

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u> Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>

Important: Read all instructions before completing form

Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ <u>Blue Strip 58 (chlorinated solvent)</u> _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>01</u> <u>74</u> 1060 530	<u>D14</u> <u>Air Lock Coordinates Cl</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ <u>Cellosolve Solvent (2-Ethoxyethanol)</u> _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>300</u> 110 55	<u>D14</u> <u>Air Lock Cl</u> _____ _____ _____

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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Chloride Solution</u> <u>(FeCl3)</u> _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>01</u> <u>44</u>	<u>G14</u> <u>Engraving Storage Area C-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Oxygen Liquid</u> _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>01</u> <u>11</u> 1362 545	<u>L27</u> <u>Welding Shop E-2</u> <u>L27</u> <u>Applicator Roll E-3</u> _____ _____ _____

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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Helium</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>21</u> 9 4	<u>L24</u> <u>Cyl Gas Storage E-3</u> <u>L24</u> <u>Applicator Roll E-3</u> _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Kerosene</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>171</u> 698 340	<u>D14</u> <u>Large Machine Shop F-2</u> <u>D14</u> <u>Chemical Storage Shed C-2</u> _____ _____

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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Nitrogen Liquid</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>21</u> <u>22</u> <u>11</u>	<u>L27</u> <u>Welding Shop E-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Propane</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u> <u>3400</u> <u>2869</u>	<u>A24</u> <u>Above Grd Tank 1000 Gal F-3</u> <u>L24</u> <u>100 Gal. Cyl F-2</u> _____ _____ _____

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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Carbon Dioxide</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	 <u>01</u> <u>00</u> <u>32</u> 100 50	<u>L24</u> <u>Applicator Roll E-3</u> <u>L24</u> <u>Gas Cyl Storage E-3</u> _____ _____
CAS <u>647415-33</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Emulsun 51</u> <u>Heavy Naphtenie Distillate</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	 <u>02</u> <u>01</u> <u>21</u> 1000 500	<u>D14</u> <u>Large Machine Shop F-2</u> _____ _____ _____

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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>68</u> 285 143	<u>D14</u> <u>Beside Saw Shop E-3</u> <u>G14</u> <u>Small Plating Storage E-2</u> <u>A14</u> <u>Above Grd Tank</u> _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Acetylene C2H2</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>00</u> <u>18</u> 112 56	<u>L24</u> <u>Gas Cyl Storage E-3</u> <u>L24</u> <u>Applicator Roll E-3</u> <u>L24</u> <u>Welding Shop E-2</u> _____ _____

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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Argon</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">00</td> <td style="border-bottom: 1px solid black; width: 33%;">00</td> <td style="border-bottom: 1px solid black; width: 33%;">38</td> </tr> <tr> <td style="border-bottom: 1px solid black;">35</td> <td style="border-bottom: 1px solid black;">17</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	00	00	38	35	17		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">L24</td> <td style="border-bottom: 1px solid black; width: 66%;">Gas Cyl Storage E-3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">L24</td> <td style="border-bottom: 1px solid black;">Applicator Roll E-3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">L24</td> <td style="border-bottom: 1px solid black;">Welding Shop E-2</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	L24	Gas Cyl Storage E-3	L24	Applicator Roll E-3	L24	Welding Shop E-2				
00	00	38																	
35	17																		
L24	Gas Cyl Storage E-3																		
L24	Applicator Roll E-3																		
L24	Welding Shop E-2																		
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Asphalt Roof Coating</u> <u>(aliphatic hydrocarbons 42% &</u> <u>aromatic hydrocarbons 3%)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">00</td> <td style="border-bottom: 1px solid black; width: 33%;">00</td> <td style="border-bottom: 1px solid black; width: 33%;">122</td> </tr> <tr> <td style="border-bottom: 1px solid black;">41</td> <td style="border-bottom: 1px solid black;">19</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	00	00	122	41	19		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">D14</td> <td style="border-bottom: 1px solid black; width: 66%;">Mill Roll Storage D-3</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	D14	Mill Roll Storage D-3								
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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Varsol (mineral spirits and water)</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	 <u>01</u> <u>01</u> <u>190</u> 306 180	<u>D14</u> <u>Chemical Shed C-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Chemtreat BL-151 (blend of amines)</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	 <u>01</u> <u>01</u> <u>492</u>	<u>D14</u> <u>Boiler Room C-1</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>	Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	

Important: Read all instructions before completing form

Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) <i>Storage Code Storage Locations</i>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Inhibisol</u> <u>(Inhibited Methyl Chloroform)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	 <u>01</u> <u>01</u> <u>466</u> 328 178	<u>D14</u> <u>Maintenance Shop F-2</u>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Plasma Spray Powder</u> <u>(Metal Alloy Powder)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	 <u>00</u> <u>00</u> <u>211</u> 240 160	<u>J14</u> <u>Applicator Roll E-3</u>

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>	Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	

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Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>1,1,1 Trichloroethane</u> <u>(Methyl Chloroform)</u> _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>400</u>	<u>D14</u> <u>Applicator Roll E-3</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Tungston Carbide</u> <u>cobalt powder</u> _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>380</u> <u>5</u> <u>3</u>	<u>I14</u> <u>Applicator Roll E-3</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>	Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	

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Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory			Storage Codes and Locations <small>(Non-Confidential)</small>	
		Max. Daily Amount <small>(code)</small>	Avg. Daily Amount <small>(code)</small>	No. of Days On-site <small>(days)</small>	Storage Code	Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Aluminum Oxide</u> <u>Titanium Oxide</u> _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>00</u> 5	<u>00</u> 4	<u>420</u> 	<u>J14</u> _____ _____ _____	<u>Applicator Roll E-3</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Hydrogen</u> _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> 2	<u>00</u> 1	<u>67</u> 	<u>L24</u> _____ _____ _____	<u>Gas Cyl Storage E-3</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u> Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>

