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| --- |
| 1. Facility Information – Please type or print.
 |
|       Facility Name |       MassDEP Facility ID# |
|       Facility Address  |
|       City/Town |  MAState |       Zip Code |
|       Contact Email Address (Required) |       Contact Telephone Number |
|  |
| 1. 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 the calendar year and for the reason(s) indicated below.  |
|  | **Reporting Year** | **CAS #** | **Chemical Name** | **Reason** (Check All That Apply) |
|  |       |       |       | [ ]  DNU [ ]  BT [ ]  EL |
|  |       |       | [ ]  DNU [ ]  BT [ ]  EL |
|  |       |       | [ ]  DNU [ ]  BT [ ]  EL |
|  |       |       | [ ]  DNU [ ]  BT [ ]  EL |
|  |       |       | [ ]  DNU [ ]  BT [ ]  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](https://ordspub.epa.gov/ords/guideme_ext/f?p=guideme:rfi:::::rfi:2_1))[ ]  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  |