]__] [__]__]__]__]__]--[__]__]__]__]
State Zip

Employer ID Number ..... "N/A" [__]__]__]__]__]__]__]__]__]

Date of Sale ..... "N/A" [__]__] [__]__] [__]__]
Mo. Day Year

Contact Person [__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]

Telephone Number ..... "N/A" [__]__]__]-[__]__]__]-[__]__]__]__]

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

CBI Name of Buyer [__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]

[__] Mailing Address [__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]
Street

[__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]
City

[__]__] [__]__]__]__]__]--[__]__]__]__]
State Zip

Employer ID Number ..... "N/A" [__]__]__]__]__]__]__]__]__]

Date of Purchase ..... "N/A" [__]__] [__]__] [__]__]
Mo. Day Year

Contact Person [__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]__]

Telephone Number ..... "N/A" [__]__]__]-[__]__]__]-[__]__]__]__]

[__] Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI
[__]

| Classification | Quantity (kg/yr) |
|---|---|
| Manufactured | "N/A" |
| Imported | "N/A" |
| Processed (include quantity repackaged) | 883,995 |
| Of that quantity manufactured or imported, report that quantity: | |
| In storage at the beginning of the reporting year | "N/A" |
| For on-site use or processing | "N/A" |
| For direct commercial distribution (including export) | "N/A" |
| In storage at the end of the reporting year | "N/A" |
| Of that quantity processed, report that quantity: | |
| In storage at the beginning of the reporting year | 44,936 |
| Processed as a reactant (chemical producer) | "N/A" |
| Processed as a formulation component (mixture producer) | "N/A" |
| Processed as an article component (article producer) | 883,995 |
| Repackaged (including export) | "N/A" |
| In storage at the end of the reporting year | 107,038 |

[__] Mark (X) this box if you attach a continuation sheet.

## PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

[ ]

| Component Name | Supplier Name | Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%) |
|---|---|---|
| "N/A" | "N/A" | "N/A" |
| | | |
| | | |
| | | |
| | | |
| | | Total 100% |

[ ] Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

[ ] Year ending ..... [1][2] [8][7]
Mo. Year

Quantity manufactured ..... "N/A" kg

Quantity imported ..... "N/A" kg

Quantity processed ..... 690,306 kg

Year ending ..... [1][2] [8][6]
Mo. Year

Quantity manufactured ..... "N/A" kg

Quantity imported ..... "N/A" kg

Quantity processed ..... 862,331 kg

Year ending ..... [1][2] [8][5]
Mo. Year

Quantity manufactured ..... "N/A" kg

Quantity imported ..... "N/A" kg

Quantity processed ..... 816,831 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

[ ]

Continuous process ..... "N/A" 1

Semicontinuous process ..... "N/A" 2

Batch process ..... "N/A" 3

[ ] Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

CBI

[__]

Continuous process ..... 1

Semicontinuous process ..... 2

Batch process ..... (3)

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

CBI

[__]

Manufacturing capacity ..... _____ kg/yr

Processing capacity ..... _____ kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

CBI

[__]

| | Manufacturing Quantity (kg) | Importing Quantity (kg) | Processing Quantity (kg) |
|---|---|---|---|
| Amount of increase | "N/A" | "N/A" | "N/A" |
| Amount of decrease | "N/A" | "N/A" | "N/A" |

[__] Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

[__]

| | Days/Year | Average Hours/Day |
|---|---|---|
| Process Type #1 (The process type involving the largest quantity of the listed substance.) | | |
| Manufactured ..... | "N/A" | "N/A" |
| Processed ..... | 208 | 0.66 |
| Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.) | | |
| Manufactured ..... | "N/A" | "N/A" |
| Processed ..... | "N/A" | "N/A" |
| Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.) | | |
| Manufactured ..... | "N/A" | "N/A" |
| Processed ..... | "N/A" | "N/A" |

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

[__]

Maximum daily inventory ..... _____ kg

Average monthly inventory ..... _____ kg

[__] Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

[ ]

| CAS No. | Chemical Name | Byproduct, Coproduct or Impurity[1] | Concentration (%) (specify ± % precision) | Source of By-products, Co-products, or Impurities |
|---|---|---|---|---|
| 26471-62-5 | Toluene Diisocyanate | "UK" | "UK" | "UK" |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[1]Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

[ ] Mark (X) this box if you attach a continuation sheet.

2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI
[__]

| a. Product Types[1] | b. % of Quantity Manufactured, Imported, or Processed | c. % of Quantity Used Captively On-Site | d. Type of End-Users[2] |
|---|---|---|---|
| B | 100% | 100% | "N/A" |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[__] Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI
[__]

| a. Product Types[1] | b. % of Quantity Manufactured, Imported, or Processed | c. % of Quantity Used Captively On-Site | d. Type of End-Users[2] |
|---|---|---|---|
| B | 100% | 100% | "N/A" |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[__] Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product
CBI manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

[ ]

| a. Product Type[1] | b. Final Product's Physical Form[2] | c. Average % Composition of Listed Substance in Final Product | d. Type of End-Users[3] |
|---|---|---|---|
| B | F4 | 0% | "N/A" |
| | | | |
| | | | |
| | | | |
| | | | |

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the final product's physical form:

A = Gas
B = Liquid
C = Aqueous solution
D = Paste
E = Slurry
F1 = Powder
F2 = Crystalline solid
F3 = Granules
F4 = Other solid
G = Gel
H = Other (specify) _____

[3]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the listed substance to off-site customers.
CBI

| | | | |
|---|---|---|---|
| [__] | Truck | "N/A" | 1 |
| | Railcar | "N/A" | 2 |
| | Barge, Vessel | "N/A" | 3 |
| | Pipeline | "N/A" | 4 |
| | Plane | "N/A" | 5 |
| | Other (specify) _____ | "N/A" | 6 |

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers or prepared by your customers during the reporting year for use under each category of end use listed (i-iv).
CBI

[__]

Category of End Use

i. Industrial Products

| | | |
|---|---|---|
| Chemical or mixture | "N/A" | kg/yr |
| Article | "N/A" | kg/yr |

ii. Commercial Products

| | | |
|---|---|---|
| Chemical or mixture | "N/A" | kg/yr |
| Article | "N/A" | kg/yr |

iii. Consumer Products

| | | |
|---|---|---|
| Chemical or mixture | "N/A" | kg/yr |
| Article | "N/A" | kg/yr |

iv. Other

| | | |
|---|---|---|
| Distribution (excluding export) | "N/A" | kg/yr |
| Export | "N/A" | kg/yr |
| Quantity of substance consumed as reactant | "N/A" | kg/yr |
| Unknown customer uses | "N/A" | kg/yr |

[__] Mark (X) this box if you attach a continuation sheet.

## SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

### PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.
[ ]

| Source of Supply | Quantity (kg) | Average Price ($/kg) |
|---|---|---|
| The listed substance was manufactured on-site. | "N/A" | "N/A" |
| The listed substance was transferred from a different company site. | "N/A" | "N/A" |
| The listed substance was purchased directly from a manufacturer or importer. | 770,979 | $2.51 |
| The listed substance was purchased from a distributor or repackager. | "N/A" | "N/A" |
| The listed substance was purchased from a mixture producer. | "N/A" | "N/A" |

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.
CBI
[ ]

Truck ..... (1)

Railcar ..... (2)

Barge, Vessel ..... 3

Pipeline ..... 4

Plane ..... 5

Other (specify) _____ ..... 6

[ ] Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.
CBI

[ ]

Bags ..... 1

Boxes ..... 2

Free standing tank cylinders ..... 3

Tank rail cars ..... (4)

Hopper cars ..... 5

Tank trucks ..... (6)

Hopper trucks ..... 7

Drums ..... 8

Pipeline ..... 9

Other (specify) _____ .....10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders ..... "N/A" mmHg

Tank rail cars ..... "UK" mmHg

Tank trucks ..... "UK" mmHg

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

CBI

[__]

| Trade Name | Supplier or Manufacturer | Average % Composition by Weight (specify ± % precision) | Amount Processed (kg/yr) |
|---|---|---|---|
| "N/A" | "N/A" | "N/A" | "N/A" |
| | | | |
| | | | |
| | | | |

[__] Mark (X) this box if you attach a continuation sheet.

## PART C RAW MATERIAL VOLUME

3.05 CBI [ ] State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

| | Quantity Used (kg/yr) | % Composition by Weight of Listed Substance in Raw Material (specify ± % precision) |
|---|---|---|
| Class I chemical | 883,995 | 99.8% ± 0.2% |
| | | |
| | | |
| Class II chemical | | |
| | | |
| | | |
| Polymer | | |
| | | |
| | | |

[ ] Mark (X) this box if you attach a continuation sheet.

## SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

### PART A PHYSICAL/CHEMICAL DATA SUMMARY

4.01 Specify the percent purity for the three major[1] technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI [ ]

| | Manufacture | Import | Process |
|---|---|---|---|
| Technical grade #1 | "N/A" % purity | "N/A" % purity | 99.9 % purity |
| Technical grade #2 | "N/A" % purity | "N/A" % purity | "N/A" % purity |
| Technical grade #3 | "N/A" % purity | "N/A" % purity | "N/A" % purity |

[1]Major = Greatest quantity of listed substance manufactured, imported or processed.

4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No ..... 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company ..... 1

Another source ..... (2)

[✓] Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes ..... 1

No ..... 2

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[ ]

| | Physical State | | | | |
|---|---|---|---|---|---|
| Activity | Solid | Slurry | Liquid | Liquified Gas | Gas |
| Manufacture | 1 | 2 | 3 | 4 | 5 |
| Import | 1 | 2 | 3 | 4 | 5 |
| Process | 1 | 2 | 3 | 4 | 5 |
| Store | 1 | 2 | 3 | 4 | 5 |
| Dispose | 1 | 2 | 3 | 4 | 5 |
| Transport | 1 | 2 | 3 | 4 | 5 |

[ ] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI
[__]

| Physical State | | Manufacture | Import | Process | Store | Dispose | Transport |
|---|---|---|---|---|---|---|---|
| Dust | <1 micron | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 1 to <5 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 5 to <10 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Powder | <1 micron | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 1 to <5 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 5 to <10 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Fiber | <1 micron | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 1 to <5 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 5 to <10 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Aerosol | <1 micron | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 1 to <5 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| | 5 to <10 microns | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |

[__] Mark (X) this box if you attach a continuation sheet.

