



OREGON OFFICE OF STATE FIRE MARSHAL

INTRODUCTION TO CHS MANAGER

**Reporting Facility User Manual
2023 Edition**



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Introduction to CHS Manager

This document provides guidance to facilities with reporting requirements under the Community Right to Know and Protection Act. The statutory provisions described in this guidance presentation contain legally binding requirements. This guidance presentation does not substitute for those provisions or regulations. In the event of a conflict between the discussion in this presentation and any statute or regulation, this presentation would not be controlling. The guidance does not impose legally binding requirements on the regulated community and might not apply to a situation based upon circumstances. For specific requirements and details, refer to the implementing regulations of ORS 453.307 to ORS 453.414, OAR Chapter 837-0085, and OAR Chapter 837-0090.

Community Right to Know Report - The Community Right to Know and Protection Act was passed by the Oregon Legislature in 1985. Oregon's Community Right to Know (CR2K) program is administered by the Oregon Office of State Fire Marshal (OSFM) and meets or exceeds certain requirements of the Federal Emergency Planning and Community Right to Know Act (EPCRA). The law requires the OSFM to survey facilities annually to collect, validate, and disseminate information on hazardous substances located throughout the state.

This guide will walk you through using CHS Manager from beginning to end. It will provide you with a comprehensive explanation of the features in CHS Manager and how to use them, as well as address frequently asked questions about hazardous substance inventory reporting in Oregon.





Part 1: Oregon Community Right to Know

Part 1: Oregon Community Right to Know

The Oregon Community Right to Know and Protection Act (ORS 453.307 to ORS 453.414) requires facilities that possess certain quantities of hazardous substances to submit an annual report to the Oregon Office of State Fire Marshal (OSFM), Community Right to Know (CR2K) program. This law also requires emergency responders to report to OSFM incidents involving the release, or threatened release, of hazardous substances. The Federal Emergency Planning and Community Right to Know Act (EPCRA Section 312) requires certain facilities to report hazardous substance information to the State Emergency Response Commission (SERC), Local Emergency Planning Committees (LEPC), and local fire agencies. In Oregon, the State Fire Marshal is designated as the (SERC), and this reporting requirement is accomplished by submitting hazardous substance information to OSFM's Community Right to Know (CR2K) program.

Beginning January 1, 2018, hazardous substance reporting migrated from a paper process to an online reporting platform. Reporting facilities are now able to log into the Community Right to Know Hazardous Substance Manager (CHS Manager) and submit the required information. Emergency planners, responders, and the public are also able to use CHS Manager to view the submitted information by facilities.

As required by law, reporting facilities submit demographic information and hazardous substance details for chemicals on site that meet reportable quantity thresholds. A hazardous substance is defined as a substance for which the Oregon Occupational Safety and Health Administration (OR-OSHA) requires the manufacturer to develop a Safety Data Sheet.

The reportable quantity thresholds for most substances are:

- 500 pounds of a solid
- 500 gallons of a liquid
- 500 cubic feet of a vaporous gas
- 500 gallons of a liquefied or cryogenic gas

For highly toxic substances or explosives, the thresholds are:

- 5 gallons of a liquid
- 10 pounds of a solid
- 20 cubic feet of a gas

Extremely Hazardous Substances (EHS) designated by the Environmental Protection Agency (EPA) are reportable at the specific threshold planning quantity established for each substance. Radioactive substances that are not within a sealed source are reportable at any quantity (OAR 837-085-0070 (2)(a)).

The reportable quantity threshold for gasoline and diesel in underground storage tanks at retail gasoline service stations is 75,000 gallons and 100,000 gallons respectively.

The submitted data is frequently validated to ensure it is correct for those who rely upon it. Types of validation include reviewing submitted reports, calling facilities for clarification, and conducting in-person and phone audits to confirm and assist with compliance. A hazardous substance information hotline is available to facilities for

assistance with submitting required data.

The public has access to most information at individual facilities, and information about hazardous substance incidents. Information is also accessible by the Oregon's SERC, LEPCs, fire agencies, regional Hazmat teams, county and local emergency planners, county health administrators, Public Safety Answering Points (PSAP 911 call centers), and local and state agencies. The data helps these partners make informed decisions about how to protect life, property, and the environment from hazardous materials incidents.

For more information, please visit our CR2K website or call the Hazardous Substance Information Hotline at 503-378-6835 or 1-800-454-6125. To request or obtain hazardous submit information collected by CR2K, please visit:

<https://www.oregon.gov/osp/programs/sfm/Pages/OSFM-Reports.aspx>, email SfmCr2k@osp.oregon.gov



Part 2:

Things you need before you get started

Part 2: Things you need before you get started

You are going to need a few things before you can start your hazardous substance inventory report. You will need to know and understand a few EPA Tier II acronyms, Industry codes, thresholds for reporting, a list of your facility's chemicals, current safety data sheets for each reportable chemical stored at your facility, and your facility contacts.

EPA Tier II Acronyms

EHS – Extremely Hazardous Substance

TPQ – Threshold Planning Quantity

SDS – Safety Data Sheet

You need to know your chemicals...

Is it a hazardous chemical?

... if OSHA requires an SDS, yes.

It may also be an EHS...

... ..if it is listed in 40 CFR part 355, [Appendix A](#) and [Appendix B](#).

Note that EHSs have more stringent reporting thresholds.

Check to verify both: first, if it is hazardous chemical and then if it is also an extremely hazardous substance.

TPQ Threshold Planning Quantity

- TPQs apply to Extremely Hazardous Substances (EHSs).
- TPQs are established by the EPA.
- TPQs are identified in the [List of Lists](#) and 40 CFR Part 355, [Appendix A](#) and [Appendix B](#).
- You can use CAMEO Chemicals to search for TPQs of chemicals:
<https://cameochemicals.noaa.gov/>
- TPQs vary from chemical to chemical; you need to check your specific chemicals.

Facility Information you need to know

1. The **names of chemicals** stored at the facility;

2. Their **CAS numbers**;
3. A current digital copy in PDF Format of the **Safety Data Sheet** for each chemical;
4. If they are **Hazardous Chemicals** (these include Extremely Hazardous Substances listed in 40 CFR part 355); and
5. The **maximum quantity** present at the facility, at any time for 24 hours or more during the previous calendar year.
6. The **Dun and Bradstreet number** for your company

If you don't have one, [click here](#)

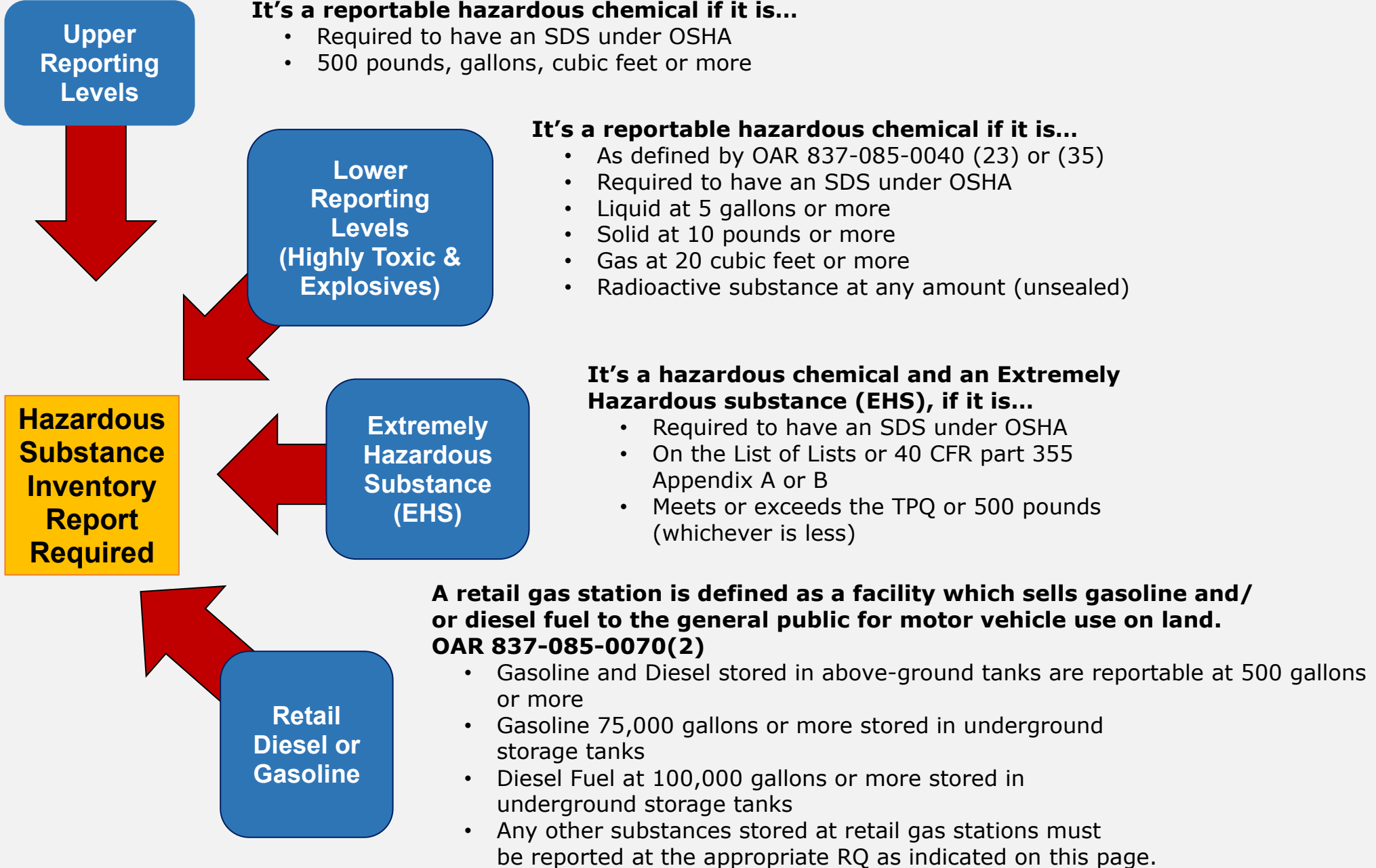
7. The **NAICS code** for your industry

If you don't know it, [click here](#)

8. The correct **latitude and longitude** location for the facilities you are reporting (CHS Manager will help you determine this)
9. **Facility Information** about name and location
10. **Facility Contacts:** Owner, Regulatory Point of Contact, 24-hour Emergency Contact, and Emergency Planning Coordinator (required only if it is an EHS Facility)
11. **Chemical Inventory:** Information on chemicals stored at your facility during the previous calendar year. Including, exact amounts stored and specific storage location(s) and amount(s).



Do you need to submit a Hazardous Substance Inventory Report?





Part 3: Registering for CHS Manager

Part 3: Registering for CHS Manager

To register, go to CHS Manager: <https://oregon.hazconnect.com/account/login.aspx>

NOTE: Each facility can only be linked to a single user account. The user name and password can be shared with individuals from your organization as deemed necessary.

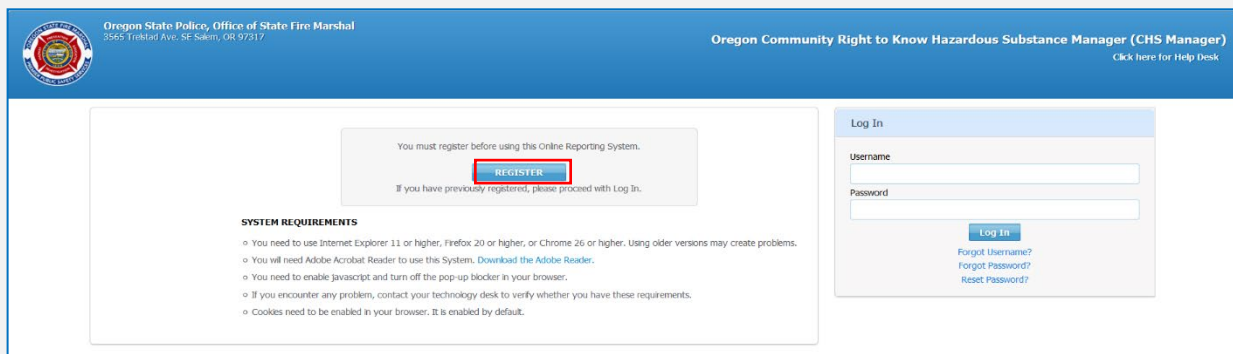
There are no specific requirements for your computer other than the browser requirements below.

You need to use Internet Explorer 11 or higher, Firefox 59 or higher, or Chrome 62 or higher. Using older versions may create problems.

CHS Manager requires the use of Adobe Acrobat Reader. [Download the Adobe Reader.](#)

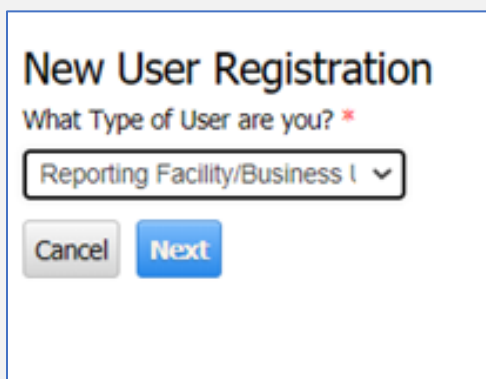
You will need to enable JavaScript and turn off the pop-up blocker in your browser. Cookies will need to be enabled in your browser. It is enabled by default.

