

## INSTRUCTIONS FOR COMPLETION OF ENVIRONMENTAL HAZARD SURVEY FORM

The Environmental Hazard Survey Form is a document that provides information on Environmental Hazards listed on the Hazardous Substance Lists which are emitted, discharged or disposed of from a workplace. This information is to be provided to the extent that such information or reports are required under current provisions of federal, state, county or municipal law.

In lieu of completing the Discharge/Emission of Environmental Hazards (Part II) and Hazardous Wastes (Part III) sections of this form, an employer may provide his/her list of environmental hazards and any reports or portions thereof, required by current provisions of federal, state, county or municipal law, which contains the information specified in the regulations. If you intend to attach these reports, complete only items 1 through 13.

To determine if you are required to complete this form, answer **YES** or **NO** to the following questions:

- Does your facility have any environmental hazards (EHs) present anywhere in your facility? Use your most recent Hazardous Substance Survey Form to determine the presence of environmental hazards.
- If EHs were or are present in your facility, were or are any of them emitted, discharged, and/or disposed of from your facility?
- Does your facility have any permits and/or waste manifests for these EHs from any federal, state or local government agency?
- If you did not answer **YES** to all three questions, only complete Items 1 through 13 on the form and return.
- If you did answer **YES** to all three questions, then you must complete Items 1 through 13 and attach copies of appropriate permits or manifests in lieu of completing Parts II and III.

Please do not submit the Environmental Hazard Survey Form to the Department of Labor & Industry unless requested in writing by the department.

**Item 1. Company Name**

**Item 2. Federal Employer Identification Number**

Please provide. This number can usually be obtained from the company's accounting department, budget or comptroller's office.

**Item 3. Division or Plant Name**

**Item 4. Workplace Covered By This Form**

Provide the name of the specific workplace for which the Environmental Hazard Survey Form is being completed. A workplace is defined by the act as "Any building or work area or contiguous group of buildings or work areas at one geographical location composing a plant site in the commonwealth used by the employer on a permanent or temporary basis to conduct business."

**Item 5. Street Address of the Workplace**

Provide the actual/physical location of the workplace.

**Item 6. Mailing Address**

Provide the mailing address for the workplace if different from the street address.

**Item 7. Telephone Number**

Provide the appropriate telephone number (including area code and extension) to receive calls regarding the Environmental Hazard Survey Form.

**Item 8. County Name and Code**

Provide the appropriate county name and code (showing the location of the workplace) from the table on the reverse side of this form.

## PENNSYLVANIA COUNTIES AND CODES

COUNTY	CODE	COUNTY	CODE	COUNTY	CODE	COUNTY	CODE
Adams .....	01	Clinton.....	18	Lackawanna .....	35	Pike.....	52
Allegheny.....	02	Columbia .....	19	Lancaster .....	36	Potter .....	53
Armstrong.....	03	Crawford.....	20	Lawrence .....	37	Schuylkill .....	54
Beaver.....	04	Cumberland .....	21	Lebanon.....	38	Snyder.....	55
Bedford.....	05	Dauphin.....	22	Lehigh .....	39	Somerset .....	56
Berks.....	06	Delaware .....	23	Luzerne .....	40	Sullivan.....	57
Blair .....	07	Elk .....	24	Lycoming .....	41	Susquehanna .....	58
Bradford .....	08	Erie .....	25	McKean.....	42	Tioga.....	59
Bucks .....	09	Fayette .....	26	Mercer .....	43	Union .....	60
Butler .....	10	Forest.....	27	Mifflin .....	44	Venango .....	61
Cambria.....	11	Franklin .....	28	Monroe.....	45	Warren .....	62
Cameron.....	12	Fulton .....	29	Montgomery.....	46	Washington .....	63
Carbon .....	13	Greene .....	30	Montour.....	47	Wayne.....	64
Centre .....	14	Huntingdon .....	31	Northampton .....	48	Westmoreland .....	65
Chester.....	15	Indiana .....	32	Northumberland.....	49	Wyoming .....	66
Clarion.....	16	Jefferson.....	33	Perry .....	50	York .....	67
Clearfield .....	17	Juniata.....	34	Philadelphia.....	51	Out-of-State .....	99

**Item 9. Name of Employer or Employer Representative, Title and Date**

Provide the name and title of the employer or employer representative responsible for the information on the Environmental Hazard Survey Form. Provide the date the form was prepared.