## SECTION 5 ENVIRONMENTAL FATE

### PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) .... "UK" (1/M cm) at _____ nm

Reaction quantum yield, $\phi$ ..... "UK" at _____ nm

Direct photolysis rate constant, $k_p$, at ... "UK" 1/hr _____ latitude

b. Oxidation constants at 25°C:

For $^1O_2$ (singlet oxygen), $k_{ox}$ ..... "UK" 1/M hr

For $RO_2$ (peroxy radical), $k_{ox}$ ..... "UK" 1/M hr

c. Five-day biochemical oxygen demand, $BOD_5$ ... "UK" mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, $k_b$... "UK" 1/hr

Specify culture ..... "UK"

e. Hydrolysis rate constants:

For base-promoted process, $k_B$ ..... "UK" 1/M hr

For acid-promoted process, $k_A$ ..... "UK" 1/M hr

For neutral process, $k_N$ ..... "UK" 1/hr

f. Chemical reduction rate (specify conditions) "UK"

"UK"

g. Other (such as spontaneous degradation) ... "UK"

[__] Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

| Media | Half-life (specify units) |
|---|---|
| Groundwater | "UK" |
| Atmosphere | "UK" |
| Surface water | "UK" |
| Soil | "UK" |

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

| CAS No. | Name | Half-life (specify units) | | Media |
|---|---|---|---|---|
| "UK" | "UK" | "UK" | in | "UK" |
| "UK" | "UK" | "UK" | in | "UK" |
| "UK" | "UK" | "UK" | in | "UK" |
| "UK" | "UK" | "UK" | in | "UK" |

5.03 Specify the octanol-water partition coefficient, $K_{ow}$ ... "UK" at 25°C

Method of calculation or determination ..... "UK"

5.04 Specify the soil-water partition coefficient, $K_d$ ..... "UK" at 25°C

Soil type ..... "UK"

5.05 Specify the organic carbon-water partition coefficient, $K_{oc}$ ..... "UK" at 25°C

5.06 Specify the Henry's Law Constant, H ..... "UK" atm-$m^3$/mole

[ ] Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

| Bioconcentration Factor | Species | Test[1] |
|---|---|---|
| "UK" | "UK" | "UK" |
| "UK" | "UK" | "UK" |
| "UK" | "UK" | "UK" |

[1]Use the following codes to designate the type of test:

F = Flowthrough
S = Static

[__] Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

CBI

[__]

| Market | Quantity Sold or Transferred (kg/yr) | Total Sales Value ($/yr) |
|---|---|---|
| Retail sales | | |
| Distribution -- Wholesalers | | |
| Distribution -- Retailers | | |
| Intra-company transfer | | |
| Repackagers | | |
| Mixture producers | | |
| Article producers | | |
| Other chemical manufacturers or processors | | |
| Exporters | | |
| Other (specify) | | |
| | | |

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

[__]

| Substitute | Cost ($/kg) |
|---|---|
| "UK" | "UK" |
| | |
| | |
| | |

[__] Mark (X) this box if you attach a continuation sheet.

## SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

### PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Foam-Manuf. Process

[✓] Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Foam - Manuf. Process

[X] Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Unit Operation ID Number | Typical Equipment Type | Operating Temperature Range (°C) | Operating Pressure Range (mm Hg) | Vessel Composition |
|---|---|---|---|---|
| 7.34 | Positive Disp. Pump | 20-25 | Atmospheric | Steel |
| 7.19 | Exhaust Fan | 20-25 | Atmospheric | Steel |
| 7.20 | "N/A" | "N/A" | "N/A" | "N/A" |
| 7.23 | Exhaust Fans | 20-25 | Atmospheric | Steel |
| 7.35 | Turbine Pump | 20-25 | 2600 | Steel |
| 7.37 | Tube Heat Exchanger | 15-20 | 2600 | Steel |
| 7.15 | Flow Meter | 15-20 | 2000 | Glass/Steel |
| 7.16 | Stir/Mixing Head | 15-20 | 1000 | Steel |
| 7.21 | Trough/Fall Plate | 150 | "N/A" | "N/A" |
| 7.22 | Take-Away conveyor | 20-25 | "N/A" | "N/A" |
| 7.40 | Positive Disp. Pump | 20-25 | 2500 | Steel |
| 7.41 | Flow Meter | 20-25 | 2000 | Glass/Steel |
| 7.1 | Bulk Storage Tank | 15-20 | Atmospheric | Steel |
| 7.4 | Prog. Cav. Pump | 15-20 | 2500 | Steel |
| 7.45 | Plate Heat Exchanger | 15-20 | 5000 | Steel |
| 7.10 | Batch Tank | 15-20 | Atmospheric | Steel |
| 7.11 | Prog. Cav. Pump | 15-20 | 2500 | Steel |
| 7.14 | Calibration/Meter. Tank | 15-20 | Atmospheric | Steel |
| 7.35 | Prog. Cav. Pump | 15-20 | 2500 | Steel |

[X] Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Process Stream ID Code | Process Stream Description | Physical State[1] | Stream Flow (kg/yr) |
|---|---|---|---|
| 7W, 7H, 7O, 7O1, 7O2, 7P, 7Q, 7R, 7S | Polyol/Master Batch | OL + SY | 1,346,853 |
| 7C, 7RR | Tin Catalyst | OL | 5307 |
| 7D, 7RR | Amine Catalyst | OL | 3300 |
| 7E, 7RR | Silicone Surfactant | OL | 10,557 |
| 7F, 7QQ, TUU | Water | OL | 52,811 |
| 7A, 7OO, 7PP, 7HH | Blowing Agents | OL | 84,876 |
| 7H, 7I, 7J, 7K, 7TT, 7L, 7M | TDI | OL | 883,995 |
| 7SS, 7RR | Additives - Liquid | OL | 431 |
| 7T, 7X, 7Z, 7AA, 7CC, 7DD, 7EE, 7FF | Polyurethane Foam | SO | 1,889,431 |

[1]Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Process Stream ID Code | b. Known Compounds[1] | c. Concentrations[2,3] (% or ppm) | d. Other Expected Compounds | e. Estimated Concentrations (% or ppm) |
|---|---|---|---|---|
| 7B, 7W, 70, 701 | Polyol | 100 | "N/A" | "N/A" |
| 7P-7Q, 7R, 7S | Polyol | 70 | "N/A" | "N/A" |
| | $CaCo_3$, $MgCo_3$, | | | |
| | $BaSo_4$ + Limestone | 30 | | |
| 7C + 7RR | Tin Catalyst | | "N/A" | "N/A" |
| | D1-2(Etaylhexy)Phthalate | 50 | | |
| | Stannous Octoate | 50 | | |
| | | | | |
| 7D-7RR | Amine | | "N/A" | "N/A" |
| | Dimethyl Ethamolamine | 80 | | |
| | Triethylenediamine | 20 | | |
| | | | | |

7.06 continued below

[X] Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

[1]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

| Additive Package Number | Components of Additive Package | Concentrations (% or ppm) |
|---|---|---|
| 1 | $CaCo_3$ $MgCo_3$ | 100% |
| | | |
| | | |
| 2 | Ba $So_4$ | 100% |
| | | |
| | | |
| 3 | Linestone | 100% |
| | | |
| | | |
| 4 | Pentabromodiphcayl Oxide | "UK" |
| | Aromatic Phosphate | "UK" |
| | | |
| 5 | Color | "UK" |
| | | |
| | | |

[2]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

[3]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[ ] Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane - Manuf. Process

[X] Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Stream ID Code | b. Type of Hazardous Waste[1] | c. Physical State of Residual[2] | d. Known Compounds[3] | e. Concentrations (% or ppm)[4,5,6] | f. Other Expected Compounds | g. Estimated Concentrations (% or ppm) |
|---|---|---|---|---|---|---|
| 7U | T | OL | Meth. Chloride | "UK" | "UK" | "UK" |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7V | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | Meth. Chloride | | | |
| | | | Freon II | | | |
| | | | | | | |
| 8A | T | OL, SY | Meth. Chloride | "UK" | "UK" | "UK" |
| | | | Polyol, TDI | | | |
| | | | Amines, Sil. | | | |
| | | | Color, etc. | | | |
| 8B | T | OL, SY | Meth. Chloride | "UK" | "UK" | "UK" |
| | | | Polyol, TDI | | | |
| | | | Amines, Sil. | | | |
| | | | Color, etc. | | | |

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[1]Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

[2]Use the following codes to designate the physical state of the residual:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

---

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[3]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

| Additive Package Number | Components of Additive Package | Concentrations (% or ppm) |
|---|---|---|
| 1 | "N/A" | "N/A" |
| | | |
| | | |
| 2 | "N/A" | "N/A" |
| | | |
| | | |
| 3 | "N/A" | "N/A" |
| | | |
| | | |
| 4 | "N/A" | "N/A" |
| | | |
| | | |
| 5 | "N/A" | "N/A" |
| | | |
| | | |

[4]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

---

8.05 continued below

[__] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[5]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[6]Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

| Code | Method | Detection Limit (± ug/l) |
|---|---|---|
| 1 | "N/A" | "N/A" |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Stream ID Code | b. Waste Description Code[1] | c. Management Method Code[2] | d. Residual Quantities (kg/yr) | e. Management of Residual (%) On-Site | e. Management of Residual (%) Off-Site | f. Costs for Off-Site Management (per kg) | g. Changes in Management Methods |
|---|---|---|---|---|---|---|---|
| 7U | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| 8A | A03 | 11I | 480 | 0 | 100% | $1.45 | "N/A" |
| 8B | A01-A03 | M6 Recycle into foam | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| 7V | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |

[1] Use the codes provided in Exhibit 8-1 to designate the waste descriptions

[2] Use the codes provided in Exhibit 8-2 to designate the management methods

[✓] Mark (X) this box if you attach a continuation sheet.

