

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

TUR/NA – Non-Applicability 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 in Reporting Year _____ for chemical(s) and reason(s) indicated below.

CAS#	Chemical Name	Reason (Check all that apply)		
_____	_____	<input type="checkbox"/> DNU	<input type="checkbox"/> BT	<input type="checkbox"/> EL
_____	_____	<input type="checkbox"/> DNU	<input type="checkbox"/> BT	<input type="checkbox"/> EL
_____	_____	<input type="checkbox"/> DNU	<input type="checkbox"/> BT	<input type="checkbox"/> EL
_____	_____	<input type="checkbox"/> DNU	<input type="checkbox"/> BT	<input type="checkbox"/> EL
_____	_____	<input type="checkbox"/> DNU	<input type="checkbox"/> BT	<input type="checkbox"/> EL

Reason Key: DNU = Did Not Use | BT = Below Threshold | EL = Eliminated

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

Facility has closed and does not need to file any future TURA reports.

Not Applicable for Another Reason (Explain Below)

C. Future Applicability Under TURA

Are the above selected Non-Applicability reason(s) a **permanent** operational change that will result in the facility no longer being subject to TURA regulations?

YES

NO

D. 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