

SECTION 311 REPORT FORM

This submission is due within 90 days of beginning reportable storage. Reportable storage is a quantity meeting the reporting threshold for a hazardous chemical as defined under the OSHA Hazard Communication Standard, and/or a quantity meeting the lesser of 500 pounds or threshold planning quantity for a chemical listed on the Section 302 Extremely Hazardous Substances list.

Submit a revised notification if you begin store new reportable chemical, if new physical and health hazard information becomes available, or if you significantly increase your inventory.

Submit this report to: 1) local Fire Department;
2) Local Emergency Planning Committee (LEPC) **; and
3) State Emergency Response Commission (SERC)*.

☐ New Notification

☐ Revised Notification (prior 311 or 312/Tier II report submittals)

Storage Facility:

Name: _____

County: _____ Tier II ID # (if this is a revised application): _____

Latitude: _____ Longitude: _____

Physical location address: _____

City: _____ State: _____ Zip _____

Phone #: _____

Owner/Operator:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Reporting Contact Person:

Phone #: _____ Title: _____

First Name: _____ Last Name: _____

Signature: _____ Date: _____

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*SERC mail address: DANR, 523 E. Capitol Ave., Pierre, SD 57501.

**LEPC mail address: See LEPC Contact List link on this web-page: <https://danr.sd.gov/Agriculture/Inspection/SARATitle3/default.aspx>

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Chemical Name: _____

CAS#: _____ Maximum amount stored: _____
Pounds? ☐ or Gallons? ☐

Physical &
health hazards
(check all that
apply):

Explosive	<input type="checkbox"/>
Flammable (gas, aerosol, liquid, solid)	<input type="checkbox"/>
Oxidizer (liquid, solid, gas)	<input type="checkbox"/>
Self-reactive	<input type="checkbox"/>
Pyrophoric (liquid, solid)	<input type="checkbox"/>
Pyrophoric gas	<input type="checkbox"/>
Self-heating	<input type="checkbox"/>
Organic peroxide	<input type="checkbox"/>
Corrosive to metal	<input type="checkbox"/>
Gas under pressure (compressed gas)	<input type="checkbox"/>
Contact with water emits flammable gas	<input type="checkbox"/>
Combustible dust	<input type="checkbox"/>

Physical hazard not otherwise classified	<input type="checkbox"/>
Acute toxicity (any route of exposure)	<input type="checkbox"/>
Skin corrosion or irritation	<input type="checkbox"/>
Serious eye damage or eye irritation	<input type="checkbox"/>
Respiratory or skin sensitization	<input type="checkbox"/>
Germ cell mutagenicity	<input type="checkbox"/>
Carcinogenicity	<input type="checkbox"/>
Reproductive toxicity	<input type="checkbox"/>
Specific target organ toxicity	<input type="checkbox"/>
Aspiration hazard	<input type="checkbox"/>
Simple asphyxiant	<input type="checkbox"/>
Health hazard not otherwise classified	<input type="checkbox"/>

Describe Storage container/location: _____

Chemical Name: _____

CAS#: _____ Maximum amount stored: _____
Pounds? ☐ or Gallons? ☐

Physical &
health hazards
(check all that
apply):

Explosive	<input type="checkbox"/>
Flammable (gas, aerosol, liquid, solid)	<input type="checkbox"/>
Oxidizer (liquid, solid, gas)	<input type="checkbox"/>
Self-reactive	<input type="checkbox"/>
Pyrophoric (liquid, solid)	<input type="checkbox"/>
Pyrophoric gas	<input type="checkbox"/>
Self-heating	<input type="checkbox"/>
Organic peroxide	<input type="checkbox"/>
Corrosive to metal	<input type="checkbox"/>
Gas under pressure (compressed gas)	<input type="checkbox"/>
Contact with water emits flammable gas	<input type="checkbox"/>
Combustible dust	<input type="checkbox"/>

Physical hazard not otherwise classified	<input type="checkbox"/>
Acute toxicity (any route of exposure)	<input type="checkbox"/>
Skin corrosion or irritation	<input type="checkbox"/>
Serious eye damage or eye irritation	<input type="checkbox"/>
Respiratory or skin sensitization	<input type="checkbox"/>
Germ cell mutagenicity	<input type="checkbox"/>
Carcinogenicity	<input type="checkbox"/>
Reproductive toxicity	<input type="checkbox"/>
Specific target organ toxicity	<input type="checkbox"/>
Aspiration hazard	<input type="checkbox"/>
Simple asphyxiant	<input type="checkbox"/>
Health hazard not otherwise classified	<input type="checkbox"/>

Describe Storage container/location: _____

Page ____ of ____

***This page of the 311 report is designed for you to report up to 2 chemicals. If you have more than 2 reportable chemicals, add additional copies of this page to your submittal.