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[__]

| | Combustion Chamber Temperature (°C) | | Location of Temperature Monitor | | Residence Time In Combustion Chamber (seconds) | |
|---|---|---|---|---|---|---|
| Incinerator | Primary | Secondary | Primary | Secondary | Primary | Secondary |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1

No ..... 2

---

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[__]

| Incinerator | Air Pollution Control Device[1] | Types of Emissions Data Available |
|---|---|---|
| 1 | "N/A" | "N/A" |
| 2 | | |
| 3 | | |

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... "N/A" 1

No ..... "N/A" 2

---

[1]Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
E = Electrostatic precipitator
O = Other (specify) _____

---

[__] Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

| Data Element | Data are Maintained for: Hourly Workers | Salaried Workers | Year in Which Data Collection Began | Number of Years Records Are Maintained |
|---|---|---|---|---|
| Date of hire | X | X | 1984 | 3+ |
| Age at hire | X | X | 1984 | 3+ |
| Work history of individual before employment at your facility | X | X | 1984 | 3+ |
| Sex | X | X | 1984 | 3+ |
| Race | X | X | 1984 | 3+ |
| Job titles | X | X | 1984 | 3+ |
| Start date for each job title | X | X | 1984 | 3+ |
| End date for each job title | X | X | 1984 | 3+ |
| Work area industrial hygiene monitoring data | X | X | 1984 | 30 |
| Personal employee monitoring data | X | X | 1984 | 30 |
| Employee medical history | X | X | 1984 | 30 |
| Employee smoking history | "N/A" | "N/A" | "N/A" | "N/A" |
| Accident history | X | X | 1984 | 30 |
| Retirement date | X | X | 1984 | 3+ |
| Termination date | X | X | 1984 | 3+ |
| Vital status of retirees | "N/A" | "N/A" | "N/A" | "N/A" |
| Cause of death data | "N/A" | "N/A" | "N/A" | "N/A" |

[ ] Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

[ ]

| a. Activity | b. Process Category | c. Yearly Quantity (kg) | d. Total Workers | e. Total Worker-Hours |
|---|---|---|---|---|
| Manufacture of the listed substance | Enclosed | | | |
| | Controlled Release | | | |
| | Open | | | |
| On-site use as reactant | Enclosed | 883,995 | 1 | 156 |
| | Controlled Release | 883,995 | 14 | 1928 |
| | Open | | | |
| On-site use as nonreactant | Enclosed | | | |
| | Controlled Release | | | |
| | Open | | | |
| On-site preparation of products | Enclosed | | | |
| | Controlled Release | | | |
| | Open | | | |

[ ] Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

[ ]

| Labor Category | Descriptive Job Title |
|---|---|
| A | Pour Line Operator |
| B | Pour Line Utility |
| C | Pour Line Maintenance |
| D | Compounder |
| E | Cut-Off Saw Operator |
| F | Quality Control |
| G | Bun Handlers |
| H | Forklift Operator |
| I | Supervisor |
| J | Pour Line Chemist |

[ ] Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

[✓] Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Work Area ID | Description of Work Areas and Worker Activities |
|---|---|
| 1 | Receiving, Material Transfer & Compounding |
| 2 | Pour Line Metering, forming & take-away |
| 3 | Cut-off saw, Quality Control & Material Handling |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

ACTIVITIES:

1. Operator connects hoses, opens/closes valves to receive and transfer materials, as required.

2. Crew operates controls, makes required flow rate changes, handles paper and plastic.

3. Crew operates equipment, provides cutting requirements, and assists removal of foam blocks from pour line conveyor.

[ ] Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #1

| Labor Category | Number of Workers Exposed | Mode of Exposure (e.g., direct skin contact) | Physical State of Listed Substance[1] | Average Length of Exposure Per Day[2] | Number of Days per Year Exposed |
|---|---|---|---|---|---|
| D | 1 | Skin & Inhalation | OL + GU | C | 200 |
| C | 1 | Skin & Inhalation | OL + GU | A | 200 |
| F | 1 | Skin & Inhalation | OL + GU | A | 24 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

[1]Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2]Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[✓] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #1

| Labor Category | 8-hour TWA Exposure Level (ppm, mg/m$^3$, other-specify) | 15-Minute Peak Exposure Level (ppm, mg/m$^3$, other-specify) |
|---|---|---|
| D | "UK" | "UK" |
| C | "UK" | "UK" |
| F | "UK" | "UK" |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

[ ]

| Sample/Test | Work Area ID | Testing Frequency (per year) | Number of Samples (per test) | Who Samples[1] | Analyzed In-House (Y/N) | Number of Years Records Maintained |
|---|---|---|---|---|---|---|
| Personal breathing zone | 1,2,3 | 1 | "UK" | D | N | 30 |
| General work area (air) | 1,2,3 | 1 | 1 | A + D | Y | 30 |
| Wipe samples | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Adhesive patches | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Blood samples | 1,2,3 | 2 | 1 | D | "N/A" | 3+ |
| Urine samples | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Respiratory samples | 1,2,3 | 1 | 1 | D | N | 30 |
| Allergy tests | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) _____ | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) _____ | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) _____ | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |

[1]Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist
B = Insurance carrier
C = OSHA consultant
D = Other (specify) Physician - Chemist

[ ] Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.
CBI

[ ]

| Sample Type | Sampling and Analytical Methodology |
|---|---|
| Personal Monitoring | MDA Personal Monitor Model 4100 with MCM Integrating Recorder/Reader |
| | |
| | |
| | |
| | |

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

[ ]

| Equipment Type[1] | Detection Limit[2] | Manufacturer | Averaging Time (hr) | Model Number |
|---|---|---|---|---|
| D | .08 PPM | MDA Scientific | 8 Hr TWA | 4000 MCM |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[1]Use the following codes to designate personal air monitoring equipment types:

A = Passive dosimeter
B = Detector tube
C = Charcoal filtration tube with pump
D = Other (specify) Battery Operated Pump

Use the following codes to designate ambient air monitoring equipment types:

E = Stationary monitors located within work area
F = Stationary monitors located within facility
G = Stationary monitors located at plant boundary
H = Mobile monitoring equipment (specify) _____
I = Other (specify) _____

[2]Use the following codes to designate detection limit units:

A = ppm
B = Fibers/cubic centimeter (f/cc)
C = Micrograms/cubic meter ($\mu/m^3$)

[ ] Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

| [ ] Test Description | Frequency (weekly, monthly, yearly, etc.) |
|---|---|
| Physical examinations + Pulmonary | Semi-Annually |
| Function Tests | Semi-Annually |
| Physical History & X-rays | Semi-Annually |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #1

| Engineering Controls | Used (Y/N) | Year Installed | Upgraded (Y/N) | Year Upgraded |
|---|---|---|---|---|
| Ventilation: | | | | |
| Local exhaust | Y | 1974 | N | "N/A" |
| General dilution | N | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |
| Vessel emission controls | N | "N/A" | "N/A" | "N/A" |
| Mechanical loading or packaging equipment | Y | 1974 | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #1

| Equipment or Process Modification | Reduction in Worker Exposure Per Year (%) |
|---|---|
| "N/A" | "N/A" |
| | |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #1

| Equipment Types | Wear or Use (Y/N) |
|---|---|
| Respirators | Y |
| Safety goggles/glasses | Y |
| Face shields | Y |
| Coveralls | N |
| Bib aprons | N |
| Chemical-resistant gloves | Y |
| Other (specify) | |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Work Area | Respirator Type | Average Usage[1] | Fit Tested (Y/N) | Type of Fit Test[2] | Frequency of Fit Tests (per year) |
|---|---|---|---|---|---|
| 1 | Full face supplied air | A | Y | QL | 1 |
| 2 | Half face dual cartridge | B | Y | QL | 1 |
| 3 | Half face dual cartridge | E | Y | QL | 1 |
| | | | | | |

[1]Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) As Required

[2]Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

[ ] Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes ..... 1

No ..... 2

Emergency exposure

Yes ..... 1

No ..... 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes ..... 1

No ..... 2

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes ..... 1

No ..... 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist ..... 1

Insurance carrier ..... 2

OSHA consultant ..... 3

Other (specify) _____ ..... 4

[ ] Mark (X) this box if you attach a continuation sheet.

## SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

### PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

[__] Industrial area ..... (1)

Urban area ..... 2

Residential area ..... 3

Agricultural area ..... 4

Rural area ..... 5

Adjacent to a park or a recreational area ..... 6

Within 1 mile of a navigable waterway ..... 7

Within 1 mile of a school, university, hospital, or nursing home facility ..... (8)

Within 1 mile of a non-navigable waterway ..... 9

Other (specify) _____ .....10

[__] Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... 30 ° 55 ' 23 "

Longitude ..... 83 ° 56 ' 29 "

UTM coordinates ..... Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation ..... _____ inches/year

Predominant wind direction ..... _____

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater ..... _____ meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

[ ]

| On-Site Activity | Environmental Release Air | Water | Land |
|---|---|---|---|
| Manufacturing | "N/A" | "N/A" | "N/A" |
| Importing | "N/A" | "N/A" | "N/A" |
| Processing | Y | N | N |
| Otherwise used | "N/A" | "N/A" | "N/A" |
| Product or residual storage | "N/A" | "N/A" | "N/A" |
| Disposal | "N/A" | "N/A" | "N/A" |
| Transport | "N/A" | "N/A" | "N/A" |

[ ] Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

| | | | |
|---|---|---|---|
| Quantity discharged to the air ..... | "UK" | kg/yr ± | ____ % |
| Quantity discharged in wastewaters ..... | "N/A" | kg/yr ± | ____ % |
| Quantity managed as other waste in on-site treatment, storage, or disposal units ..... | "N/A" | kg/yr ± | ____ % |
| Quantity managed as other waste in off-site treatment, storage, or disposal units ..... | "N/A" | kg/yr ± | ____ % |

[ ] Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

[__] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Stream ID Code | Control Technology | Percent Efficiency |
|---|---|---|
| 7B, 7I, 7J, 7K, 7TT, 7L and 7M | 1. Close-loop systems installed. | "UK" |
| | 2. Automatic pressure cut-off valves. | |
| | 3. Tank gauges. | |
| | 4. Alarms. | |
| | 5. Spill Containments. | |
| | | |
| | | |
| | | |
| | | |
| | | |

[__] Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

[ ]

Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Point Source ID Code | Description of Emission Point Source |
|---|---|
| 7N-7G | Tk Vent - Storage Tank-----Dessicant Dryer |
| 7KK | Exhaust Fan - Process Tank |
| 7U | Meth. Chloride Flush |
| 7V | Exhaust Fan @ reaction area |
| 7Y | Exhaust Fan @ forming & take-away conveyor |
| 7BB | Exhaust Fan @ Heat bank, take-away conveyor |
| 7HH | Exhaust Fan @ cut-off saw |
| 7GG | Exhaust Fan @ curing/storage area |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

| Point Source ID Code | Physical State[1] | Average Emissions (kg/day) | Frequency[2] (days/yr) | Duration[3] (min/day) | Average Emission Factor[4] | Maximum Emission Rate (kg/min) | Maximum Emission Rate Frequency (events/yr) | Maximum Emission Rate Duration (min/event) |
|---|---|---|---|---|---|---|---|---|
| 7N | V | "UK" | 24 | 360 | "UK" | "UK" | 24 | 360 |
| 7KK | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| 7U | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| 7V | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| 7Y | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| 7BB | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| 7HH | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| 7GG | V | "UK" | 208 | 54 | "UK" | "UK" | 208 | 54 |
| | | | | | | | | |
| | | | | | | | | |

[1]Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

[2]Frequency of emission at any level of emission

[3]Duration of emission at any level of emission

[4]Average Emission Factor — Provide estimated (± 25 percent) emission factor (kg of emission per kg of production of listed substance)

[ ] Mark (X) this box if you attach a continuation sheet.