1. Click on the Register Button.



The screenshot shows the Oregon State Police, Office of State Fire Marshal website. The header includes the agency name and address on the left, and the title 'Oregon Community Right to Know Hazardous Substance Manager (CHS Manager)' with a 'Click here for Help Desk' link on the right. The main content area is divided into two sections. The left section contains a message: 'You must register before using this Online Reporting System.' followed by a red 'REGISTER' button. Below this, it says 'If you have previously registered, please proceed with Log In.' and a 'SYSTEM REQUIREMENTS' section with a list of browser and system requirements. The right section is titled 'Log In' and contains fields for 'Username' and 'Password', a 'Log In' button, and links for 'Forgot Username?', 'Forgot Password?', and 'Reset Password?'.


2. Click the dropdown menu, and select Reporting Facility/Business User



The screenshot shows the 'New User Registration' form. It asks 'What Type of User are you? *' and features a dropdown menu with 'Reporting Facility/Business User' selected. Below the dropdown are 'Cancel' and 'Next' buttons.

3. Complete the registration form.

- a. When choosing a Username, consider creating a generic name for your facility. This will enable us to transfer the account to a new responsible individual in the future if necessary.



Oregon State Police, Office of State Fire Marshal
3565 Trelstad Ave, SE Salem, OR 97317

New User Registration

Enter a Username and Password and complete the information below. The registration request will be sent to the System Administrator and you will be contacted via Email.

User Account Details

Username*	Password*	Retype Password*
<input type="text"/>	<input type="password"/>	<input type="password"/>
Hint Question*	Hint Answer*	
<input type="text"/>	<input type="text"/>	

User Contact

First Name*	Last Name*	Role*
<input type="text"/>	<input type="text"/>	Select One ▼
Company Name *	Tax ID Number*	
<input type="text"/>	<input type="text"/>	
Street 1*	Street 2	
<input type="text"/>	<input type="text"/>	
City*	State*	Zip Code*
<input type="text"/>	Oregon ▼	<input type="text"/>
		Country*
		United States ▼
Email*	Retype Email*	Phone*
<input type="text"/>	<input type="text"/>	<input type="text"/>

All system generated email notifications will be sent to the User Email entered above.

Facility Details

Existing Facilities: If you have previously submitted hazardous substance information to the State Fire Marshal, please list the name/address and Facility ID (if known) for each facility. Separate facilities by semicolons.
New Facilities: If you have never reported hazardous substance information to the State Fire Marshal, please indicate "NEW FACILITY".

Facility Details

Please enter the characters as shown*

4 T 8 8 L

Cancel

Back

Submit

b. Enter a Hint Question and Answer.

- i. This can be used to reset your password if you ever forget it, so be sure to enter a question and the answer to the question. The answer field is case sensitive.

Example: My dogs Name? Answer: Spot

4. Fill out the form with all the required information.

All fields with * a red asterisk are required.

In the Facility Details field enter the facility name & address, and Facility ID (if known).

If your facility has never reported hazardous substance information to OSFM, enter New Facility.

5. Enter the CAPTCHA characters as shown into the box



6. Submit your registration for review.

NOTE: Your registration will be reviewed by the OSFM Staff. You should receive an email notifying you of your account approval. If you do not receive a notification, please contact our office.

Once OSFM staff receives your registration request...

- We first research the facility information you have provided
 - ...Facility Name
 - ...Facility Address
 - ...Facility ID
- We verify that the facility is not currently linked to another user account. Each facility can only be linked to a single user account.
- If there isn't a current user account, we then transfer the facility(ies) to your user account.
- After all facilities are transferred, we approve the account.
- You should receive an email stating your account has been approved.
- Then you can log into your account using the username and password you created when you registered.

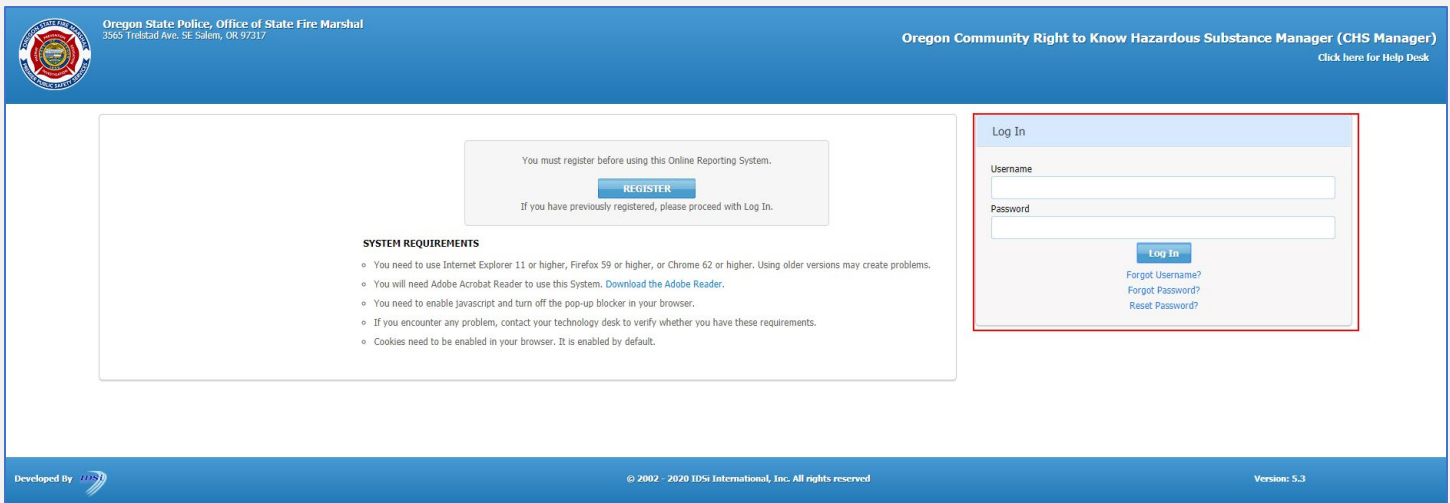


Part 4:

Logging into CHS Manager & Accessing Facility Information

Part 4: Logging into CHS Manager

To login go to CHS Manager: <https://oregon.hazconnect.com/account/login.aspx>



Oregon State Police, Office of State Fire Marshal
3565 Trelstad Ave. SE Salem, OR 97317

Oregon Community Right to Know Hazardous Substance Manager (CHS Manager)
Click here for Help Desk

You must register before using this Online Reporting System.

[REGISTER](#)

If you have previously registered, please proceed with Log In.

SYSTEM REQUIREMENTS

- You need to use Internet Explorer 11 or higher, Firefox 59 or higher, or Chrome 62 or higher. Using older versions may create problems.
- You will need Adobe Acrobat Reader to use this System. [Download the Adobe Reader.](#)
- You need to enable javascript and turn off the pop-up blocker in your browser.
- If you encounter any problem, contact your technology desk to verify whether you have these requirements.
- Cookies need to be enabled in your browser. It is enabled by default.


Log In

Username

Password

[Log In](#)

[Forgot Username?](#)
[Forgot Password?](#)
[Reset Password?](#)

Developed By 

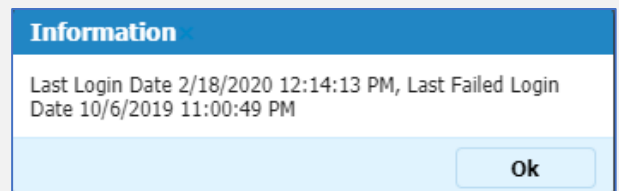
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Version: 5.3

1. Enter your Username and Password into the Log In fields.
2. Click the Log In button
3. You can use the links if you have forgotten your Username and Password, or to reset your password.

NOTE: You will need to know the answer to the Hint Question.

When you log in to CHS Manager you will see a popup box telling you when your last login date and the last failed login date. Click OK.



Information

Last Login Date 2/18/2020 12:14:13 PM, Last Failed Login Date 10/6/2019 11:00:49 PM

[Ok](#)



This will bring you to the Homepage. In the Regulations section you will see a link to available training materials and contact information for our office.

Oregon State Police, Office of State Fire Marshal
3565 Trelstad Ave. SE Salem, OR 97317

Oregon Community Right to Know Hazardous Substance Manager (CHS Manager) 2019
Welcome OSFM Last Login: 06/09/2020, 03:15 PM
[Click here for Help Desk](#) [Submit User](#) [Log Out](#)

[Home](#) [Facilities](#) [Audits](#) [My Account](#) [Resource Links](#)

Regulations [Continue](#)

Welcome to the Oregon Community Right to Know Hazardous Substance Manager (CHS Manager)

Please click here to access the Training materials. Before starting a submission, please watch or read the materials thoroughly to understand both the requirements and the online reporting process.

The Office of State Fire Marshal (OSFM) is responsible for the collection and maintenance of the Community Right to Know data reported by Oregon facilities. The purpose of this data is to provide State and local officials with specific information on hazardous substances present at your facility for use in emergency preparedness planning. Oregon law also allows the general public to access this information.

OSFM encourages facilities to submit their Hazardous Substance Information Report to the Community Right to Know Program using this online reporting system. Updates and revisions can be submitted at any time of the year.

Submission of hazardous substance data that meets the reporting requirements established under the Community Right to Know and Protection Act is required. For more information on reporting requirement and thresholds, please visit the OSFM website at http://www.oregon.gov/OSP/SFM/Pages/CR2K_Home.aspx.

If you have any questions or need assistance, please contact the Community Right to Know Program at hazmatsurvey@osp.oregon.gov or (503) 378-6835 or (800) 454-6125 or (800) 454-6125.

IMPORTANT: You must submit a 2019 ANNUAL REPORT to complete your submission for this year! (Submitting a 2020 UPDATE does NOT meet this requirement).

Recent Submissions

- 2019 Hazardous Substance Annual (Revision), Whosy Whatsy Completed 05/11/2020
- 2019 Hazardous Substance Annual (Revision), Whosy Whatsy Initiated 04/30/2020
- 2019 Hazardous Substance Annual (Revision), Whosy Whatsy Completed 02/19/2020
- 2019 Hazardous Substance Annual (Revision), Webinar Training Site 1 Completed 02/03/2020


Facility Status Summary

	Active	Inactive
Agricultural Facility	0	0
Private Facility	2	0
Sovereign Immunity	0	0
State/Local Govt Facility	1	0
Tribal Facility	0	0

Under Recent Submissions you will see the latest reports submitted for all the facilities linked to your user account.

Facility Status Summary shows how many active and inactive facilities are linked to your account by Facility Type.

Two ways to access your facilities...




Oregon State Police, Office of State Fire Marshal
3565 Trelstad Ave. SE Salem, OR 97317

Oregon Community Right to Know Hazardous Substance Manager (CHS Manager) 2019

Welcome OSFM Last Login: 06/09/2020, 03:15 PM
[Click here for Help Desk](#) [Submit User](#) [Log Out](#)

[Home](#) [Facilities](#) [Audits](#) [My Account](#) [Resource Links](#)

 **Regulations** Continue

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2019 Hazardous Substance Annual (Revision), Whosy Whatsy Completed 02/19/2020
2019 Hazardous Substance Annual (Revision), Webinar Training Site 1 Completed 02/03/2020

 **Facility Status Summary**

	Active	Inactive
Agricultural Facility	0	0
Private Facility	2	0
Sovereign Immunity	0	0
State/Local Govt Facility	1	0
Tribal Facility	0	0

Hover over the Facilities tab and click on List Facilities.

OR

Click on the Continue button.

Active Facilities Page

Each facility linked to your account will show in this spreadsheet format.

Blue column headings can be clicked to sort your data by the field.

Empty field boxes can be used to filter your facilities by specified criteria.
(i.e. all facilities in Salem, type Salem in the city field)

Home Facilities **Active Facilities** My Account Resource Links

Search Primary Address and Contiguous Addresses:

Active Facilities

[Back](#) [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [Other](#)

Facility ID	Division or Department	Facility Name	Address	County	Facility Type	Facility Status	City	LEPC	Fire Department	Latest Report
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
122637		Test Facility (ID: 122637)	3565 Trelstad AVE, Bldg 2 SALEM, OR 97317	MARION	State/Local Govt Facility	Active	SALEM	None	MARION COUNTY FIRE DISTRICT	2019 Hazardous Substance Report Annual (Revision)-Initiated
122594		Webinar Training Site 1 (ID: 122594)	3565 Trelstad AVE SE, Bldg 1 SALEM, OR 97317	MARION	Private Facility	Active	SALEM	None	SALEM FD	2019 Hazardous Substance Report Annual (Revision 02/19/2020 -Completed)

Total Results:2 Rows per page 10

To access your facility information, click on the Facility Name, this will take you to the List Submissions page.

To open the latest report, click on the report link in the Latest Report column of the facility you wish to view.

List Submissions Page

The List Submissions page is where you can see all the Hazardous Substance Inventory Reports submitted in CHS Manager, change your facility status, and add a new report.

Back

List Submissions

To create and submit a new report, click on the "Add a New Annual/Update/Revision Report" button. To continue work on a previously started submission, click on the name of the report in the list. To view a previously completed and submitted report, click on the icon under the "view" column next to the report.

Test Facility (Facility ID: 122637) [Change Facility](#)

3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States

Status: Active

Type: State/Local Govt Facility

Change Facility Status

Add a New Annual/Update/Revision Report

Regulatory Reports

Hazardous Substance Inventory Report

Report ID	Report	Status	Signed By	Signed Date	View	Submission Type
46346	2019 Hazardous Substance Report Update	Completed	Test	12/17/2019 01:28:43 PM		Online
46517	2018 Hazardous Substance Report Annual Revision	Completed	Jane Smith	03/11/2020 11:05:32 AM		Online
46440	2018 Hazardous Substance Report Annual Revision	Completed	Test	12/17/2018 01:31:54 PM		Online

Show More

To change your facility status, click the button and answer the questions in the next screen.

