

Massachusetts Department of Environmental Protection Bureau of Air & Waste - Toxics Use Reduction (TUR) Program

TUR/NA – Not Subject to Reporting Form

A. Facility Information – Please type or print

Facility Name

MassDEP Facility ID#

Facility Address

City/Town

MA

State

Zip Code

Contact Email Address (Required)

Contact Telephone Number

B. Non-Applicability Explanation – Complete and check all applicable fields and boxes.

Annual reporting under the Toxics Use Reduction Act was not applicable to this facility for the reason(s) indicated below.

Reason (Check all that apply)

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Facility Employed Fewer Than 10 Full-Time Equivalents (FTEs) in Reporting Year - See [FTE Determination Guidance](#)

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Facility does not utilize any [TURA listed Chemicals](#) above the listed reporting thresholds

C. Certification Statement

“I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

Full Name of Senior Management Official

Title of Senior Management Official

Company Name

Signature of Senior Management Official

Date (MM/DD/YYYY)

Submit a scan of this completed and signed form to: tura.program@mass.gov