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

| Point Source ID Code | Stack Height(m) | Stack Inner Diameter (at outlet) (m) | Exhaust Temperature (°C) | Emission Exit Velocity (m/sec) | Building Height(m)[1] | Building Width(m)[2] | Vent Type[3] |
|---|---|---|---|---|---|---|---|
| 7N | 8 | .076 | 25 | "UK" | 8.8 | 18.3 | H |
| 7KK | 10 | .40 x .40 | 25 | 3.6 | 8.8 | 18.3 | V |
| 7U | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| 7V | 12.8 | .76 x .76 | 25 | 2.2 | 7.3 | 18.3 | V |
| 7Y | 12.8 | .76 x .76 | 25 | 2.2 | 7.3 | 18.3 | V |
| 7BB | 12.8 | .76 x .76 | 25 | 2.3 | 7.3 | 18.3 | V |
| 7HH | 12.8 | .76 x .76 | 25 | 2.2 | 7.3 | 18.3 | V |
| 7GG | 12.8 | .76 x .76 | 25 | "UK" | 7.0 | 45.7 | V |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

[1]Height of attached or adjacent building

[2]Width of attached or adjacent building

[3]Use the following codes to designate vent type:

H = Horizontal
V = Vertical

[ ] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7N

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |

Total = 100%

[✓] Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Percentage of time per year that the listed substance is exposed to this process type ..... 100 %

| Equipment Type | Number of Components in Service by Weight Percent of Listed Substance in Process Stream | | | | | |
|---|---|---|---|---|---|---|
| | Less than 5% | 5-10% | 11-25% | 26-75% | 76-99% | Greater than 99% |
| Pump seals[1] | | | | | | |
| Packed | 0 | 0 | 0 | 0 | 0 | 2 |
| Mechanical | 0 | 0 | 0 | 0 | 0 | 4 |
| Double mechanical[2] | 0 | 0 | 0 | 0 | 0 | 0 |
| Compressor seals[1] | 0 | 0 | 0 | 0 | 0 | 0 |
| Flanges | 0 | 0 | 0 | 0 | 0 | 24 |
| Valves | | | | | | |
| Gas[3] | 0 | 0 | 0 | 0 | 0 | 0 |
| Liquid | 0 | 0 | 0 | 0 | 0 | 18 |
| Pressure relief devices[4] (Gas or vapor only) | 0 | 0 | 0 | 0 | 0 | 0 |
| Sample connections | | | | | | |
| Gas | 0 | 0 | 0 | 0 | 0 | 0 |
| Liquid | 0 | 0 | 0 | 0 | 0 | 0 |
| Open-ended lines[5] (e.g., purge, vent) | | | | | | |
| Gas | 0 | 0 | 0 | 0 | 0 | 1 |
| Liquid | 0 | 0 | 0 | 0 | 0 | 0 |

[1] List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

[ ] Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

[2]If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

[3]Conditions existing in the valve during normal operation

[4]Report all pressure relief devices in service, including those equipped with control devices

[5]Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

[ ]

| a. Number of Pressure Relief Devices | b. Percent Chemical in Vessel[1] | c. Control Device | d. Estimated Control Efficiency[2] |
|---|---|---|---|
| 4 | 100% | Rupture Discs | 100% |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[1]Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

[2]The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

[ ] Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

[__] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Equipment Type | Leak Detection Concentration (ppm or mg/m$^3$) Measured at ____ Inches from Source | Detection Device[1] | Frequency of Leak Detection (per year) | Repairs Initiated (days after detection) | Repairs Completed (days after initiated) |
|---|---|---|---|---|---|
| Pump seals | | | | | |
| Packed | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Mechanical | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Double mechanical | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Compressor seals | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Flanges | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Valves | | | | | |
| Gas | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Liquid | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Pressure relief devices (gas or vapor only) | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Sample connections | | | | | |
| Gas | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Liquid | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Open-ended lines | | | | | |
| Gas | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |
| Liquid | "N/A" | "N/A" | "N/A" | "N/A" | "N/A" |

[1]Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer
FPM = Fixed point monitoring
O = Other (specify) _____

[__] Mark (X) this box if you attach a continuation sheet.

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

| Vessel Type[1] | Floating Roof Seals[2] | Composition of Stored Materials[3] | Throughput (liters per year) | Vessel Filling Rate (gpm) | Vessel Filling Duration (min) | Vessel Inner Diameter (m) | Vessel Height (m) | Operating Vessel Volume (l) | Vessel Emission Controls[4] | Design Flow Rate[5] | Vent Diameter (cm) | Control Efficiency (%) | Basis for Estimate[6] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F | "N/A" | 99.9% | 180.813 | 100 | 125 | 3.05 | 4.62 | 2641.7 | "N/A" | "UK" | 15.24 | "N/A" | "N/A" |
| | | | | | | | | | | | | | |
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[1]Use the following codes to designate vessel type:

F = Fixed roof
CIF = Contact internal floating roof
NCIF = Noncontact internal floating roof
EFR = External floating roof
P = Pressure vessel (indicate pressure rating)
H = Horizontal
U = Underground

[2]Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
MS2 = Shoe-mounted secondary
MS2R = Rim-mounted, secondary
LM1 = Liquid-mounted resilient filled seal, primary
LM2 = Rim-mounted shield
LMW = Weather shield
VM1 = Vapor mounted resilient filled seal, primary
VM2 = Rim-mounted secondary
VMW = Weather shield

[3]Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

[4]Other than floating roofs

[5]Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

[6]Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
S = Sampling

[ ] Mark (X) this box if you attach a continuation sheet.

## PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

| Release | Date Started | Time (am/pm) | Date Stopped | Time (am/pm) |
|---|---|---|---|---|
| 1 | "N/A" | "N/A" | "N/A" | "N/A" |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

10.24 Specify the weather conditions at the time of each release.

| Release | Wind Speed (km/hr) | Wind Direction | Humidity (%) | Temperature (°C) | Precipitation (Y/N) |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

[ ] Mark (X) this box if you attach a continuation sheet.

## APPENDIX I: List of Continuation Sheets

Attach continuation sheets for sections of this form and optional information after this page. In column 1, clearly identify the continuation sheet by listing the question number to which it relates. In column 2, enter the inclusive page numbers of the continuation sheet for each question number.

| Question Number (1) | Continuation Sheet Page Numbers (2) |
|---|---|
| 4.02 | 25A - 25G |
| 7.01 | 42A |
| 7.03 | 44A |
| 7.04 | 45A |
| 8.01 | 50A |
| 8.06 | 58A - 58B |
| 9.04 | 91A |
| 9.06 | 93A - 93B |
| 9.07 | 94A - 94B |
| 9.12 | 98A - 98B |
| 9.13 | 99A - 99B |
| 9.14 | 100A - 100B |
| 9.19 | 105A - 105B |
| 10.12 | 116A - 116G |
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[ ] Mark (X) this box if you attach a continuation sheet.

# M A T E R I A L  S A F E T Y  D A T A  S H E E T

Dow Chemical U.S.A.*  Midland, MI 48674  Emergency Phone: 517-636-4400

Product Code: 92097  Page: 1

PRODUCT NAME: VORANATE (R) T-80 TYPE I TOLUENE DIISOCYANATE

Effective Date: 12/13/88  Date Printed: 05/03/89  MSD: 000609

1. INGREDIENTS: (% w/w, unless otherwise noted)

| | | |
|---|---|---|
| Toluene-2,4-diisocyanate (TDI) | CAS# 000584-84-9 | 80% |
| Toluene-2,6-diisocyanate | CAS# 000091-08-7 | 20% |

This document is prepared pursuant to the OSHA Hazard Communication Standard (29 CFR 1910.1200). In addition, other substances not 'Hazardous' per this OSHA Standard may be listed. Where proprietary ingredient shows, the identity may be made available as provided in this standard.

2. PHYSICAL DATA:

BOILING POINT: 250C (482F)
VAP PRESS: 0.01 mmHg @ 20C
VAP DENSITY: 6.0
SOL. IN WATER: Insoluble
SP. GRAVITY: 1.22 @ 25/15.5C
APPEARANCE: Water white to pale yellow liquid.
ODOR: Sharp pungent odor.

3. FIRE AND EXPLOSION HAZARD DATA:

FLASH POINT: 127C (260F)
METHOD USED: PMCC, ASTM D-93

FLAMMABLE LIMITS
LFL: Not determined
UFL: Not determined

EXTINGUISHING MEDIA: Carbon dioxide, dry chemical, or foam. If water is used, it should be in very large quantity. The reaction between water and hot isocyanate may be vigorous.

FIRE & EXPLOSION HAZARDS: Down-wind personnel must be evacuated. Do not reseal contaminated containers since pressure build-up may cause rupture. Fire point: 146C (295F).

FIRE-FIGHTING EQUIPMENT: People who are fighting isocyanate fires must be protected against nitrogen oxide fumes and isocyanate vapors by wearing positive pressure self-contained breathing

(Continued on Page 2)
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3. FIRE AND EXPLOSION HAZARD DATA: (CONTINUED)

apparatus and full protective clothing.