Click the button to add a new Annual, Revision, or Update Report.

To view a report, click on the Icon in the View column next to the report you want to view.

To see more reports for this facility, click the Show More button.




Part 5:

Understanding Each

Report Type

Part 5: Understanding Each Report Type

What is the difference between Annual, Update, and Revision Reports?



Oregon State Police, Office of State Fire Marshal
3565 Trelstad Ave. SE Salem, OR 97317

Home Facilities Audits My Account Resource Links

Start a New Report

Webinar Training Site 1 (Facility ID: 122594)

Webinar Training Site 1, 3565 Trelstad AVE SE, Bldg 1, SALEM, OR 97317, United States
Contact: 503-934-9999
Type: Private Facility

Choose a Report Type (click on button next to selection)

☒ **Hazardous Substance Inventory Report**
Facilities covered by the Community Right and Protection Act requirements must submit a hazardous substance inventory report to the Oregon Office of State Fire Marshal annually by March 1 covering activities at the facility during the previous calendar year.

Choose a Report Class (click on button next to selection)

☐ **Annual for** Annuals should be submitted to meet Annual Reporting of hazardous substance inventories for hazardous substances onsite during the **previous calendar year**.

If you have already submitted an ANNUAL for 2020 and want to update new information or fix an error on the submitted report, please select an option below.

☐ **Update** Updates should be submitted to capture changes to facility contacts or hazardous substance quantities/locations onsite.

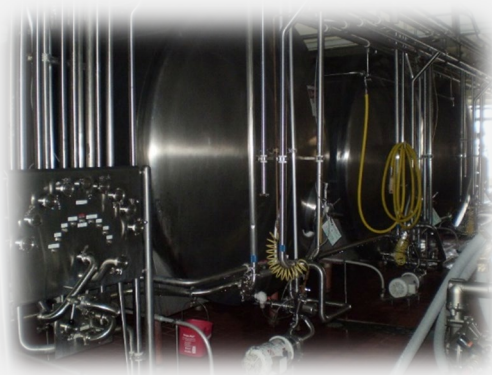
☒ **Revision** Revisions should be submitted to correct errors or omissions in already submitted reports.

For assistance starting a new report, see Part 6: Submitting A Report for step by step instructions.

Annuals should be submitted to meet Annual Reporting of hazardous substance inventories for hazardous substances onsite during the **previous calendar year**.

Updates should be submitted to capture substantive changes to facility contacts or hazardous substance quantities/locations onsite during the **current calendar year**.

Revisions should be submitted to correct errors or omissions in previously submitted Annual reports.





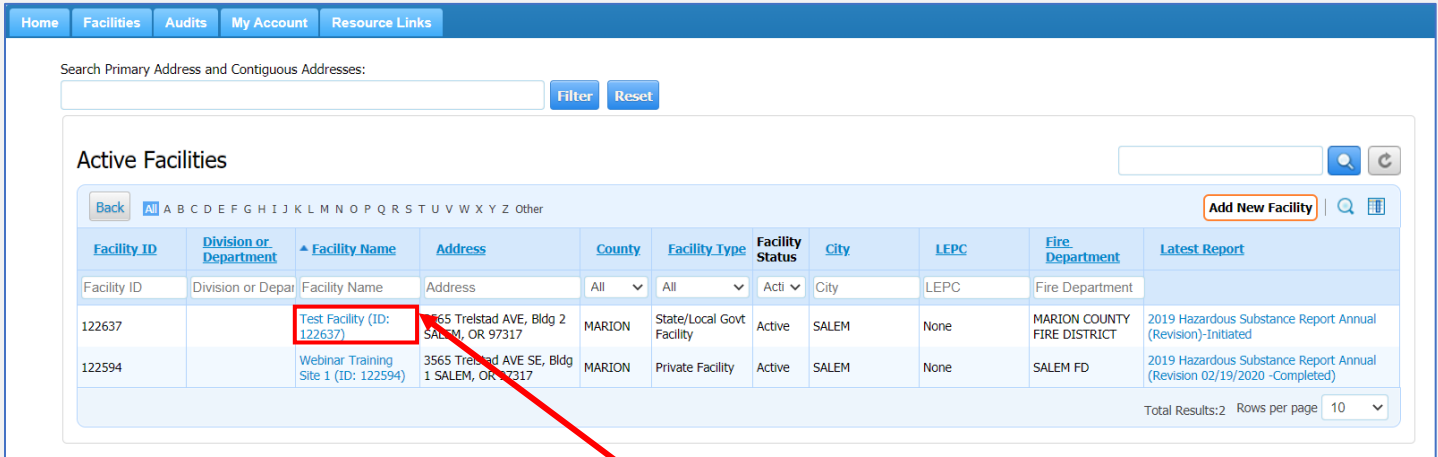
Part 6:

Submitting A Report

Part 6: Step by Step Instructions on Submitting A Report

Adding a New Report

Once you have logged into your account, go to List Facilities and select the facility you want to submit a report for.



Search Primary Address and Contiguous Addresses: [Filter](#) [Reset](#)

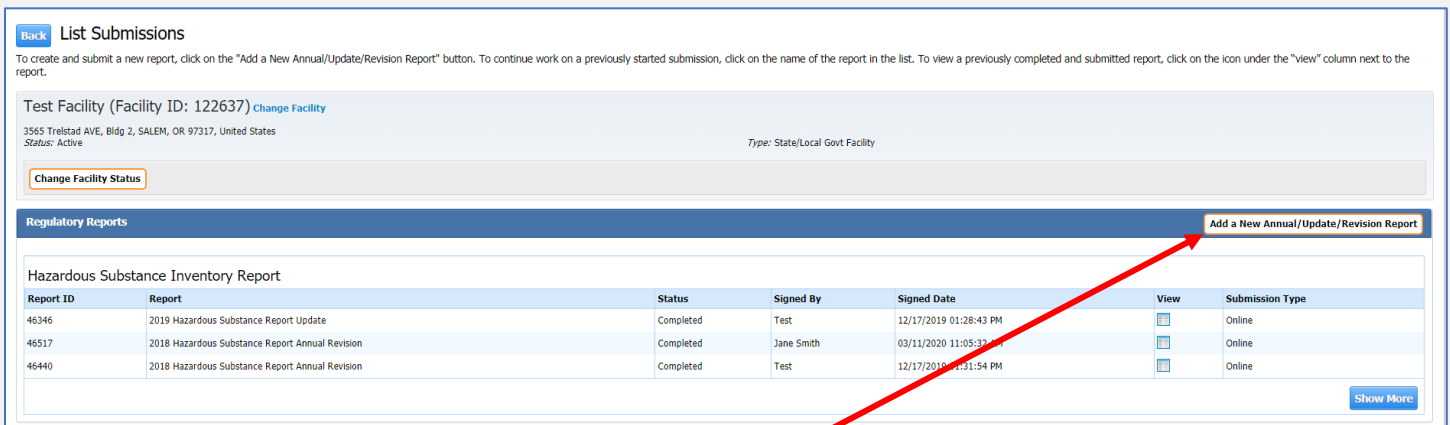
Active Facilities [Add New Facility](#)

[Back](#) [All](#) [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) Other

Facility ID	Division or Department	Facility Name	Address	County	Facility Type	Facility Status	City	LEPC	Fire Department	Latest Report
Facility ID	Division or Department	Facility Name	Address	All	All	Acti	City	LEPC	Fire Department	
122637		Test Facility (ID: 122637)	3565 Trelstad AVE, Bldg 2 SALEM, OR 97317	MARION	State/Local Govt Facility	Active	SALEM	None	MARION COUNTY FIRE DISTRICT	2019 Hazardous Substance Report Annual (Revision)-Initiated
122594		Webinar Training Site 1 (ID: 122594)	3565 Trelstad AVE SE, Bldg 1 SALEM, OR 97317	MARION	Private Facility	Active	SALEM	None	SALEM FD	2019 Hazardous Substance Report Annual (Revision 02/19/2020 -Completed)

Total Results:2 Rows per page 10

Click on your facility name.



[Back](#) List Submissions

To create and submit a new report, click on the "Add a New Annual/Update/Revision Report" button. To continue work on a previously started submission, click on the name of the report in the list. To view a previously completed and submitted report, click on the icon under the "view" column next to the report.

Test Facility (Facility ID: 122637) [change Facility](#)

3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Status: Active Type: State/Local Govt Facility

[Change Facility Status](#)

Regulatory Reports [Add a New Annual/Update/Revision Report](#)

Hazardous Substance Inventory Report

Report ID	Report	Status	Signed By	Signed Date	View	Submission Type
46346	2019 Hazardous Substance Report Update	Completed	Test	12/17/2019 01:28:43 PM		Online
46517	2018 Hazardous Substance Report Annual Revision	Completed	Jane Smith	03/11/2020 11:05:32 AM		Online
46440	2018 Hazardous Substance Report Annual Revision	Completed	Test	12/17/2019 01:31:54 PM		Online

[Show More](#)

Click on Add New Annual/Updates/Revisions Report.

Select your report type:

Annual: Select the correct year from the dropdown menu (to report the storage of hazardous substances during the selected year).

Update: To report a Substantive change in the current year.

Start a New Report

Webinar Training Site 1 (Facility ID: 122594)

Webinar Training Site 1, 3565 Tread AVE SE, Bldg 1, SALEM, OR 97317, United States
Contact: 503-934-9999
Type: Private Facility

Choose a Report Type (click on button next to selection)

☒ **Hazardous Substance Inventory Report**
Facilities covered by the Community Right and Protection Act requirements must submit a hazardous substance inventory report to the Oregon Office of State Fire Marshal annually by March 1 covering activities at the facility during the previous calendar year.

Choose a Report Class (click on button next to selection)

☐ **Annual for** Annuals should be submitted to meet Annual Reporting of hazardous substance inventories for hazardous substances onsite during the **previous calendar year**.

If you have already submitted an ANNUAL for 2019 and want to update new information or fix an error on the submitted report, please select an option below.

☐ **Update** Updates should be submitted to capture changes to facility contacts or hazardous substance quantities/locations onsite during the **current calendar year**.

☒ **Revision** Revisions should be submitted to correct errors or omissions in already submitted reports.

Revision: To make corrections to an already submitted report.

Click the Proceed button to start your report.

To complete the initiation of a Revision

Choose a Report to Revise

Select any Report from the following and enter the reason for the revision and details about sections or content that will be edited in the revision.
If a dropdown is empty or cannot find the report you want to revise in the dropdown, it is because the report is not available to revise

Select Report Type *

Revise a Submitted Report *

Reason for Revision *

☐ I acknowledge that the information entered here is accurate and true.

Click the arrow to select the report you wish to revise from the dropdown menu.

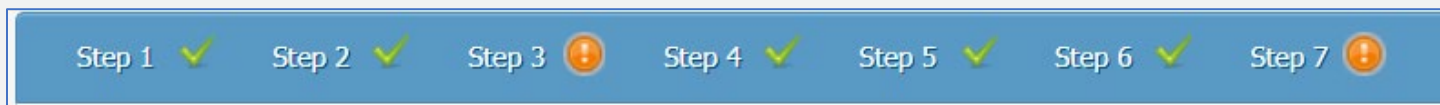
Enter the reason for the revision.
(Example: Update Chemical amounts)

Mark the acknowledgement box.

Click Finish to load your report.

Initiated Reports

All reports look the same when you initiate them. Each report has **seven steps** to complete the report.



Some steps may have **multiple tabs** to complete the step.

A screenshot of a form with three tabs: "Location & Business Activity at this Site" (with a green checkmark), "Owner/Operator" (with a green checkmark), and "Mailing/Billing Address" (with a green checkmark). Below the tabs, there is a checkbox labeled "Check if facility address is not a standard address". To the right, there is a field for "NAICS" with the value "532284".

You must get a green checkmark on each tab to complete the step. You must have a green checkmark on Steps 1-6 to be able to submit your report in Step 7.

Step 1: Review Your Facility Information

This step will contain the location, business activity at your site, owner/operator information, and the mailing and billing address.

In the upper right corner of the blue bar, click the edit button to edit each section.

A screenshot of the "Step 1: Review Facility Information" form. The form is divided into two columns. The left column contains fields for Facility ID, Facility Name, Division or Department, Facility Status, Facility Status Reason, and Status Change Date. The right column contains fields for LEPC, Lat/Long, Occupied, Maximum Number of Occupants at one time, Facility Type, and NAICS 1. An "Edit" button is located in the top right corner of the form, highlighted by a red arrow.

There is a tab for each section. You will need to verify the information entered in each section and click the save button at the bottom to move to the next tab and complete the step. As you complete each tab, you will get a green check mark on the tab once all the required fields have been completed, and the page is saved successfully.

Location and Business Activity at this site: This tab contains the site address and business activity for this site. If you have trouble validating your address, see this [article](#) in the Help Desk or view the section in this manual for validating your address.