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Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory <small>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)</small>	Storage Codes and Locations <small>(Non-Confidential)</small> <small>Storage Code Storage Locations</small>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Metal Cleaner 58</u> <u>Electrocleaner for Copper & Steel</u> <hr/> <small>Check all that apply:</small> <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u> 6200 5300 1800 dry 4400 in solution	<u>D14</u> <u>Upstairs Small Plating E-2</u> <u>B14</u> <u>Tank E-2</u> <hr/> <hr/> <hr/> <hr/>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Nickel Chloride Solution</u> <hr/> <small>Check all that apply:</small> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>665</u> 613 320	<u>E14</u> <u>Upstairs Small Plating E-2</u> <hr/> <hr/> <hr/> <hr/>

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>	Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	

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Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory <small>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)</small>	Storage Codes and Locations <small>(Non-Confidential)</small> <small>Storage Code Storage Locations</small>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Motor Oil SAE30</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ _____ <u>246</u> 400 200	<u>D14</u> <u>Large Shop F-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Clepo 194-CX</u> <u>(Acid Salt)</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ _____ <u>360</u> 7100 5950	<u>I14</u> <u>Small Dechrome Area D-2</u> <u>A15</u> <u>Large Dech. Tank Large Plating B-3</u> <u>A15</u> <u>Small Dechrome Tank D-2</u> _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
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Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory <small>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)</small>	Storage Codes and Locations <small>(Non-Confidential)</small> <small>Storage Code Storage Locations</small>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Copper Sulfate</u> _____ _____ <small>Check all that apply:</small> <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	 <u>03</u> <u>03</u> <u>360</u> 18,349 17,849	<u>J14</u> <u>Upstairs Small Plating Shop E-2</u> <u>A14</u> <u>Large & Small Plating Tanks (B-3) & (F-2)</u> _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydrosulfite Blend</u> _____ _____ <small>Check all that apply:</small> <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	 <u>01</u> <u>01</u> <u>10</u> 750 375	<u>D14</u> <u>Treatment Plant B-2</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
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Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory			Storage Codes and Locations <small>(Non-Confidential)</small>	
		Max. Daily Amount <small>(code)</small>	Avg. Daily Amount <small>(code)</small>	No. of Days On-site <small>(days)</small>	Storage Code	Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Nickel Sulfate</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>02</u> 1563	<u>02</u> 1522	<u>365</u> _____	<u>D14</u> <u>A15</u> <u>A15</u> _____ _____	<u>Upstairs Small Plating Shop E-2</u> <u>Large Plating Shop B-3</u> <u>Small Plating Shop E-2</u> _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Chromic Acid</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	_____ 12,000	_____ 11,100	<u>365</u> _____	<u>D14</u> <u>A15</u> <u>B15</u> _____ _____	<u>Upstairs Small Plating Shop E-2</u> <u>Large Plating Shop B-3</u> <u>Small Plating Shop E-2</u> _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>	Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>
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CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Varzol</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>190</u> <u>360</u> <u>180</u>	<u>D14</u> <u>Chemical Shed C-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Caustic Soda</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>01</u> <u>9</u> <u>1950</u> <u>975</u>	<u>D14</u> <u>Treatment Plant B-2</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u> Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>

Important: Read all instructions before completing form

Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Anhydrous Ammonia</u> <u>(NH₃)</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>380</u> 150 110	<u>L24</u> <u>Assembly Area D-3</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Naphtha</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>17</u> 696 348	<u>D14</u> <u>Chemical Shed C-2</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	For ID # <u>IA90-0236</u> Official Use Only Date Received <u>10/1/90</u>	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u> Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>

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Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory <small>Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)</small>	Storage Codes and Locations <small>(Non-Confidential)</small> <i>Storage Code Storage Locations</i>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Oakite 33</u> <u>65% Phosphoric Acid and</u> <u>18% 2-Butoxylathanol</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>107</u> 618 309	<u>D14</u> <u>Air Lock C-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Toluene</u> _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>36</u> 365 18	<u>D14</u> <u>Chemical Shed C-2</u> _____ _____ _____

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Roto Plate International, Inc.</u> Street Address <u>56 Industrial Way</u> City <u>Cedar Rapids</u> State <u>IA</u> Zip <u>52401</u> SIC Code <u>3471</u> Dun & Brad Number <u>58-771-5481</u>	Owner/Operator Name Name <u>Roto Plate International, Inc.</u> Phone <u>(319)-555-1212</u> Mail Address <u>56 Industrial Way Cedar Rapids, IA 52401</u>
	Emergency Contact Name <u>Carl Franklin</u> Title <u>Emergency Coordinator</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>	Name <u>E.W. Caphart, Jr.</u> Title <u>Executive Vice President</u> Phone <u>(319)-555-1212</u> 24 Hr. Phone <u>(319)-555-1212</u>
	For Official Use Only ID # <u>IA90-0236</u> Date Received <u>10/1/90</u>	

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Reporting Period from January 1 to December 31, 1990

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Isopropyl Alcohol</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ _____ <u>420</u> <u>400</u> <u>200</u>	<u>D14</u> <u>Chemical Storage Shed C-2</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Methyl Ethyl Acton</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ _____ <u>17</u> <u>02</u> <u>01</u>	<u>D14</u> <u>Chemical Shed C-2</u> _____ _____ _____

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name <u>Hydrochloric Acid (HCl)</u> _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>21</u> 4000 2000	<u>E14</u> <u>Mill Roll Storage E-3</u> _____ _____ _____
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ _____ _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____

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