4. REACTIVITY DATA:

STABILITY: (CONDITIONS TO AVOID) Stable when stored under recommended storage conditions. Store in a dry place at temperatures between 18-41C (65-105F).

INCOMPATIBILITY: (SPECIFIC MATERIALS TO AVOID) Water, acid, base, alcohols, metal compounds, surface active materials. Avoid water as it reacts to form heat, CO2 and insoluble urea. The combined effect of the CO2 and heat can produce enough pressure to rupture a closed container.

HAZARDOUS DECOMPOSITION PRODUCTS: Isocyanate vapor and mist, carbon dioxide, carbon monoxide, nitrogen oxides and traces of hydrogen cyanide.

HAZARDOUS POLYMERIZATION: May occur with incompatible reactants, especially strong bases, water or temperatures over 41C (105F).

5. ENVIRONMENTAL AND DISPOSAL INFORMATION:

ACTION TO TAKE FOR SPILLS/LEAKS:

Evacuate and ventilate spill area, dike spill to prevent entry into water system, wear full protective equipment including respiratory equipment during clean up.

Major spill: Call Dow Chemical U.S.A. (409) 238-2112. If transportation spill involved call CHEMTREC (800) 424-9300. If temporary control of isocyanate vapor is required a blanket of protein foam (available at most fire departments) may be placed over the spill. Large quantities may be pumped into closed but not sealed containers for disposal.

Minor spill: Absorb the isocyanate with sawdust or other absorbent and shovel into open top containers. Do not make pressure tight. Transport to a well-ventilated area (outside) and treat with neutralizing solution consisting of a mixture of

(Continued on Page 3)

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5. ENVIRONMENTAL AND DISPOSAL INFORMATION: (CONTINUED)

water and 3-8% concentrated ammonium hydroxide or 5-10% sodium carbonate. Add about 10 parts of neutralizer per part of isocyanate with mixing. Allow to stand for 48 hours letting evolved carbon dioxide to escape.

Clean-up: Decontaminate floor using water/ammonia solution with 1-2% added detergent letting stand over affected area for at least 10 minutes. Cover mops and brooms used for this with plastic and dispose properly (often by incineration).

DISPOSAL METHOD: Follow all federal, state and local regulations. Liquids are usually incinerated in a proper facility. Solids are usually also incinerated or landfilled. Empty drums should be filled with water. Let drum stand unsealed for 48 hours. Before disposal drums should be drained, triple rinsed, and holed to prevent reuse. Dispose of drain and rinse fluid according to federal, state and local laws and regulations. The most commonly accepted method is in an approved wastewater treatment facility. Drums should be disposed of in accordance with federal, state and local laws and regulations. Commonly accepted methods for disposal of plastic drums are disposal in an approved landfill after shredding or incineration in an approved industrial incinerator or other appropriate incinerator facility. Steel drums are commonly disposed in an approved landfill after crushing or in accordance with other approved procedures.

6. HEALTH HAZARD DATA:

EYE: May cause pain, severe eye irritation and moderate corneal injury. Vapors may irritate eyes.

SKIN CONTACT: Prolonged or repeated exposure may cause severe irritation, even a burn. Skin contact may result in allergic reaction even though it is not expected to result in absorption of amounts sufficient to cause other adverse effects.

SKIN ABSORPTION: The LD50 for skin absorption in rabbits is >9400 mg/kg.

(Continued on Page 4)

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6. HEALTH HAZARD DATA: (CONTINUED)

INGESTION: Single dose oral toxicity is low. The oral LD50 for rats is 5800 mg/kg. Ingestion may cause gastrointestinal irritation or ulceration.

INHALATION: Excessive vapor concentrations are attainable and could be hazardous on single exposure. Single and repeated excessive exposure may cause severe irritation to upper respiratory tract and lungs (choking sensation, chest tightness), respiratory sensitization, decreased ventilatory capacity, liver effects, cholinesterase depression, gastro-intestinal distress and/or neurologic disorders. The 4-hour LC50 for TDI for rats is 13.9 ppm.

SYSTEMIC & OTHER EFFECTS: Based on available data, repeated exposures are not anticipated to cause any additional significant adverse effects. For hazard communication purposes under OSHA standard 29 CFR Part 1910.1200, this chemical is listed as a potential carcinogen by Nat'l. Tox. Program and IARC. An oral study in which high doses of TDI were reported to cause cancer in animals has been found to contain numerous deficiencies which compromise the validity of the study. TDI did not cause cancer in laboratory animals exposed by inhalation, the most likely route of exposure. Birth defects are unlikely. Exposures having no effect on the mother should have no effect on the fetus. Did not cause birth defects in animals; other effects were seen in the fetus only at doses which caused toxic effects to the mother. Results of in vitro ("test tube") mutagenicity tests have been inconclusive.

7. FIRST AID:

EYES: Irrigate with flowing water immediately and continuously for 15 minutes. Consult medical personnel.

SKIN: In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Call a physician if irritation persists. Wash clothing before reuse. Destroy contaminated shoes.

INGESTION: Do not induce vomiting. Call a physician and/or

(Continued on Page 5)

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7. FIRST AID: (CONTINUED)

transport to emergency facility immediately.

INHALATION: Remove to fresh air. If not breathing, give mouth-to-mouth resuscitation. If breathing is difficult, give oxygen. Call a physician.

NOTE TO PHYSICIAN: May cause tissue destruction leading to stricture. If lavage is performed, suggest endotracheal and/or esophagoscopic control. If burn is present, treat as any thermal burn, after decontamination. No specific antidote. Supportive care. Treatment based on judgment of the physician in response to reactions of the patient. The manifestations of the respiratory symptoms, including pulmonary edema, resulting from acute exposure may be delayed. May cause respiratory sensitization. Cholinesterase inhibition has been noted in human exposure but is not of benefit in determining exposure and is not correlated with signs of exposure.

8. HANDLING PRECAUTIONS:

EXPOSURE GUIDELINE(S): OSHA PEL is 0.02 ppm as a ceiling limit for toluene 2,4-diisocyanate. ACGIH TLV is 0.005 ppm; 0.02 ppm STEL for toluene 2,4-diisocyanate. Dow Industrial Hygiene Guide is 0.02 ppm as a ceiling limit for toluene diisocyanate.

VENTILATION: Provide general and/or local exhaust ventilation to control airborne levels below the exposure guidelines.

RESPIRATORY PROTECTION: Atmospheric levels should be maintained below the exposure guideline. When respiratory protection is required for certain operations, use an approved supplied-air respirator. For emergency and other conditions where the exposure guideline may be greatly exceeded, use an approved positive-pressure self-contained breathing apparatus.

SKIN PROTECTION: Use protective clothing impervious to this material. Selection of specific items such as gloves, boots, apron, or full-body suit will depend on operation. Remove contaminated clothing immediately, wash skin area with soap and water, and launder clothing before reuse. Safety shower should

(Continued on Page 6)

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8. HANDLING PRECAUTIONS: (CONTINUED)

be located in immediate work area.

EYE PROTECTION: Use chemical goggles. If vapor exposure causes eye irritation, use a full-face, supplied-air respirator. Eye wash fountain should be located in immediate work area.

9. ADDITIONAL INFORMATION:

REGULATORY REQUIREMENTS:

SARA HAZARD CATEGORY: This product has been reviewed according to the EPA 'Hazard Categories' promulgated under Sections 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III) and is considered, under applicable definitions, to meet the following categories:

An immediate health hazard
A delayed health hazard
A reactive hazard

SPECIAL PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Warning properties of this material (irritation of eyes, nose and throat) not adequate to prevent chronic overexposure from inhalation. This material can produce asthmatic sensitization upon either single inhalation exposure to a relatively high concentration or upon repeated inhalation exposure to lower concentrations. Exposures to vapors of heated TDI can be extremely dangerous. (Have TDI neutralizer available for spills.)

MSDS STATUS: Revised Section 9

SARA 313 INFORMATION:
This product contains the following substances subject to the reporting requirements of section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372:

(Continued on Page 7)
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9. ADDITIONAL INFORMATION: (CONTINUED)

| CHEMICAL NAME | CAS NUMBER | CONCENTRATION | |
|---|---|---|---|
| TOLUENE-2,6-DIISOCYANATE | 000091-08-7 | 20 | % |
| TOLUENE-2,4-DIISOCYANATE | 000584-84-9 | 80 | % |

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The Information Herein Is Given In Good Faith, But No Warranty, Express Or Implied, Is Made. Consult The Dow Chemical Company For Further Information.