Location & Business Activity at this Site ✓ Owner/Operator ✓ Mailing/Billing Address ✓

☐ Check if facility address is not a standard address

Facility Name * OSFM Test Site

Department or Division

Street Direction Prefix Select One

Street Type (and Street Direction Suffix if applicable) * Avenue South East

Street Unit Description 3565 Treis

City * SALEM

Zip Code * 97501

Latitude (in decimal degrees) * 44.8864

Get Lat/Long

LEPC * None

Tax ID Number * 99-9999999

Facility ID 124352

Street Number * 3565

Street Name * Treistad

Street Unit Select One

County * MARION

State * Oregon

Country * United States

Longitude (in decimal degrees) * -122.9880

Fire Department * SALEM FD

Are you a State/Local Government facility? * ☒ Yes ☐ No

Are you an Agricultural Facility with grow-only operations? * ☐ Yes ☒ No [What is this?](#)

NAICS 1 * [clear] 921190

Search NAICS

NAICS 2 [clear] 922160

Search NAICS

NAICS 1 Description * Other General Government Support

NAICS 2 Description Fire Protection

Description of Business Activities * State Fire Marshals Office

Occupied/Unoccupied * ☒ Occupied ☐ Unoccupied

Maximum Number of Occupants at one time * 333

Dun & Brad No * N/A

If you do not have a Dun & Brad No, please enter "N/A".

Is there an Automatic Fire Suppression System present at this facility? ☒ Yes ☐ No

Does a Written Emergency Plan exist for this facility? ☐ Yes ☒ No

Plan Location

Is storage placarded according to NFPA 704? * ☒ Yes ☐ No

Are other types of placards used? * ☐ Yes ☒ No

Cancel Save

Verify that the Facility Name and Location are both correct. (Note: The address fields are separated by Street Number, Street Direction, Street Name, Street Type, etc.)

Example: The address 123 SW Main Street; Building 2; Salem, Oregon 97301 will be entered as follows:

Street Number: 123

Street Direction Prefix: Southwest

Street Name: Main

Street Type (and Street Direction Suffix if applicable): Street

Street Unit: Building

Street Unit Description: 2

City: Salem

State: Oregon

Zip Code: 97301

Get Lat/Long

Latitude (in decimal degrees) *	Longitude (in decimal degrees) *
<input type="text" value="44.8864"/>	<input type="text" value="-122.9880"/>
<input type="button" value="Get Lat/Long"/>	

You will need to use this feature to verify the Latitude & Longitude for your facility's location.

When you click the **Get Lat/Long** button, you will see this popup screen.

Locate Your Address

Address/Lat-Long Value

Lat

Long

If you want to move the point, click and drag the red point to the new location and then click 'Pick this location' to paste the coordinates back to the form.

MapSatellite

Google

Drag the red marker and drop it on the map directly over your facility.

Once you have moved the marker, click the "Pick this Location" button to update the Latitude/Longitude fields in your report.

LEPC *	Fire Department *
None	SALEM FD
Tax ID Number *	Are you a State/Local Government facility? *
99-9999999	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Are you an Agricultural Facility with grow-only operations? * What is this?
	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select your county Local Emergency Planning Committee (LEPC), if applicable, from the drop-down menu.

Verify your Tax ID Number. This is your Federal Employer Identification Number (FEIN).

Select your local Fire Department (the fire department that would respond to an incident at your facility).

Are you a State or Local Government Facility?

Any State, County, or City agency such as Police or Fire Departments, or public schools.

Are you an Agricultural Facility with grow-only operations?

"Agricultural facility" means a facility where the only operations conducted are the cultivation and/or breeding of animals and/or plants to provide food, fiber, medicinal plants and other products to sustain and enhance life. "Agricultural facility" does not include facilities where, harvested animals or plants are processed for consumption or use. These include but are not limited to packing plants, canneries, and mills.

NAICS Code and Business Activity

NAICS 1 * [clear]	NAICS 1 Description *
921190	Other General Government Support
Search NAICS	
NAICS 2 [clear]	NAICS 2 Description
922160	Fire Protection
Search NAICS	
Description of Business Activities *	
State Fire Marshals Office	

Click on the **Search NAICS** button.

Enter the NAICS in the search field (if known), or type your industry type in the Description field, then hit Enter.

The screenshot shows a window titled "NAICS List". At the top right, there is a search bar and a refresh icon. Below this is a navigation bar with tabs for "All" and letters A through Z, plus an "Other" tab. The main area is a table with two columns: "NAICS" and "Description". The first row is highlighted in blue and contains the headers "NAICS" and "Description". Below this, several rows of NAICS codes and their corresponding descriptions are listed. A red rectangle highlights the first row of the table. Two red arrows point from the text box above to the search bar and the "Description" header. At the bottom of the table, there is a pagination bar showing "Page 1 of 106" and "Total Results: 1057". A "Close" button is located at the bottom left of the window.

NAICS	Description
327910	Abrasive Product Manufacturing
325520	Adhesive Manufacturing
924110	Administration of Air and Water Resource and Solid Waste Management Programs
924120	Administration of Conservation Programs
923110	Administration of Education Programs
926110	Administration of General Economic Programs
925110	Administration of Housing Programs
923130	Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Programs)
923120	Administration of Public Health Programs
925120	Administration of Urban Planning and Community and Rural Development

Click on the appropriate NAICS code. Repeat these steps for the NAICS 2 field if the facility has a secondary NAICS. Only two NAICS codes can be input.

Occupied or Unoccupied

The form contains two sections. The first section is labeled "Occupied/Unoccupied *" and has two radio buttons: "Occupied" (which is selected) and "Unoccupied". The second section is labeled "Maximum Number of Occupants at one time *" and has a text input field containing the number "500".

Mark the appropriate field for Occupied/Unoccupied. Enter the Maximum Number of Occupants at One Time.

Note: The maximum occupancy is calculated by the total maximum number people that could potentially be inside your facility at any given point. This number includes all staff, employees, visitors, vendors, and people in attendance of a meeting or training within your facility.

Example: 25 Office Staff Members, 500 Warehouse employees, 100-200 visitors a day, 3-5 vendor personnel, Monthly safety training with 100-150 people.

Maximum Occupancy = 880 (Always account for the higher occupancy potential)

Dun & Bradstreet Number

Dun & Brad No *

If you do not have a Dun & Brad No, please enter "N/A".

Is there an Automatic Fire Suppression System present at this facility*

☐ Yes ☒ No

Does a Written Emergency Plan exist for this facility*

☒ Yes ☐ No

Plan Location

Is storage placarded according to NFPA 704?*

☐ Yes ☒ No

Are other types of placards used?*

☐ Yes ☒ No

Cancel

Save

If your facility has a Dun & Bradstreet number, you are required to enter it. If you do not have one, please enter N/A.

Note: The Dun & Bradstreet D-U-N-S Number is a unique nine-digit identifier for businesses, that are assigned. This number is assigned the DUNSRight methodology, identifies a company as being unique from any other in the Dun & Bradstreet Data Cloud.

Safety Plans and Placards

Answer the safety questions for your facility, and then click Save.

Owner/Operator: This screen/tab includes the direct site phone number and owner's first name, last name, and email. If you have a Parent Company, you will need to verify/enter that information in this section, if applicable. Contiguous addresses are also entered in this section, if applicable.

Location & Business Activity at this Site ✓ Owner/Operator ✓ Mailing/Billing Address ✓

Direct Site Communication

Enter general information for direct contact at the facility site (ex. Reception or Guard house) or if unmanned, next best contact.

Phone *
503-999-9999

Parent Company Address

If you enter an address outside of the US or Canada, enter the state/province name in the State field.
[Pick Parent Company Contact](#)

Parent Company Name
Dun & Brad Number

Street Address
Country
United States

City
State
Oregon

Zip Code
Phone Number

Email

Owner/Operator Mailing Address and Contact Details

If you enter an address outside of the US or Canada, enter the state/province name in the State field.
[Pick Owner/Operator Contact](#) [Copy Facility Address](#)

Name of the person who is the owner of the business or is the highest ranking individual responsible for the facility.

First Name *
Jane

Last Name *
Smith

Street 1
3565 Treilstad AVE

Street 2
Building 2

Country *
United States

City *
SALEM

State *
Oregon

Zip Code *
97317

Owner/Operator Phone *
503-999-9999

Owner/Operator Email *
OwnerEmail@test.com

Multiple Addresses Part of Same Facility Site ID (Contiguous Addresses)

Does your facility have multiple addresses as part of the same Facility Site ID? ☒ Yes ☐ No

[Add Contiguous Address](#)

Contiguous Address List

Street	City	Zip	Latitude	Longitude	Edit	Delete
3545 Treilstad ST SE, Bldg 2	SALEM	97317	44.885325	-122.992012		
3655 N treilstad AVE, Building 4	SALEM	97317	44.8855	-122.9877		

Cancel Save

Mailing and Billing Address: In this screen/tab, the mailing address is mandatory. You can also copy over the physical address (if it's the same as the mailing address) by clicking on the Copy Physical Address link.

Location & Business Activity at this Site ✓ Owner/Operator ✓ Mailing/Billing Address ✓

Mailing Address

If you enter an address outside of the US or Canada, enter the state/province name in the State field.
[Copy Physical Address](#)

Company Name *
Test Facility

Attention *
JANE SMITH

Street 1 *
3565 Treilstad AVE

Street 2
Building 2

Country *
United States

City *
SALEM

State *
Oregon

Zip Code *
97317

Phone *
503-999-9999

Billing Address

If the Hazardous Substance Possession Fee (if applicable) is to be mailed to an address different than your facility's mailing address, please provide a billing address. If you enter an address outside of the US or Canada, enter the state/province name in the State field.
[Copy Mailing Address](#) [Copy Physical Address](#)

Company Name *
Test Facility

Attention *
JANE SMITH

Street 1 *
3565 Treilstad AVE

Street 2
Building 2

Country *
United States

City *
SALEM

State *
Oregon

Zip Code *
97317

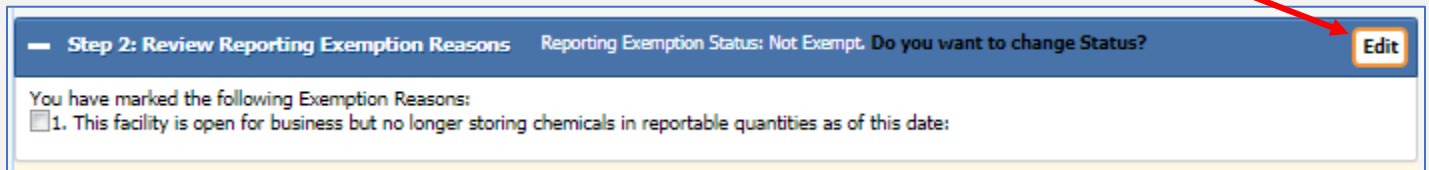
Phone *
Email

Cancel Save

If you need the annual invoice sent to a different address, the billing address can be updated on this page.

Step 2: Review Reporting Exemption Reasons

In the upper right corner of the blue bar, click the edit button to edit each section.

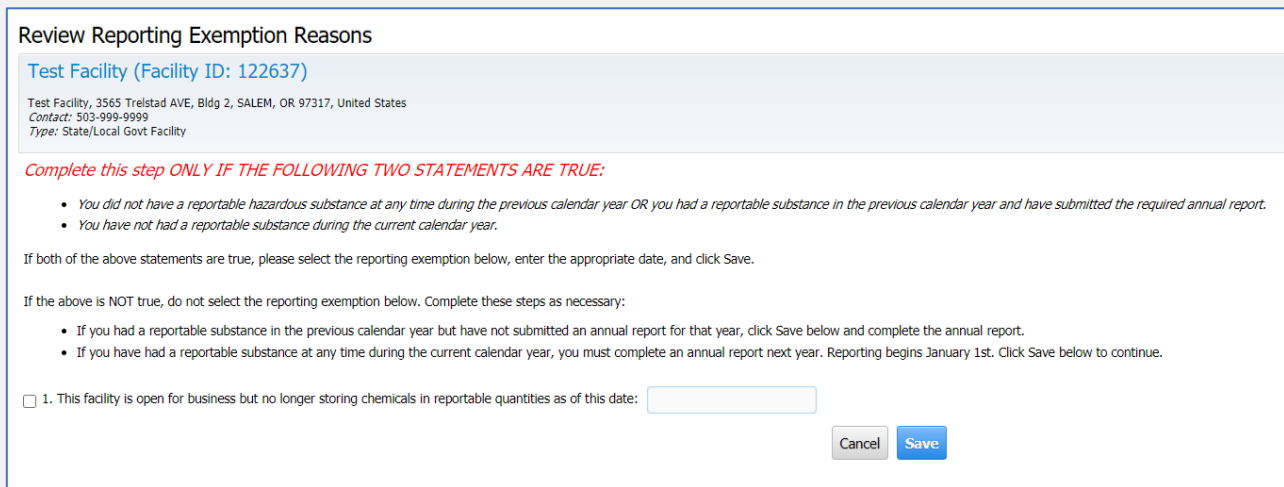


— Step 2: Review Reporting Exemption Reasons Reporting Exemption Status: Not Exempt. Do you want to change Status? [Edit](#)

You have marked the following Exemption Reasons:

- ☐ 1. This facility is open for business but no longer storing chemicals in reportable quantities as of this date:

This step is only completed if your facility is no longer storing chemicals at a reportable quantity. If you are no longer storing chemicals, select the checkbox to indicate that this facility no longer stores chemicals and indicate the date the facility stopped storing chemicals. By default, this will always be set to non-exempt. (If you have an orange exclamation on this step, but have reportable quantities, click the edit button and then click the save button to clear the step.)



Review Reporting Exemption Reasons

Test Facility (Facility ID: 122637)

Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: State/Local Govt Facility

Complete this step ONLY IF THE FOLLOWING TWO STATEMENTS ARE TRUE:

- You did not have a reportable hazardous substance at any time during the previous calendar year OR you had a reportable substance in the previous calendar year and have submitted the required annual report.
- You have not had a reportable substance during the current calendar year.