**Item 10. Business Address of Signatory**

Provide the business address of the employer or employer representative completing the Environmental Hazard Survey Form.

**Item 11. Reportable Environmental Hazard(s)**

This item is self-explanatory. If your plant emits, discharges or disposes one or more of the environmental hazards, you must complete the remainder of the form. If your plant does not emit, discharge or dispose of any such environmental hazards, you do not need to complete the rest of the form. Simply complete Items 1 through 13 and return to the Department of Labor & Industry. Refer to initial paragraphs of the instructions for a detailed explanation for the applicable reporting requirements.

**Item 12. Report Year**

The report year is the twelve (12) month period prior to completion of the form. For example, a form completed on July 1, 2014, would have a report year from July 1, 2013, through July 1, 2014.

If you need assistance or more information, please contact:

Commonwealth of Pennsylvania  
 Department of Labor & Industry  
 Bureau of Workers' Compensation  
 Health and Safety Division  
 1171 S. Cameron Street, Room 324  
 Harrisburg, PA 17104

PHONE: 717-772-1635  
 FAX: 717-783-6365

EMAIL: RA-LI-BWC-SAFETY@pa.gov

**ENVIRONMENTAL HAZARD SURVEY FORM**  
**Pennsylvania Worker and Community Right to Know Act**

**PART I**

1. Name of company		2. Federal Employer Identification Number		
3. Division or plant name		4. Workplace covered by this form		
5. Street address of workplace		City	State	ZIP
6. Mailing address (if different)				
7. Telephone		8. County		County code
9. Name of employer or employer representative		Title		Date
10. Business address of signatory				
11. Does this plant emit, discharge or dispose of any of the environmental hazards as indicated on the hazardous substance lists published by the Department of Labor & Industry?      Yes <input type="checkbox"/> No <input type="checkbox"/>  If answer to item 11 is Yes, complete the entire environmental hazard survey for your workplace and return. Keep a copy of the completed forms for your files.  If answer to item 11 is No, complete items 1 thru 13 and return only this portion of the survey.				
12. All environmental hazards present at workplace during report year: From _____ Thru _____				
13. Signature of employer or employer representative				
Chemical Abstracts Service Number (A)	Chemical Name of Environmental Hazard (B)	Type of Discharge Emission or Disposal (C)		



**ENVIRONMENTAL HAZARD SURVEY FORM**  
**Pennsylvania Worker and Community Right to Know Act**

**Discharge/Emission of Environmental Hazards**  
**PART II**

A. Company name \_\_\_\_\_

B. Federal Employer Identification Number 

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C. Chemical Abstracts Service Number \_\_\_\_\_

D. Environmental Hazard Substance Name \_\_\_\_\_

E. Description of treatment

F. Emission/discharge loading or concentration (Complete 1 or 2):

1. a. Volume \_\_\_\_\_

    b. Concentration \_\_\_\_\_

2. a. Loading \_\_\_\_\_

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**Hazardous Wastes**  
**PART III**

A. Company name \_\_\_\_\_

B. Federal Employer Identification Number 

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C. Environmental Protection Agency Identification Number \_\_\_\_\_

D. Chemical Abstracts Service Number \_\_\_\_\_

E. Hazardous waste name \_\_\_\_\_

F. 1. Total volume of waste containing the environmental hazard \_\_\_\_\_

2. Concentration/amount of waste \_\_\_\_\_

G. Description of on-site storage (Accumulation)

H. Method of disposal (Type of hazardous waste activity)

I. Transporter of waste:

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
City County State ZIP

3. Transporter's license number \_\_\_\_\_

4. Environmental Protection Agency Identification Number \_\_\_\_\_

J. Final disposal site:

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
City County State ZIP

3. Environmental Protection Agency Identification Number \_\_\_\_\_