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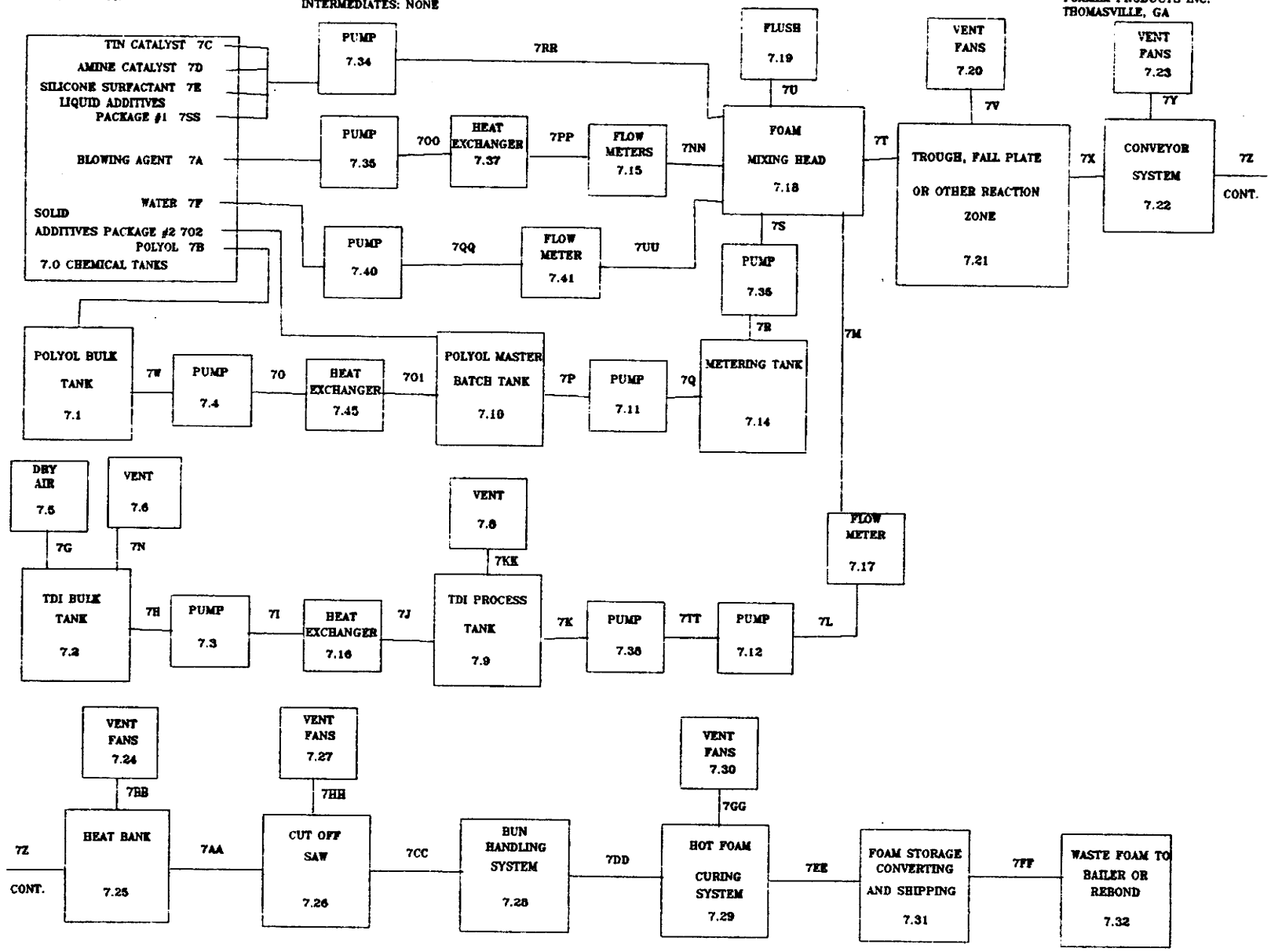
7.01 PROCESSOR

PROCESS TYPE: FLEXIBLE SLABSTOCK POLYURETHANE FOAM MANUFACTURING
INTERMEDIATES: NONE

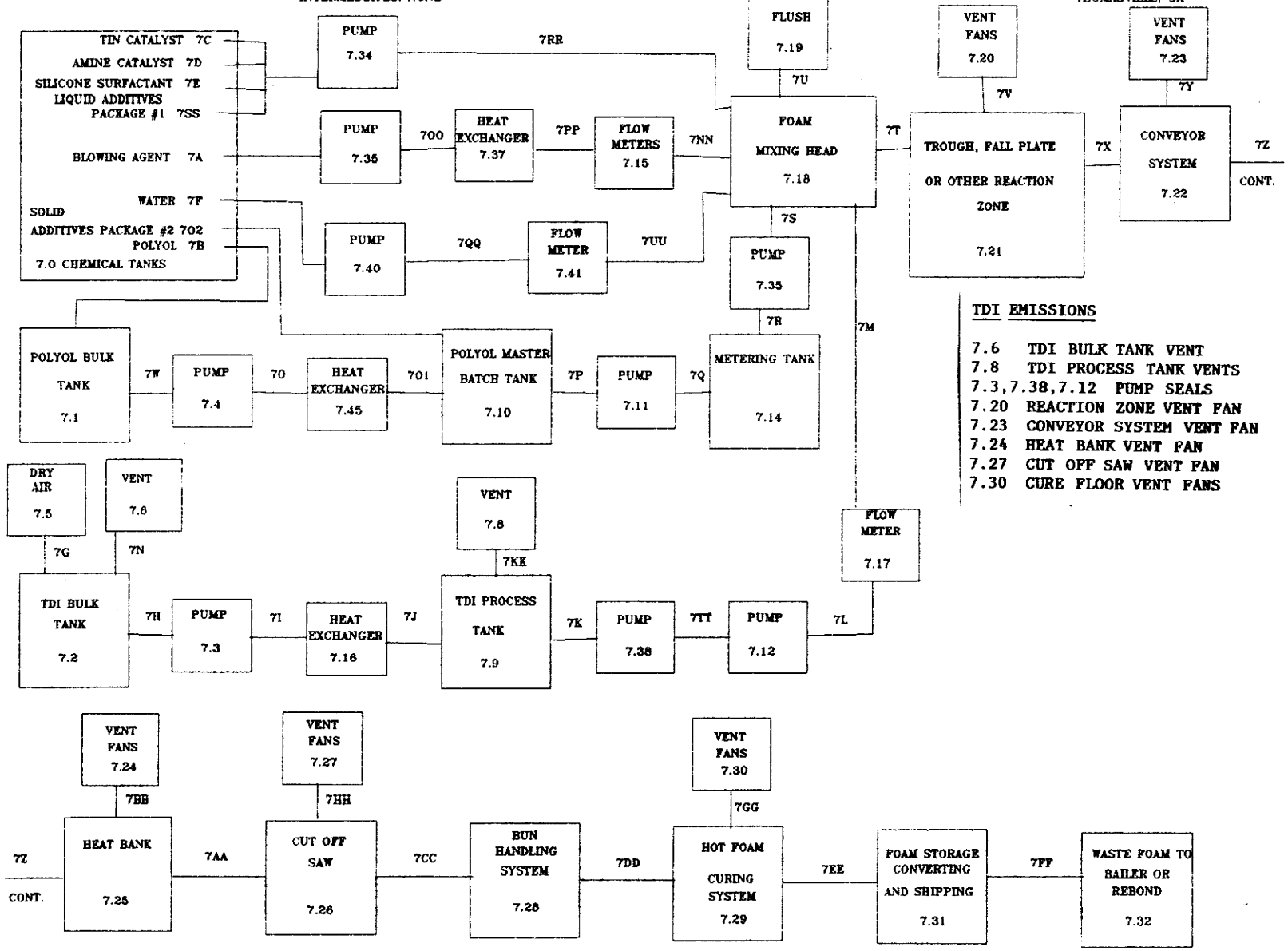
FOAMEX PRODUCTS INC.
THOMASVILLE, GA



7.01 PROCESSOR

PROCESS TYPE: FLEXIBLE SLABSTOCK POLYURETHANE FOAM MANUFACTURING
INTERMEDIATES: NONE

FOAMEX PRODUCTS INC.
THOMASVILLE, GA




**TDI EMISSIONS**

7.6 TDI BULK TANK VENT
7.8 TDI PROCESS TANK VENTS
7.3,7.38,7.12 PUMP SEALS
7.20 REACTION ZONE VENT FAN
7.23 CONVEYOR SYSTEM VENT FAN
7.24 HEAT BANK VENT FAN
7.27 CUT OFF SAW VENT FAN
7.30 CURE FLOOR VENT FANS

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| Unit Operation ID Number | Typical Equipment Type | Operating Temperature Range (°C) | Operating Pressure Range (mm Hg) | Vessel Composition |
|---|---|---|---|---|
| 7.5 | Air Dryer | 20-25 | Atmospheric | Steel |
| 7.6 | Pipe Vent | 20-25 | Atmospheric | Steel |
| 7.2 | Storage Tank | 20-25 | Atmospheric | Steel |
| 7.3 | Positive Disp. Pump | 20-25 | 2500 | Steel |
| 7.10 | Plate Heat Exchanger | 20-25 | 5000 | Steel |
| 7.8 | Exhaust Fan | 20-25 | Atmospheric | Steel |
| 7.9 | Holding Tank | 20-25 | Atmospheric | Steel |
| 7.38 | L.P. Positive Displacement Pump | 20-25 | 2500 | Steel |
| 7.12 | H.P. Piston Pump | 20-25 | 15000 | Steel |
| 7.17 | Flow Meter | 20-25 | 12000 | Steel/Glass |
| 7.24 | Exhaust Fan | 20-25 | Atmospheric | Steel |
| 7.25 | Heat Bank | 50-00 | "N/A" | Steel |
| 7.26 | Cut-off Saw | 20-25 | "N/A" | Steel |
| 7.27 | Exhaust Fan | 20-25 | Atmospheric | Steel |
| 7.28 | Mat'l. Handling/Transfer | 20-25 | "N/A" | "N/A" |
| 7.29 | Mat'l. Storage Area | 20-25 | "N/A" | "N/A" |
| 7.30 | Vent Fans | 20-25 | "N/A" | Steel |
| 7.31 | Slitting/Processing | 20-25 | "N/A" | "N/A" |
| 7.32 | Waste Handling/Disposal | 20-25 | "N/A" | "N/A" |

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Process Stream ID Code | b. Known Compounds[1] | c. Concentrations[2,3] (% or ppm) | d. Other Expected Compounds | e. Estimated Concentrations (% or ppm) |
|---|---|---|---|---|
| 7E - 7RR | Silicone | 100 | "N/A" | "N/A" |
| 7A, 700, 7PP, 7HH | Freon II or Meth. Chloride | 100 | "N/A" | "N/A" |
| 7F, 7QQ, 7NN | Water | 100 | "N/A" | "N/A" |
| 7SS - 7RR | Color - Liq. Additives | 100 | "N/A" | "N/A" |
| 702 | Solid Additives | 100 | "N/A" | "N/A" |
| | | | | |
| 7H, 7I, 7J, 7K, 7L, 7M | TDI | 99.9 | Hyd. Chloride | 0.1 |
| | | | | |
| 7TT-7X-7Z, 7AA, 7CC, 7DD, 7EE, 7FF | Polyurethane Foam | 100 | "N/A" | "N/A" |
| | | | | |
| | | | | |
| | | | | |

7.06 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

## SECTION 8 RESIDUAL TREATMENT GENERATION, CHARACTERIZATION, TRANSPORTATION, AND MANAGEMENT

General Instructions:

For questions 8.04-8.06, provide a separate response for each residual treatment block flow diagram provided in question 8.01, 8.02 or 8.03. Identify the process type from which the information is extracted.

For questions 8.05-8.33, the Stream Identification Codes are those process streams listed in either the Section 7 or Section 8 block flow diagrams which contain residuals for each applicable waste management method.

For questions 8.07-8.33, if residuals are combined before they are handled, list those Stream Identification Codes on the same line.