If both of the above statements are true, please select the reporting exemption below, enter the appropriate date, and click Save.

If the above is NOT true, do not select the reporting exemption below. Complete these steps as necessary:

- If you had a reportable substance in the previous calendar year but have not submitted an annual report for that year, click Save below and complete the annual report.
- If you have had a reportable substance at any time during the current calendar year, you must complete an annual report next year. Reporting begins January 1st. Click Save below to continue.

☐ 1. This facility is open for business but no longer storing chemicals in reportable quantities as of this date:

[Cancel](#) [Save](#)

If your facility stored chemicals for more than a 24-hour period in the previous calendar year, you are required to submit a report and cannot mark this exemption.





Step 3: Review Chemical Inventory

This step is where you will enter all your facility chemical storage information. Each chemical will need to be edited or added individually in this section. You will be required to upload an SDS for each substance.

Step 3: Review Chemical Inventory Total: 2

Chemical List

Back All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Other

CAS No	Chemical Name	Pure/Mix	Max Daily Amt	Edit	Delete	Is Valid	Last Modified Date	Hazardous Ingredients
N/A	BIODIESEL	Mix	100000 gal			✓	10/25/2019 2:29:35 PM	N/A
N/A	TRAFFIC PAINT	Mix	1000000 gal			✓	12/17/2019 1:28:10 PM	VARIOUS

Total Results: Rows per page 10

After reviewing all chemicals, CLICK HERE TO CONFIRM that all the SDSs you uploaded are valid.

Add Chemicals

There are two ways to edit an existing chemical, either click on the Chemical name then click "Edit Chem" at the top of the screen OR Click on the edit icon in the Edit column of each chemical.

To delete a chemical (that was not stored for more than 24-hours during the previous calendar year) click the delete icon.

To add a new chemical that is not currently on your chemical list, click the Add Chemicals button.

There are two tabs that are required for each substance entered.

Chemical Description: In this tab, you can add, edit or review your existing chemical inventory as well as identify chemicals that are exempt from the Hazardous Substance Possession Fee (HSPF). To request an exemption, please review and select an exemption category that may be applicable to a specific chemical. Also, be prepared to upload your Safety Data Sheet (SDS) at this point for each chemical that you report.



Adding and Verifying a Chemical

If the chemical name or CAS number does not match what is listed on your SDS you will need to add the correct chemical. Click the **Search by CAS/Chemical Name** link

Contact: 303-228-1211
Type: Private Facility

Chemical Description Inventory & Storage

Chemical Description

[Search by CAS/Chemical Name](#) [Request Chemical Not Found in Lookup](#)

CAS Number (If no CAS, type N/A) Chemical Name *

Ingredient in Highest Concentration * UN/NA Number *

☐ Substance is Trade Secret

Trade Secret Proof
 No file selected.

Chemical List

Search the list below and click on the chemical you are reporting. Pure chemicals can be searched by CAS number or name. Mixtures can only be searched by name.

Prior to saving, ensure the SDS of the chemical you are reporting matches the name, CAS number and NFPA codes with the Master Chemical List. If there are any discrepancies or if the chemical is a **TRADE SECRET**, please close this lookup and click on the link "[Request Chemical Not Found in Lookup](#)." The uploaded SDS will be reviewed and you will be contacted via email, at which point you can proceed with reporting.

Chemical quality reviews are conducted on submitted reports. If your report contains incorrect information, you will be required to complete a Revision.

CAS No (no dashes)	Chemical Name	IS EHS	EHS Name	Ingredient in Highest Concentration	Contains EHS
N/A	D-(-)-Ribose	No		D-(-)-Ribose	No
N/A	FERTILIZER CANNAZYM	No		PHOSPHORIC ACID	No
N/A	MCPQ-66HD-01 TSV PLATING SOLUTION	No	SULFURIC ACID	COPPER SULFATE	Yes
N/A	#1 FLEET PREP	No	HYDROFLUORIC ACID	SULFURIC ACID	No
811972	1,1,1,2-TETRAFLUOROETHANE (R134A)	No		1,1,1,2-TETRAFLUOROETHANE	No
530621	1,1-CARBONYLBIS-1H-IMIDAZOLE (CDI)	No		1,1'-CARBONYLBIS-1H-IMIDAZOLE (CDI)	No
530621	1,1-CARBONYLDIIMIDAZOLE	No		1,1-CARBONYLDIIMIDAZOLE	No
95147	1,2,3 BENZOTRIAZOLE	No		BENZOTRIAZOLE	No
13035615	1,2,3,5-TETRAACETATE RIBOFURANOSE	No		BETA-D-RIBOFURANOSE 1,2,3,5-TETRAACETATE	No
288880	1,2,4-TRIAZOLE	No		1,2,4-TRIAZOLE	No

1 2 3 > Last Page 1 of 1780 Total Results:17795 Rows per page 10

In the search screen, in the Chemical Name column, type the first few letters of the chemical name in the "Chemical Name" column.

NOTE: If no results, verify the spelling and try searching with fewer words.

Example: Search Lead acid instead of Lead acid battery.

If you still do not find the chemical, you will need to submit a request to have it added to the Master Chemical List.

Scroll through the list to see if the chemical you are trying to add is in the Master Chemical List. Click on the Chemical name you are trying to add. (If it is not found, see the article [How do I add a chemical that is not listed in the Master Chemical List](#), or review this section in this manual.)

(Notice the CAS number, Chemical Name, Ingredient in Highest Concentration, and UN/NA Number fields are pre-populated.)

Chemical Description Inventory & Storage

Chemical Description

Search by CAS/Chemical Name Request Chemical Not Found in Lookup

CAS Number *
N/A

Chemical Name *
ADVANTIS FC

Ingredient in Highest Concentration
SODIUM HYDROXIDE

UN/NA Number *
3266

Trade Secret Proof
Choose File No file chosen

☐ Substance is Trade Secret

Chemical State of Use

Physical State *
Liquid

EPA Pesticide Registration Number

Chemical is a Pesticide? * ☐ Yes ☒ No

Chemical is a Fertilizer? * ☐ Yes ☒ No

SDS

This chemical is a waste product ☐

Attach SDS *

If chemical is a trade secret, do not provide an SDS you do not want released to the public

ADVANTIS_FC_English (2).pdf
(Remove)

NFPA

Health *
3

Flammability *
0

Reactivity *
0

Special Notice *
N/A

The **chemical name**, **CAS number**, and **NFPA codes** listed in CHS Manager need to match the ones provided on the SDS.

SECTION 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : ADVANTIS FC

Other means of identification : Not applicable

Recommended use : Cleaning product

Restrictions on use : Reserved for industrial and professional use.

Product dilution information : 0.78 % - 3.91 %

Mixture Component List

CAS Number	Chemical Name	EHS	EHS Name
1310-73-2	SODIUM HYDROXIDE	No	
7681-52-9	SODIUM HYPOCHLORITE	No	
3332272	ALKYLAMINEOXIDES	No	
1643205	N,N-DIMETHYLDODECYLAMINE N-OXIDE	No	
7128918	AMINES (INCL. ETHANOLAMINES)	No	
61788907	AMINES, COCO ALKYLDIMETHYL, N-OXIDES	No	

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

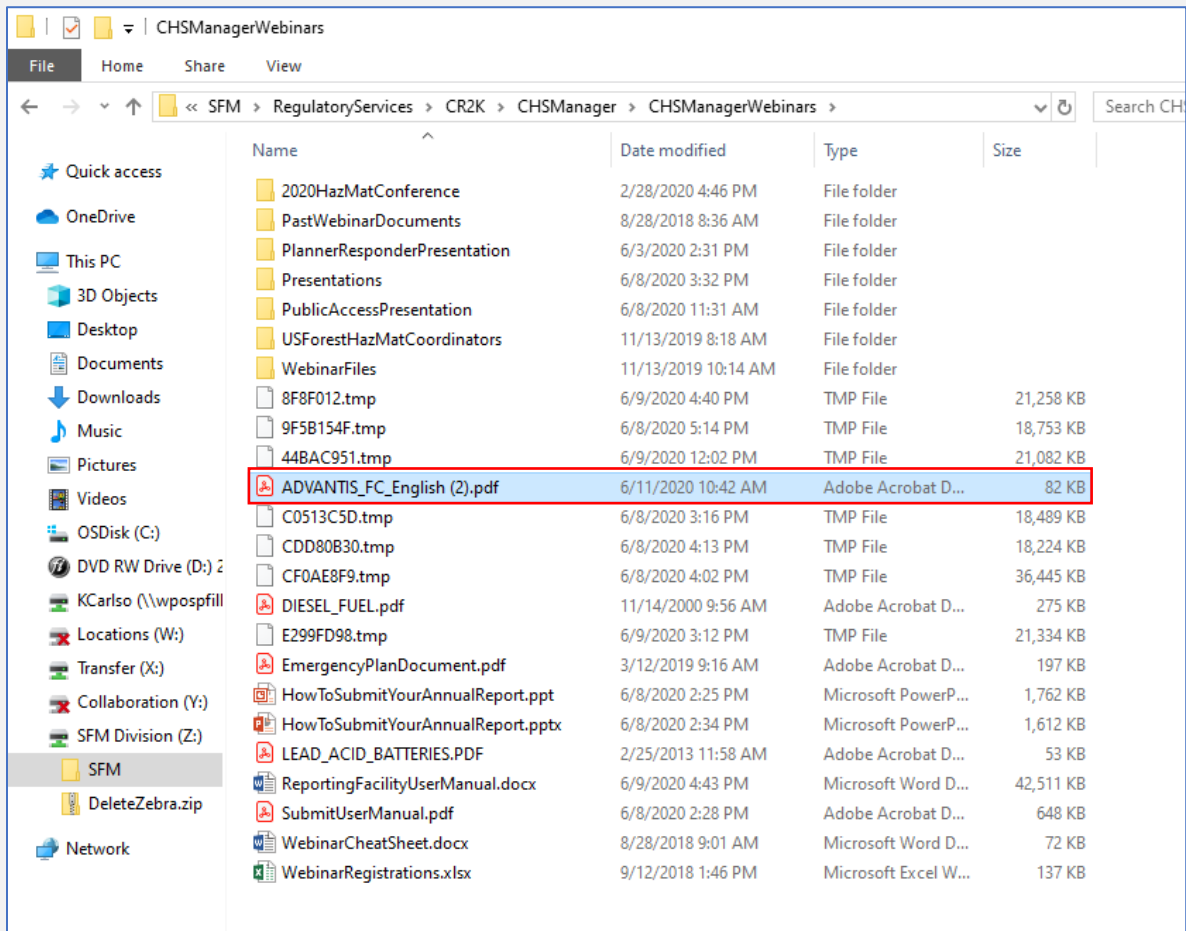
Product AS SOLD

Pure substance/mixture : Mixture

Chemical name	CAS-No.	Concentration (%)
Sodium hydroxide	1310-73-2	1 - 5
sodium hypochlorite	7681-52-9	1 - 5
Alkylamineoxides	3332-27-2	1 - 5
N,N-dimethyldodecylamine N-oxide	1643-20-5	1 - 5
Amines (incl. ethanolamines)	7128-91-8	1 - 5
amines, coco alkyl dimethyl, n-oxides	61788-90-7	1 - 5

If the chemical is a **mixture**, the CAS number in our system will be N/A, and the mixture components will be listed. They should match what is listed on your SDS. If they do not match, you will need to submit a request to add your specific chemical to the Master List.

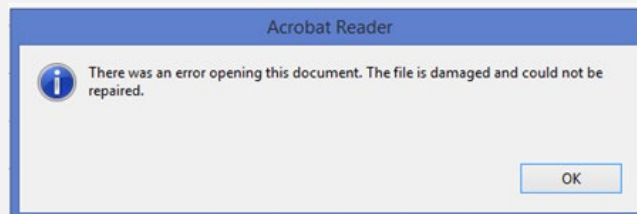
Navigate to the appropriate SDS on your computer, select "Open".



Once your SDS is uploaded, it will now replace the browse button for your document. If you need to change your SDS, click "Remove" and go through the upload steps again to select the correct SDS.

My SDS won't open

We have noticed some of the Safety Data Sheets (SDS) are not able to open and give this warning.



The issue is with your browser settings. You will need to change the settings in your browser to open the PDF documents in the browser instead of in Adobe. If you need help with the process, please contact your IT department or do an internet search on how to change your settings for viewing a PDF document.

Physical and Health Hazards

Physical and Health Hazards *

Physical Hazards
Check all that apply

<input type="checkbox"/> Combustible dust	<input type="checkbox"/> Oxidizer (liquid, solid or gas)
<input type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Poisonous Gas
<input type="checkbox"/> Explosive	<input type="checkbox"/> Poisonous Material
<input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input type="checkbox"/> Pyrophoric gas
<input type="checkbox"/> Pyrophoric (liquid or solid)	<input type="checkbox"/> Gas under pressure
<input type="checkbox"/> Radioactive	<input checked="" type="checkbox"/> Hazard Not Otherwise Classified (HNOC)
<input type="checkbox"/> Self-heating	<input type="checkbox"/> In contact with water emits flammable gas
<input type="checkbox"/> Self-reactive	<input type="checkbox"/> Organic peroxide

Health Hazards
Check all that apply

<input type="checkbox"/> Acute toxicity (any route of exposure)	<input type="checkbox"/> Reproductive toxicity
<input type="checkbox"/> Respiratory or skin sensitization	<input type="checkbox"/> Aspiration hazard
<input checked="" type="checkbox"/> Serious eye damage or eye irritation	<input type="checkbox"/> Carcinogenicity
<input type="checkbox"/> Simple asphyxiant	<input type="checkbox"/> Germ cell mutagenicity
<input checked="" type="checkbox"/> Skin corrosion or irritation	<input checked="" type="checkbox"/> Hazard Not Otherwise Classified (HNOC)
	<input type="checkbox"/> Infectious or etiologic (biological hazard)
	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)


SECTION 2. HAZARDS IDENTIFICATION

GHS Classification

Product AS SOLD
Skin corrosion : Category 1A
Serious eye damage : Category 1

Product AT USE DILUTION
Skin corrosion : Category 1A
Serious eye damage : Category 1

GHS label elements

Product AS SOLD
Hazard pictograms : 

Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove person to fresh air and keep comfortable for breathing. Immediately call a POISON CENTER/doctor. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER/doctor. Wash contaminated clothing before reuse.

