|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. 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 | |
|  | | | | | |
| 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](mailto:tura.program@mass.gov) | | | | | |