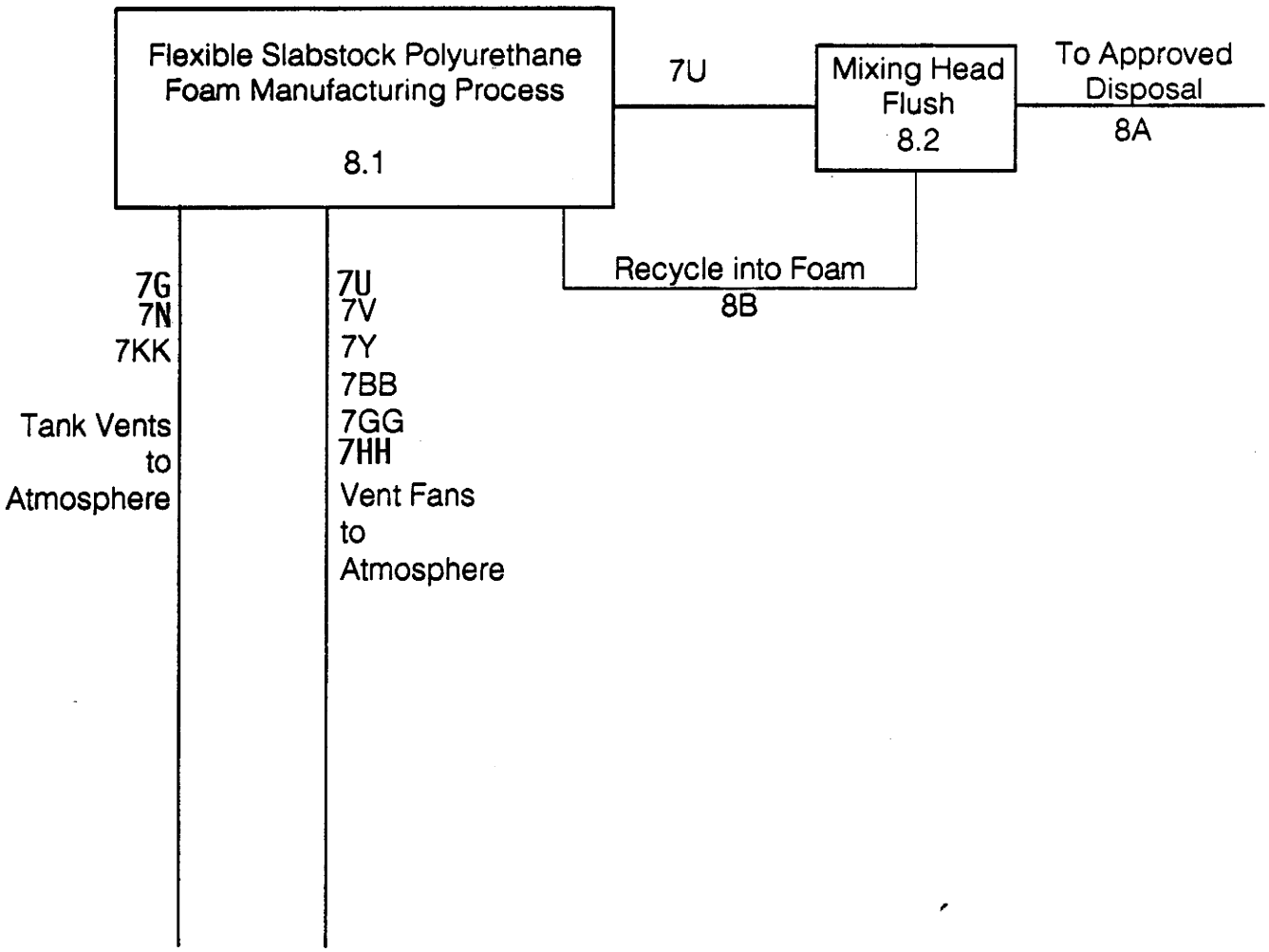
Questions 8.09-8.33 refer to the waste management activities involving the residuals identified in either the Section 7 or Section 8 block flow diagrams. Not all Stream Identification Codes used in the sample answers (e.g., for the incinerator questions) have corresponding process streams identified in the block flow diagram(s). These Stream Identification codes are for illustrative purposes only.

For questions 8.11-8.33, if you have provided the information requested on one of the EPA Office of Solid Waste surveys listed below within the three years prior to your reporting year, you may submit a copy or reasonable facsimile in lieu of answering those questions which the survey addresses. The applicable surveys are: (1) Hazardous Waste Treatment, Storage, Disposal, and Recycling Survey; (2) Hazardous Waste Generator Survey; or (3) Subtitle D Industrial Facility Mail Survey.

[__] Mark (X) this box if you attach a continuation sheet.

8.01

**PROCESS TYPE: Flexible Slabstock Polyurethane Foam Manufacturing Process**



PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Stream ID Code | b. Type of Hazardous Waste[1] | c. Physical State of Residual[2] | d. Known Compounds[3] | e. Concentrations (% or ppm)[4,5,6] | f. Other Expected Compounds | g. Estimated Concentrations (% or ppm) |
|---|---|---|---|---|---|---|
| 7Y | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7G | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7N | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7KK | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | | | | |
| | | | | | | |
| | | | | | | |

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Stream ID Code | b. Type of Hazardous Waste[1] | c. Physical State of Residual[2] | d. Known Compounds[3] | e. Concentrations (% or ppm)[4,5,6] | f. Other Expected Compounds | g. Estimated Concentrations (% or ppm) |
|---|---|---|---|---|---|---|
| 7BB | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | Meth. Chloride | | | |
| | | | Freon II | | | |
| | | | | | | |
| 7HH | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | Meth. Chloride | | | |
| | | | Freon II | | | |
| | | | | | | |
| 7GG | T | GU | TDI | "UK" | "UK" | "UK" |
| | | | Meth. Chloride | | | |
| | | | Freon II | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Stream ID Code | b. Waste Description Code[1] | c. Management Method Code[2] | d. Residual Quantities (kg/yr) | e. Management of Residual (%) On-Site | e. Management of Residual (%) Off-Site | f. Costs for Off-Site Management (per kg) | g. Changes in Management Methods |
|---|---|---|---|---|---|---|---|
| 7Y | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7G | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7N | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7KK | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

[1]Use the codes provided in Exhibit 8-1 to designate the waste descriptions

[2]Use the codes provided in Exhibit 8-2 to designate the management methods

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

| a. Stream ID Code | b. Waste Description Code[1] | c. Management Method Code[2] | d. Residual Quantities (kg/yr) | e. Management of Residual (%) On-Site | e. Management of Residual (%) Off-Site | f. Costs for Off-Site Management (per kg) | g. Changes in Management Methods |
|---|---|---|---|---|---|---|---|
| 7BB | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7HH | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7GG | B91 | M5a | "UK" | "N/A" | "N/A" | "N/A" | "N/A" |
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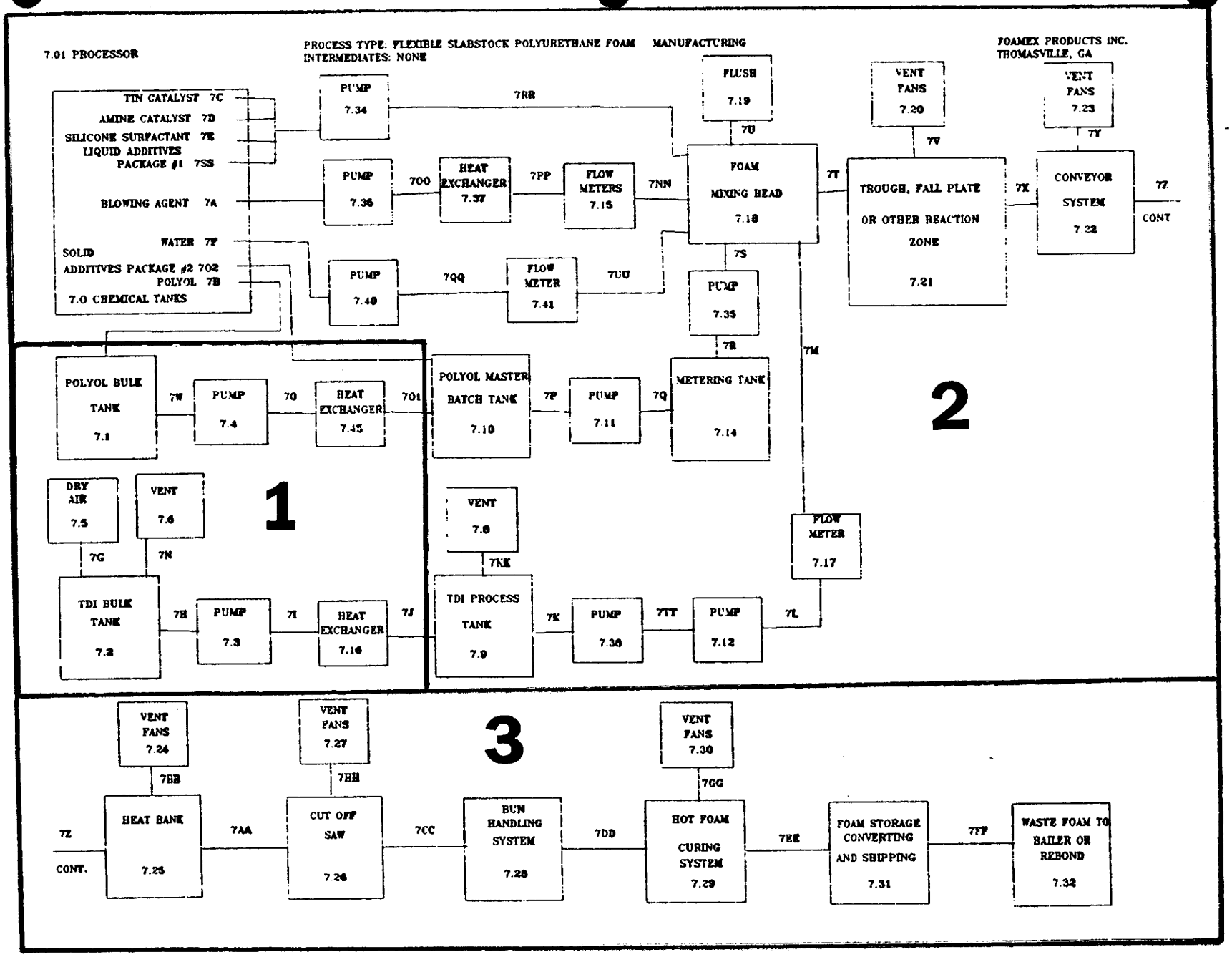
[1]Use the codes provided in Exhibit 8-1 to designate the waste descriptions

[2]Use the codes provided in Exhibit 8-2 to designate the management methods

[ ] Mark (X) this box if you attach a continuation sheet.