You will need to mark all the applicable Physical and Health Hazards that are listed on the SDS.



Chemical Fee Exemptions: Certain substances qualify for a fee exemption based on how the substance is used. Chemical Fee Exemptions (CFE) must go through a Request process. To Request a CFE, click on the **Do you want to request to Change or Remove Chemical Fee Exemptions** link, this will expand the CFE List, see print screens. Each exemption will need to be reviewed to see if the facility qualifies for the exemption. Descriptions for each exemption are provided in the **"What is this?"** links for each exemption. If an exemption is selected to Yes, multiple selections are allowed, a reason for the exemption(s) request must be input in the Chemical Fee Exemption Request Reason. Our office will review all CFE requests and may request validation.

Chemical Fee Exemptions

[Do you want to request to Change or Remove Chemical Fee Exemptions?](#)

Cancel

Save

Chemical Fee Exemptions

[Do you want to request to Change or Remove Chemical Fee Exemptions?](#)

Please read each exemption carefully before selecting. Click on the "What is this?" for additional information. *Do not select an exemption without ensuring it applies.* You may be asked to provide justification. Please [submit a ticket](#) or call (503) 378-6835 or (800) 454-6125 if you have any questions.

Set Chemical Fee Exemptions

Mark All as No

1. Hazardous substance is NATURAL GAS that is only used as fuel in an over-the-road motor vehicle, or is stored in vaporous form for non-vehicular use. [What is this?](#)

☐ Yes
☒ No

2. Hazardous substance is a crude oil or petroleum product (e.g. gasoline, diesel motor fuel, motor oil, etc.) derived from the refining of crude oil, but is not a derivative of these products (e.g. petroleum jelly, cleaning solvent or asphalt paving). [What is this?](#)

☐ Yes
☒ No

3. Hazardous substance is propane and is for over-the-road vehicle use ONLY. [What is this?](#)

☐ Yes
☒ No

5. Hazardous substance is a solid waste as defined in ORS 459.005. [What is this?](#)

☐ Yes
☒ No

6. Hazardous substance is a hazardous waste as defined in ORS 466.005. [What is this?](#)

☐ Yes
☒ No

7. Hazardous substance was not present in a reportable quantity during the reporting period and therefore not required to be reported, but facility wishes to report it anyway. [What is this?](#)

☐ Yes
☒ No

9. Hazardous substance is displayed in a retail location in full view and accessible by retail customers without store assistance. [What is this?](#)

☐ Yes
☒ No

10. Reported product is an article that (1) is not subject to OSHA requirements for an SDS, and (2) is not used in a manufacturing process. NOTE: OSHA requires an SDS for lead acid batteries and they therefore **DO NOT QUALIFY** for this exemption. [What is this?](#)

☐ Yes
☒ No

11. Hazardous substance is contained within an over-the-road motor vehicle or trailer routinely used for delivery or transporting the hazardous substance (e.g. a propane or a battery delivery vehicle). This exemption does not apply to a permanently or semi-permanently parked vehicle or trailer that is used for storage at the facility. [What is this?](#)

☐ Yes
☒ No

12. Hazardous substance was not present on the site for more than 24 consecutive hours. [What is this?](#)

☐ Yes
☒ No

13. Hazardous substance is radioactive material encased in a capsule designed to prevent leakage or escape of the radioactive material. [What is this?](#)

☐ Yes
☒ No

14. Hazardous substance is used for agricultural growing operations AND IS PRESENT where the agricultural growing operations occur. This DOES NOT INCLUDE substances used in processing operations such as packing, preparing for storage, etc. or substances only for sale for agricultural purposes. [What is this?](#)

☐ Yes
☒ No

Chemical Fee Exemption Request Reason*

Cancel

Save

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Inventory and Storage: In this tab, enter the storage locations and amounts for each of the chemicals that are being reported. Changes to the amounts stored of each chemical must be updated. Verify/edit each storage location.

Also, if a substance is stored in different physical states, they will need to be reported separately.
(Example: Sodium Cyanide (Solid) vs. Sodium Cyanide Solution (Liquid) each will be reported separately.)

The **unit** is auto populated based on the physical state you selected.
(solid, liquid, gas, radioactive)

The **maximum daily amount** that is stored in your facility for more than a 24-hour period.

The **average daily amount** that is stored in your facility.

The **maximum daily & average daily amount codes** will auto populate based on the amount you enter in their corresponding fields.

The **amount in code** is for the total amount of this substance that has been **delivered to or brought into** your facility over the calendar year.

The **amount out code** is for the total amount of this substance that has been **distributed or sold** by your facility over the calendar year.

The **number of days** during the report period that this substance was stored at your facility.

The screenshot shows the 'Inventory & Storage' tab of a 'Chemical Inventory' form. The form includes a 'Gals To Lbs Converter' section with fields for 'Maximum Daily Amount' (100000), 'Average Daily Amount' (1000), 'Unit' (Gallons), 'Maximum Daily Amount Code' ([40] 100,000-249,999), 'Average Daily Amount Code' ([20] 1,000-4,999), 'Amount In Code' ([31] 50,000-99,999), 'Amount Out Code' ([41] 250,000-499,999), and 'Number of Days Onsite' (365). Red arrows point from callout boxes to these fields, explaining their purpose.

Field	Value
Maximum Daily Amount	100000
Unit	Gallons
Maximum Daily Amount Code	[40] 100,000-249,999
Average Daily Amount	1000
Unit	Gallons
Average Daily Amount Code	[20] 1,000-4,999
Amount In Code	[31] 50,000-99,999
Amount Out Code	[41] 250,000-499,999
Number of Days Onsite	365

Chemical Subject to Status –Answer the three Subject to Status questions for each chemical. The response to these questions will populate the fields in Step 4. Click on the “what is this?” links for more information about each status.

Chemical Subject to Status

Is this chemical subject to EPCRA Section 302 (EHS meets or Exceeds TPQ)?*

☐ Yes
☒ No
[What is this?](#)

Is this chemical subject to Clean Air Act Section 112(r)?*

☐ Yes
☒ No
[What is this?](#)

Is this chemical subject to Process Safety Management (PSM)?*

☐ Yes
☒ No
[What is this?](#)

Storage Locations – Verify and update all storage location information including storage max daily amount.

If the chemical is stored in more than one location (more than 300 feet apart) at the facility, each storage location will need to be entered separately.

If the facility has a contiguous facility storing the same chemicals in different buildings, report each storage location separately, and select the appropriate address from the list.

Storage Location

To enter a storage location, complete info in the "Add Storage Location" section below, and click on "Save Storage Location". Repeat for additional locations for the substance.

Storage Location List

Max Daily Amount	Chemical Address	Inside/Outside	Building	Floor	Stored Area	Room	Quadrant	Container Type	Pressure	Temperature	Edit	Delete
1000	3545 Trelstad ST SE, Bldg 2, SALEM, OR 97317	Outside	main		main		E	[A]Above ground tank	[1]Ambient pressure	[4]Ambient temperature		
1000	3655 N Trelstad AVE, Building 4, SALEM, OR 97317	Inside	2	grou	main	main	NW	[C]Tank inside building	[1]Ambient pressure	[4]Ambient temperature		

If the same chemical is stored in different containers in the same location, report each container type as a separate storage location.

For example: If the chemical is stored in a plastic and a metal drum, report the chemical once, but under the Storage Location section add a storage location for the chemical in a plastic container and one for the metal container.

Storage Location

To enter a storage location, complete info in the "Add Storage Location" section below, and click on "Save Storage Location". Repeat for additional locations for the substance.

Storage Location List

Max Daily Amount	Chemical Address	Inside/Outside	Building	Floor	Stored Area	Room	Quadrant	Container Type	Pressure	Temperature
5000		Inside	A	B	C	D	NW	[I]Fiber drum	[1]Ambient pressure	[4]Ambient temperature
5000		Inside	A	B	C	D	NW	[D]Steel drum	[1]Ambient pressure	[4]Ambient temperature

Storage Location

To enter a storage location, complete info in the "Add Storage Location" section below, and click on "Save Storage Location". Repeat for additional locations for the substance.

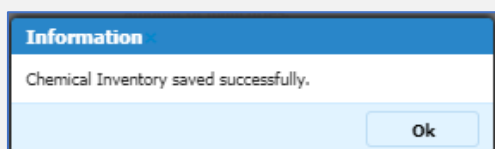
Storage Location List

Max Daily Amount	Chemical Address	Inside/Outside	Building	Floor	Stored Area	Room	Quadrant	Container Type	Pressure	Temperature	Edit	Delete
1000	3545 Trelstad ST SE, Bldg 2, SALEM, OR 97317	Outside	main		main		E	[A]Above ground tank	[1]Ambient pressure	[4]Ambient temperature		
1000	3655 N Trelstad AVE, Building 4, SALEM, OR 97317	Inside	2	grou	main	main	NW	[C]Tank inside building	[1]Ambient pressure	[4]Ambient temperature		

Click the Delete icon to remove the location. Or to edit an existing storage location, click on the Edit icon next to the location you need to change.

The information will populate the Edit Storage Location fields. Make any required changes, then click the Save Storage Location button.

Once you have made all the required changes, click the save button at the bottom of the screen.



You will receive a popup message saying the chemical inventory saved successfully.

You will need to repeat these steps to verify and edit every chemical stored at your facility in a reportable quantity during the reporting period.

Add any additional chemicals that were not previously reported. If you need additional assistance adding or editing a chemical, please review this [article](#) in the Help Desk or view the section in this manual for adding a chemical.

Step Validation - Step 3: Review Chemical Inventory requires a multiple step validation. Each year you must validate the correct SDSs are uploaded for all chemicals by clicking the "**Click here to confirm the SDSs are valid for all chemicals**" link.

This step is required to complete Step 3 for all report types.

Step 1 ✓ Step 2 ✓ Step 3 ⚠ Step 4 ✓ Step 5 ✓ Step 6 ✓ Step 7 ⚠

Step 3: Review Chemical Inventory Total: 2

Add Chemicals Import Chemicals

Chemical List

CAS No	Chemical Name	Pure/Mix	Max Daily Amt	Edit	Delete	Is Valid	Last Modified Date	Hazardous Ingredient
68002971	ADVANCE	Pure	500 gal			✓	12/20/2017 4:54:09 PM	ALKYL ALCOHOL C10-16 ETHOXYLATED
7782505	CHLORINE	Pure	500 gal			✓	12/14/2017 6:33:05 PM	CHLORINE

Total Results: 2 Rows per page 10

[Click here to confirm the SDSs are valid for all chemicals.](#)

Step 4: Review Subject to Status

In Step 4, you will be able to review whether you are subject to each regulatory program. Based on what's been reported previously, one or more of these programs will be marked as Active.

On the right side of the screen, click on the white question mark in the green circle to access resource links for more information on each of these programs.



Subject to Status

Test Facility (Facility ID: 122637)2019 Hazardous Substance Report Annual

Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: State/Local Govt Facility

Community Right to Know and Protection Act (ORS 453.307 to 435.414) (Annual Inventory)
Is this facility subject to reporting requirements under the Community Right to Know and Protection Act (ORS 453.307 to 435.414)? [What is this? *](#) **Active**

EPCRA Section 302 (EHS Amt>TPQ)
The facility is subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? [What is this?](#) **Inactive**

CAA Section 112(r) (RMP)
The facility is subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? [What is this?](#) **Inactive**
RMP ID

EPCRA Section 313 (TRI)
The facility is subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR Part 372) [What is this? *](#) ☐ Yes ☒ No
TRI Facility ID

OR-OSHA PSM
Is this facility subject to the Process Safety Management (PSM) substance requirements of OR-OSHA? [What is this?](#) **Inactive**

These are the Regulatory programs:

- Community Right to Know and Protection Act (ORS 453.307 to 435.414) -**
Any person possessing or storing a hazardous substance which meets or exceeds the reporting criteria.
- EPCRA Section 302-** Threshold Planning Quantities (TPQ) for Extremely Hazardous Substances (EHS). Facility has at least one extremely hazardous substance (EHS) above the threshold planning quantity (TPQ) and is subject to the emergency planning notification requirement under EPCRA Section 302, codified in 40 CFR part 355.
- Clean Air Act Section 112(r)-** Chemical accident provisions under the Risk Management Program (RMP). Facility has at least one hazardous substance that is subject to the chemical accident prevention provisions under Section 112r of the Clean Air Act (CAA), also known as the Risk Management Program (RMP), codified in 40 CFR part 68.