7.01 PROCESSOR
PROCESS TYPE: FLEXIBLE SLABSTOCK POLYURETHANE FOAM MANUFACTURING
INTERMEDIATES: NONE
FOAMEX PRODUCTS INC.
THOMASVILLE, GA
TIN CATALYST 7C
AMINE CATALYST 7D
SILICONE SURFACTANT 7E
LIQUID ADDITIVES PACKAGE #1 7SS
BLOWING AGENT 7A
WATER 7F
SOLID ADDITIVES PACKAGE #2 7O2
POLYOL 7B
7.0 CHEMICAL TANKS
PUMP 7.34
PUMP 7.36
PUMP 7.40
7RR
7OO
HEAT EXCHANGER 7.37
7PP
FLOW METERS 7.15
7NN
FLOW METER 7.41
7UU
FLUSH 7.19
7U
FOAM MIXING HEAD 7.18
7S
PUMP 7.35
7R
7T
VENT FANS 7.20
7V
TROUGH, FALL PLATE OR OTHER REACTION ZONE 7.21
7X
VENT FANS 7.23
7Y
CONVEYOR SYSTEM 7.22
7Z
CONT
7M
FLOW METER 7.17
POLYOL BULK TANK 7.1
7W
PUMP 7.4
7O
HEAT EXCHANGER 7.45
7O1
POLYOL MASTER BATCH TANK 7.10
7P
PUMP 7.11
7Q
METERING TANK 7.14
2
DRY AIR 7.5
7G
VENT 7.6
7N
1
TDI BULK TANK 7.2
7H
PUMP 7.3
7I
HEAT EXCHANGER 7.16
7J
VENT 7.8
7KK
TDI PROCESS TANK 7.9
7K
PUMP 7.38
7TT
PUMP 7.12
7L
3
VENT FANS 7.24
7BB
VENT FANS 7.27
7HH
VENT FANS 7.30
7GG
7Z
CONT.
HEAT BANK 7.25
7AA
CUT OFF SAW 7.26
7CC
BUN HANDLING SYSTEM 7.28
7DD
HOT FOAM CURING SYSTEM 7.29
7EE
FOAM STORAGE CONVERTING AND SHIPPING 7.31
7FF
WASTE FOAM TO BAILER OR REBOND 7.32

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process #2

Work area .....

| Labor Category | Number of Workers Exposed | Mode of Exposure (e.g., direct skin contact) | Physical State of Listed Substance[1] | Average Length of Exposure Per Day[2] | Number of Days per Year Exposed |
|---|---|---|---|---|---|
| A | 1 | Fumes - Inhalation | GU | B | 208 |
| B | 1 | Fumes - Inhalation | GU | B | 208 |
| C | 1 | Fumes - Inhalation | GU | B | 208 |
| D | 1 | Fumes - Inhalation | GU | B | 208 |
| F | 1 | Fumes - Inhalation | GU | B | 208 |
| I | 1 | Fumes - Inhalation | GU | B | 208 |
| J | 1 | Fumes - Inhalation | GU | B | 208 |
| | | | | | |
| | | | | | |
| | | | | | |

[1]Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2]Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[ ] Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #3

| Labor Category | Number of Workers Exposed | Mode of Exposure (e.g., direct skin contact) | Physical State of Listed Substance[1] | Average Length of Exposure Per Day[2] | Number of Days per Year Exposed |
|---|---|---|---|---|---|
| E | 1 | Fumes - Inhalation | GU | B | 208 |
| F | 1 | Fumes - Inhalation | GU | B | 208 |
| G | 2 | Fumes - Inhalation | GU | B | 208 |
| H | 2 | Fumes - Inhalation | GU | B | 208 |
| I | 1 | Fumes - Inhalation | GU | B | 208 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

[1]Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2]Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[ ] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #2

| Labor Category | 8-hour TWA Exposure Level (ppm, mg/m$^3$, other-specify) | 15-Minute Peak Exposure Level (ppm, mg/m$^3$, other-specify) |
|---|---|---|
| A | .001 PPM | .0045 PPM |
| B | .001 PPM | .0015 PPM |
| C | "UK" | "UK" |
| D | .001 PPM | .0032 PPM |
| F | "UK" | "UK" |
| I | .001 PPM | .0050 PPM |
| J | "UK" | "UK" |
| | | |
| | | |
| | | |

[ ] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #3

| Labor Category | 8-hour TWA Exposure Level (ppm, mg/m$^3$, other-specify) | 15-Minute Peak Exposure Level (ppm, mg/m$^3$, other-specify) |
|---|---|---|
| E | .0013 PPM | .01 PPM |
| F | "UK" | "UK" |
| G | .001 PPM | .0030 PPM |
| H | .001 PPM | .0025 PPM |
| I | "UK" | "UK" |
| | | |
| | | |
| | | |
| | | |
| | | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #2

| Engineering Controls | Used (Y/N) | Year Installed | Upgraded (Y/N) | Year Upgraded |
|---|---|---|---|---|
| Ventilation: | | | | |
| Local exhaust | Y | 1974 | N | "N/A" |
| General dilution | N | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | "N/A" | "N/A" | "N/A" | "N/A" |
| Vessel emission controls | "N/A" | "N/A" | "N/A" | "N/A" |
| Mechanical loading or packaging equipment | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #3

| Engineering Controls | Used (Y/N) | Year Installed | Upgraded (Y/N) | Year Upgraded |
|---|---|---|---|---|
| Ventilation: | | | | |
| Local exhaust | Y | 1974 | N | "N/A" |
| General dilution | N | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | "N/A" | "N/A" | "N/A" | "N/A" |
| Vessel emission controls | "N/A" | "N/A" | "N/A" | "N/A" |
| Mechanical loading or packaging equipment | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #2

| Equipment or Process Modification | Reduction in Worker Exposure Per Year (%) |
|---|---|
| | |
| Added more exhaust in Pour Line area | "UK" |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[__] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #3

| Equipment or Process Modification | Reduction in Worker Exposure Per Year (%) |
|---|---|
| | |
| Revised exhaust system at end of pour line. | "UK" |
| | |
| | |

[__] Mark (X) this box if you attach a continuation sheet.

## PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #2

| Equipment Types | Wear or Use (Y/N) |
|---|---|
| Respirators | Y |
| Safety goggles/glasses | Y |
| Face shields | Y |
| Coveralls | N |
| Bib aprons | N |
| Chemical-resistant gloves | Y |
| Other (specify) | |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #3

| Equipment Types | Wear or Use (Y/N) |
|---|---|
| Respirators | Y |
| Safety goggles/glasses | Y |
| Face shields | N |
| Coveralls | N |
| Bib aprons | N |
| Chemical-resistant gloves | Y |
| Other (specify) | |
| | |
| | |

[ ] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

[ ]

Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #1

1) Employee's are monitored on regular basis.

2) Employee's are trained to handle hazardous substances - Right-To-Know.

3) Safety equipment is required at all times during exposure periods.

4) Areas are well marked and restricted to authorized personnel only.

5) Areas are properly ventilated.

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type .....

Work area .....

| Housekeeping Tasks | Less Than Once Per Day | 1-2 Times Per Day | 3-4 Times Per Day | More Than 4 Times Per Day |
|---|---|---|---|---|
| Sweeping | X | "N/A" | "N/A" | "N/A" |
| Vacuuming | "N/A" | "N/A" | "N/A" | "N/A" |
| Water flushing of floors | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |

[✓] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

[ ]

Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #2

1) Employee's are monitored on regular basis.

2) Employee's are trained to handle hazardous substances - Right-To-Know.

3) Safety equipment is required at all times during exposure periods.

4) Areas are well marked and restricted to authorized personnel only.

5) Areas are properly ventilated.

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type .....

Work area .....

| Housekeeping Tasks | Less Than Once Per Day | 1-2 Times Per Day | 3-4 Times Per Day | More Than 4 Times Per Day |
|---|---|---|---|---|
| Sweeping | X | "N/A" | "N/A" | "N/A" |
| Vacuuming | "N/A" | "N/A" | "N/A" | "N/A" |
| Water flushing of floors | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |

[✓] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

[ ]

Process type ..... Flexible Slabstock Polyurethane Manuf. Process

Work area ..... #3

1) Employee's are monitored on regular basis.

2) Employee's are trained to handle hazardous substances - Right-To-Know.

3) Safety equipment is required at all times during exposure periods.

4) Areas are well marked and restricted to authorized personnel only.

5) Areas are properly ventilated.

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type .....

Work area .....

| Housekeeping Tasks | Less Than Once Per Day | 1-2 Times Per Day | 3-4 Times Per Day | More Than 4 Times Per Day |
|---|---|---|---|---|
| Sweeping | X | "N/A" | "N/A" | "N/A" |
| Vacuuming | "N/A" | "N/A" | "N/A" | "N/A" |
| Water flushing of floors | "N/A" | "N/A" | "N/A" | "N/A" |
| Other (specify) | | | | |
| | | | | |

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7KK

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |

Total = 100%

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7V

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |

Total = 100%

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7U

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |

Total = 100%

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7Y

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |
| | Total = 100% |

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7BB

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |

Total = 100%

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7HH

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |

Total = 100%

[✓] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ] Point source ID code ..... Flexible Slabstock Polyurethane 7GG

| Size Range (microns) | Mass Fraction (% ± % precision) |
|---|---|
| < 1 | "N/A" |
| ≥ 1 to < 10 | "N/A" |
| ≥ 10 to < 30 | "N/A" |
| ≥ 30 to < 50 | "N/A" |
| ≥ 50 to < 100 | "N/A" |
| ≥ 100 to < 500 | "N/A" |
| ≥ 500 | "N/A" |
| | Total = 100% |

[X] Mark (X) this box if you attach a continuation sheet.