4. **EPCRA Section 313**- Toxic Release Inventory (TRI). Facility is subject to the reporting of emissions, transfers, and waste management data for chemicals listed under EPCRA section 313. These must be reported annually as part of the community right-to-know provisions of EPCRA (40 CFR part 372). These reports are also known as Toxics Release Inventory (TRI) reports.
5. **OR-OSHA**- Process Safety Management (PSM). Facility possesses at least one hazardous substance subject to requirements under the Occupational Safety and Health Administration's (OSHA) Process Safety Management (PSM) for preventing or minimizing the consequences of catastrophic releases of toxic, reactive, flammable, or explosive chemicals.

These Subject to Status questions are answered yes or no for each chemical you enter in Step 3. If you answer Yes, then the applicable Subject to Status in Step 4 will be marked as Active.

If you mark that your facility is **subject to 112(r)** then you will be required to provide your facility's **RMP number**. Please refer to the [article](#) in the help desk for more information about RMP numbers and Subject to 112(r) Status.

Likewise, if you mark that your facility is **subject to EPCRA Section 313**, you will be required to provide your facilities **TRI number**. Please refer to the [article](#) in the help desk for more information about TRI numbers and Subject to EPCRA Section 313 status.

Step 5: Review Report Contacts

In this section, you will review Facility and Owner/Operator contacts, Regulatory and Emergency contacts. It is important to keep this data updated since it's used by CR2K to administer the CR2K program, and emergency planners and responders to prepare for potential incidents.

Step 5: Review Report Contacts
Number of Regulatory Point of Contacts: 1
Number of Emergency Planning Coordinators: 0
Number of Emergency Contacts: 1

Facility and Owner/Operator Contacts
Edit

Name	Contact Type	Phone	Email	Move
Facility	Direct Site Communication	503-999-9999		
Jane Smith	Owner/Operator Contact	503-999-9999	OwnerEmail@test.com	

Regulatory and Emergency Contacts
Edit

Name	Title	Contact Type	Phone	24 Hr Phone	Email	Delete	Move	Is Valid
Jane Doe	Regulatory	Regulatory Point of Contact	503-999-9999	503-999-9999	jane.doe@email.com			✓
John Smith	Emergency Coordinator	Emergency Contact	503-999-9999	503-999-9999	John.smith@email.com			✓

The regulatory point of contact (POC) and emergency contact are mandatory. The regulatory POC will receive notifications via email from our office regarding reporting requirements, and reminder notices. An Emergency Planning Coordinator is only mandatory if your facility is storing Extremely Hazardous Substances (EHS) that meet the Threshold Planning Quantity (TPQ). You can add additional emergency contacts by clicking the "Add More" button at the bottom of the screen.

Step 6: Review Attachments

In step 6 of the report, facilities have the **option** to upload their site map and emergency response plan. This is not mandatory but is very beneficial and can be used by emergency planners and responders to prepare for an incident at your facility.

Step 6: Review Attachments

Edit

Description	File	File Type
Site Plan		
Facility Emergency Response Plan		

Due to limited space requirements (5mb), we recommend uploading these in Portable Document Format (PDF). A PDF can be compressed to minimize the storage space utilized by larger documents. (For more information about turning your documents into a PDF please review this article on [uploading Safety Data Sheets](#) in the help desk, or Step 3 of this manual Part 6.)

Steps to upload a facility site map and emergency response plan

Click Choose File for either the Site Plan or Emergency Plan

Add/Edit Report Attachments

Test Facility (Facility ID: 122637)

2018 Hazardous Substance Report Annual

Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: State/Local Govt Facility

Attachment	File	Browse File to Upload
Site Plan (Map) (OPTIONAL)		<div>Choose File</div> No file chosen
Facility Emergency Response Plan (OPTIONAL)		<div>Choose File</div> No file chosen

Cancel

Save

Add/Edit Report Attachments

Test Facility (Facility ID: 122637)

2018 Hazardous Substance Report Annual

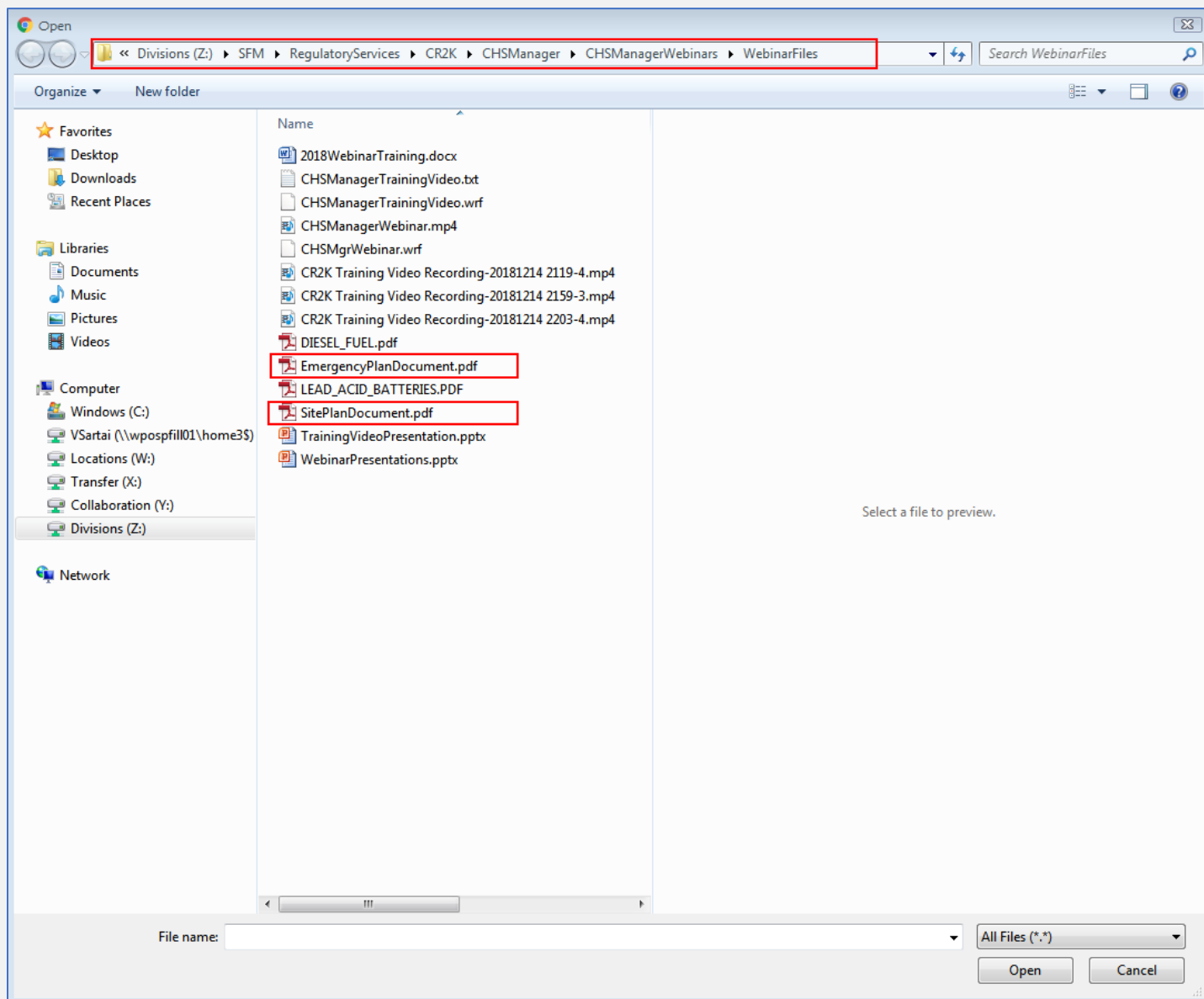
Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: State/Local Govt Facility

Attachment	File	Browse File to Upload
Site Plan (Map) (OPTIONAL)		<div>Choose File</div> No file chosen
Facility Emergency Response Plan (OPTIONAL)		<div>Choose File</div> No file chosen

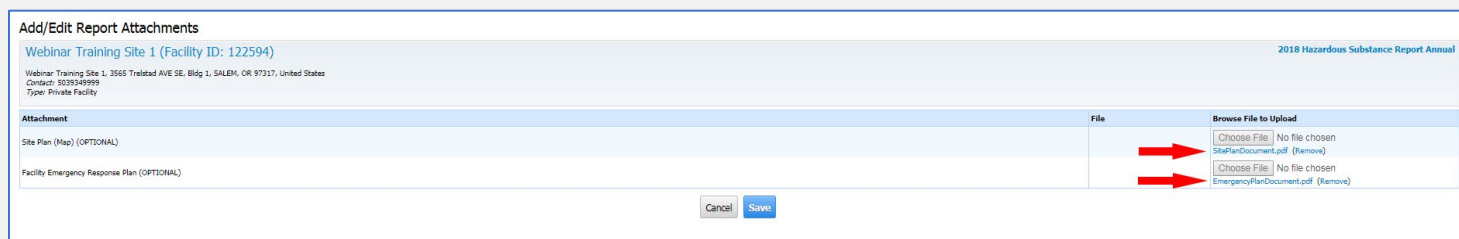
Cancel

Save

Navigate to the file on your computer where you have saved the PDF of your site map/emergency plan. Double-click on the files you wish to upload.



Double check that the correct files have been attached, then click the Save button.



Your files are now attached to your report.

Step 6: Review Attachments			Edit
Description	File	File Type	
Site Plan	SitePlanDocument.pdf	application/pdf	
Facility Emergency Response Plan	EmergencyPlanDocument.pdf	application/pdf	

Once you have verified all the information and received a green check mark on steps 1 through 6, you will have a "Submit Report" button in Step 7.

Step 7: Submit Report

Once all the previous steps have been completed, you will be able to submit the report. If there is incomplete information on previous steps, you will not see the submit button or be able to move forward.

View Fee Summary

Test Facility (Facility ID: 122637)2019 Hazardous Substance Report Annual

Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: Private Facility

The fees shown below are calculated based on your report. No fees are due at this time. The Department of Revenue will send a bill to the Billing Address provided for fees due as part of your Report.

Reporting Period : 2019

Chemical in Maximum Amount: TRAFFIC PAINT Maximum Amount: 1000000 gal Maximum Amount Code: 50 Hazard Rank: 2

Item	Amount
SFM Community Right to Know Fee	2000.00
DEQ Orphan Site Clean-Up Program Fee	1138.00
DEQ Toxic Use Reduction Program Fee	1311.00
Grand Total	4449.00

Proceed With Report

If your facility has fees, you will see a Fee Summary. Click Proceed with Report. Note: No fees are due at the time of submitting the report(s), this is a notification screen. The Department of Revenue generates invoices on an annual basis in November.

If your facility does not have fees, you will be taken to the Certify Report page.

Read the acknowledgment statement and mark the box indicating your understanding. Click the link to preview your submission before certifying.

Certify Report

Test Company (Facility ID: 122683)

2017 Hazardous Substance Report Annual
(Revision)

Test Company, 3565 Trelstad AVE SE, SHERIDAN, OR 97317, United States
Contact:
Type: Private Facility

I certify under penalty of law that I have personally examined and am familiar with the information and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. The undersigned attests, subject to the penalties for perjury, that the undersigned is the Owner or Operator of this facility, or that the undersigned is the properly authorized representative, agent, member or officer of the Owner or Operator. I agree, and it is my intent, to sign this hazardous chemical inventory form by accessing the CHS Manager using the secure password assigned to me and by electronically submitting this Report. I understand that my submission of this Report in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Report and the above Certification and Attestation.

☒ I understand that I am officially submitting this report and associated information to authorities. I also understand that once the submission is completed it will become an official archive for authorities.

Please preview the report before submission

Name of Owner/Operator or Authorized Representative *	Official Title *
<input type="text"/>	<input type="text"/>
Telephone Number *	Date *
<input type="text"/>	05/04/2018

Before clicking "submit", user must check the acknowledgement statement above.

Cancel

Submit



Enter Name, Title, and Phone Number. Click the submit button to certify your report.

You will receive a message thanking you for your submission, click on the **Print Report** link.

You are required to maintain copies of your reports for three years.

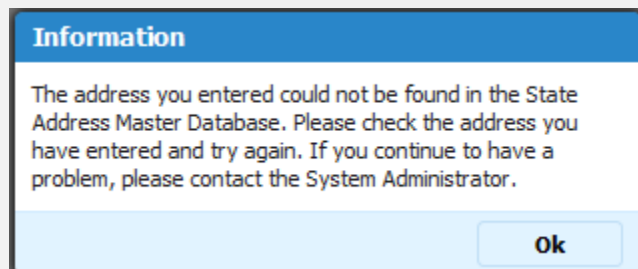


Part 7:

How to Validate an Address

Part 7: How to Validate an Address

If you receive this error message:



Please verify that the address is entered correctly by checking the following:

- Street direction (1234 **N** 5th St vs. 1234 5th St **N**)
- Zip Code
- Street Name (**e.g. Highway 22 vs. Mission Street in Salem, Oregon**)
- Street name spelled correctly
- Street Type (**Street, Ave, Highway**)
- Correct County
- Correct City

You may also find it helpful to cross reference the address using an internet search engine. If the address that comes up for your location is slightly different, try entering that address. However, you must ensure the address is correctly identifying the location of your facility.

If you are entering a Substation or Cell Site see the article "[How do I enter a substation or cell tower site](#)".

A screenshot of a web form for address validation. At the top, there are three tabs: "Location & Business Activity at this Site" (active), "Owner/Operator", and "Mailing/Billing Address", each with a green checkmark. Below the tabs is a checkbox labeled "Check if facility address is not a standard address". The form is divided into two columns. The left column contains: "Facility Name *" (text box with "OSFM Test Site"), "Department or Division" (text box), "Street Direction Prefix" (dropdown menu with "Select One"), "Street Type (and Street Direction Suffix if applicable) *" (dropdown menu with "Avenue" and "South East"), "Street Unit Description" (text box with "3565 Trels"), "City *" (dropdown menu with "SALEM"), "Zip Code *" (text box with "97501"), and "Latitude (in decimal degrees) *" (text box with "44.8864"). The right column contains: "Facility ID" (text box with "124352"), "Street Number *" (text box with "3565"), "Street Name *" (text box with "Trelstad"), "Street Unit" (dropdown menu with "Select One"), "County *" (dropdown menu with "MARION"), "State *" (dropdown menu with "Oregon"), "Country *" (dropdown menu with "United States"), and "Longitude (in decimal degrees) *" (text box with "-122.9880"). At the bottom left is a blue button labeled "Get Lat/Long".

If your address still will not validate, please call the Oregon Hazardous Substance Information Hotline 503-378-6835 or 800-454-6125 for assistance.





Part 8: How to Request a New Chemical be Added to the Master Chemical Table

Part 8: How to Request a New Chemical be added to Master Chemical Table

If you search for a chemical and it is not found, you can submit a request to have the chemical added to the Master Chemical Lookup. Click the "Request Chemical Not Found in Lookup" link.

Contact: 800-228-1211
Type: Private Facility

Chemical Description  Inventory & Storage 

Chemical Description

Search by CAS/Chemical Name **Request Chemical Not Found in Lookup**

CAS Number (If no CAS, type N/A) *

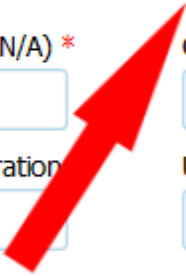
Chemical Name *

Ingredient in Highest Concentration

UN/NA Number *

☐ Substance is Trade Secret

Trade Secret Proof
 No file selected.



In the "Notes" indicate the chemical name and select "Browse" to upload the Safety Data Sheet (SDS). Then click Save.

NOTE: You may want to refer to the article "[How do I save a Safety Data Sheet \(SDS\) so it is uploadable?](#)"

Upload SDS Attachment

Please upload an SDS for the chemical you would like to see added to the Master Chemical Lookup. Authorities will review your request. You will be notified by email when authorities have added the requested chemical to the Master Chemical Lookup, at which point you can proceed with reporting.

Notes

No file selected.

You will receive a popup message.

Authorities will review your request. You will be notified by email when authorities have added the requested chemical to the Master Chemical Lookup, at which point you can proceed with reporting.

Once you receive notification that the requested chemical has been added to the Master Chemical Lookup, you then need to return to your initiated report to add the new substance. Follow the steps in the help desk article "[How do I add a chemical?](#)" or in section IX of this manual.





Part 9:

Reporting a Contiguous Site

Part 9: Reporting a Contiguous Site

What is a Contiguous Site?

A contiguous site is a facility that has multiple buildings, structures, yards, etc. which are owned by the same company and whose boundaries are touching and/or separated by public rights-of-way and have different addresses. Facilities separated by property owned or operated by others are not considered contiguous.

Owners and operators who have multiple facilities that are only separated by a public right of way ([contiguous sites](#)) are able to report them on a single report. The separate addresses are reported as different storage locations.

Each substance will need to be reported as follows:

- The aggregate amount for each reportable substance will be listed under the single Facility ID number.
- For each substance stored at a location within the contiguous site, the Facility will need to provide an address for the storage location along with the specific amounts.
- Amounts of a substance in less than a reportable quantity can be shown as "various" if in multiple areas at a storage location within a single building.

Information previously submitted to the State Fire Marshal's Office will be present in CHS Manager once a user account is established. If a substance was at multiple locations at a contiguous site, these will be migrated into CHS Manager as duplicate substances under the single Facility ID number. The duplicates will need to be deleted, and the appropriate storage locations for each address should be identified under the aggregated substance.

Example:

There is a contiguous site with three addresses (**Facility A, Facility B, Facility C**). To create a contiguous site, you will need to create a single facility using the main facility's address. Then in Step 1: Owner/Operator tab add the contiguous addresses. If you have Sulfuric acid stored at two of the "facilities" within the contiguous site, each storage location should be reported under the single chemical entry and identified by address. So, you will add the chemical Sulfuric Acid, with an aggregated amount entered in the Maximum Daily Amount field. Then under Storage Locations you will separate the storage amounts.

With a Maximum Daily Amount of 1,000 gallons stored in 2 facilities the storage location will look like this:

500 gallons Facility A Main Floor Warehouse SW

500 gallons Facility C 2nd Floor Battery Room NW

How do I add a contiguous Address?

In Step 1, on the Owner/Operator tab you will need to answer “Yes” to the question, “Does your facility have multiple addresses as part of the same Facility Site ID?”

Multiple Addresses Part of Same Facility Site ID (Contiguous Addresses)

Does your facility have multiple addresses as part of the same Facility Site Id? * ☒ Yes ☐ No

[Add Contiguous Address](#)

Click the “Add Contiguous Address” button.

Add/Edit Contiguous Addresses

☐ Check if facility address is not a standard address

Street Number *

Street Direction

Select One ▼

Street Name *

Street Type
(and St Direction if applicable) *

▼ Select One ▼

Street Unit

Select One ▼

Street Unit Description

City *

Select One ▼

State *

Oregon ▼

Zip Code *

Latitude (in decimal degrees) *

Longitude (in decimal degrees) *

[Validate](#)

[Cancel](#)

Fill in the fields with a * red asterisk.

Click the Validate button to get the Latitude/Longitude. Once validated, the Latitude & Longitude fields will auto populate. If the address does not validate, please refer to Part 7.





Information

Address validated successfully. Please Save Address.

[Ok](#)

Your contiguous addresses will be listed under the “Multiple Addresses Part of Same Facility Site ID” section on the Owner/Operator tab.

Contiguous Address List

Street	City	Zip	Latitude	Longitude	Edit	Delete
3545 Trelstad ST SE, Bldg 2	SALEM	97317	44.885325	-122.992012		
3655 N trelstad AVE, Building 4	SALEM	97317	44.8855	-122.9877		

How do I remove contiguous addresses?

The benefit of combining contiguous sites is they are considered to be one "facility" and therefore, only subject to a single fee. However, owners and operators may choose to keep contiguous locations separate for tracking, ease of reporting, etc. Each location would then receive a fee (if applicable).

If you have a facility made of contiguous sites, but wish to separate them follow the steps below:

Click the Add New Annual, Update, or Revision button.

Oregon State Police, Office of State Fire Marshal
3555 Trelstad Ave., SE Salem, OR 97317

Oregon Community Right to Know Hazardous Substance Manager (CHS Manager) 2017
Welcome CSFM. Last Login: 12/18/2018, 07:52 PM
Click here for Help Desk Submit User Log Out

Home Facilities Audits My Account Resource Links

Back List Submissions

To create and submit a new report, click on the "Add a New Annual/Update/Revision Report" button. To continue work on a previously started submission, click on the name of the report in the list. To view a previously completed and submitted report, click on the icon under the "view" column next to the report.

Test Facility (Facility ID: 122637) [Change Facility](#)

3555 Trelstad Ave, Bldg 2, SALEM, OR 97317, United States
Status: Active Type: Private Facility

[Change Facility Status](#)

Regulatory Reports [Add a New Annual/Update/Revision Report](#)

Hazardous Substance Inventory Report

Report ID	Report (Click to Edit Reports)	Status	Signed By	Signed Date	View	Submission Type
28310	2017 Hazardous Substance Report Annual Revision	Initiated				Online
28308	2017 Hazardous Substance Report Annual Revision	Completed	Me	11/28/2018 05:09:23 PM	<input type="checkbox"/>	Online
26260	2017 Hazardous Substance Report Annual	Completed	Owner	10/04/2018 01:52:10 PM	<input type="checkbox"/>	Online

[Show More](#)

Select your report class. Remember you are required to submit an Annual Report each year. If you have already submitted your annual for this year, select Revision.

Oregon State Police, Office of State Fire Marshal
3555 Trelstad Ave., SE Salem, OR 97317

Oregon Community Right to Know Hazardous Substance Manager (CHS Manager) 2017
Welcome CSFM. Last Login: 12/18/2018, 07:52 PM
Click here for Help Desk Submit User Log Out

Home Facilities Audits My Account Resource Links

Start a New Report

Test Facility (Facility ID: 122637)

Test Facility, 3555 Trelstad Ave, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: Structural Svct Facility

Choose a Report Type (click on button next to selection)

☒ **Hazardous Substance Inventory Report**
Facilities covered by the Community Right and Protection Act requirements must submit a hazardous substance inventory report to the Oregon Office of State Fire Marshal annually by March 1 covering activities at the facility during the previous calendar year.

Choose a Report Class (click on button next to selection)

☒ **Annual for** Annuals should be submitted to meet Annual Reporting of hazardous substance inventories for hazardous substances onsite during the **previous calendar year**.

If you have already submitted an ANNUAL for 2017 and want to update new information or fix an error on the submitted report, please select an option below.

☐ **Update for** 2018 Updates should be submitted to capture changes to facility contacts or hazardous substance quantities/locations onsite during the **current calendar year**.

☐ **Revision** Revisions should be submitted to correct errors or omissions in already submitted reports.

If you are submitting a revision, you will need to select the report you wish to revise from the drop down and enter a reason for the revision.

Choose a Report to Revise

Select any Report from the following and enter the reason for the revision and details about sections or content that will be edited in the revision.

If a dropdown is empty or cannot find the report you want to revise in the dropdown, it is because the report is not available to revise

Select Report Type *

Hazardous Substance Inventory Report ▼

Revise a Submitted Report *

39663 - Hazardous Substance Inventory Report 2018 Annual ▼

Reason for Revision *

Change Contiguous Sites

☒ I acknowledge that the information entered here is accurate and true.

Cancel

Finish

Scroll down to Step 1 and click the Edit button.

Step 1: Review Facility Information Edit

Facility ID	122637	LEPC	None
Facility Name	Test Facility	Lat/Long	44.8856/-122.9896
Division or Department		Occupied	No
Facility Status	Active	Maximum Number of Occupants at one time	
Facility Status Reason	Active - Storing Chemicals above Reportable Quantities	Facility Type	State/Local Govt Facility
Status Change Date	3/8/2019	Business Activity at this Site	Administration of Air and Water Resource and Solid Waste Management Programs
Physical Location	Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States	NAICS	924110
County	MARION	Dun & Brad No	N/A
City	SALEM	Tax ID Number	12- 3456789
Fire Department	MARION COUNTY FIRE DISTRICT	Parent Company Address	Test Facility Parent Co, 3565 Trelstad AVE, SALEM, OR 97317, United States , 503-999-9999, test@idsinternational.com
Site Phone	503-999-9999	Billing Address	Test Facility, JANE SMITH, 3565 Trelstad AVE, Building 2, SALEM, OR 97317, United States.
Owner/Operator	Jane Smith, 3565 Trelstad AVE SE, Building 1, SALEM, OR 97317, United States. test@idsinternational.com, 503-399-9999	Mailing Address	Test Facility, JANE SMITH, 3565 Trelstad AVE, Building 2, SALEM, OR 97317, United States. 503-999-9999
Is NFPA Placard	No	Company Sold To Name	
Other Placard	No		
Is Storing Facility Plan	Yes		
Plan Location	Front Office		
Is Facility With Sprinkler	No		

Click on the Owner/Operator tab at the top

Webinar Training Site 1 (Facility ID: 122594) 2018 Hazardous Substance Report Annual

Webinar Training Site 1, 3565 Trelstad AVE SE, Bldg 1, SALEM, OR 97317, United States
Contact: 503-934-9999
Type: State/Local Govt Facility

Location & Business Activity at this Site ✓ **Owner/Operator** ✓ Mailing/Billing Address ✓

Direct Site Communication

Enter general information for direct contact at the facility site (ex. reception or Guard house) or if unmanned, next best contact.

Phone *
503-934-9999

Parent Company Address

If you enter an address outside of the US or Canada, enter the state/province name in the State field.
[Pick Parent Company Contact](#)

Parent Company Name Dun & Brad Number

Street Address Country

City State

Zip Code Phone Number

Email

Owner/Operator Mailing Address and Contact Details

If you enter an address outside of the US or Canada, enter the state/province name in the State field.
[Pick Owner/Operator Contact](#) [Copy Facility Address](#)

Name of the person who is the owner of the business or is the highest ranking individual responsible for the facility.

First Name * Last Name *

Street 1 Street 2

Country City

State * Zip Code

Owner/Operator Phone

Owner/Operator Email *

Multiple Addresses Part of Same Facility Site ID (Contiguous Addresses)

Does your facility have multiple addresses as part of the same Facility Site ID? * ☒ Yes ☐ No

[Add Contiguous Address](#)

Contiguous Address List

Street	City	Zip	Latitude	Longitude	Edit	Delete
3454 Trelstad AVE SE, Bldg 2	SALEM	97317	44.8853	-122.9918		

In the Multiple Addresses Part of Same Facility Site ID (Contiguous Site) section, select "No", or delete each contiguous address from the list you wish to report separately by clicking on the delete Icon. Then click the save button.

Multiple Addresses Part of Same Facility Site ID (Contiguous Addresses)

Does your facility have multiple addresses as part of the same Facility Site Id? * ☒ Yes ☐ No

Add Contiguous Address

Contiguous Address List

Street	City	Zip	Latitude	Longitude	Edit	Delete
3454 Trelstad AVE SE, Bldg 2	SALEM	97317	44.8853	-122.9918		

Cancel

Save

Once you have removed all the Contiguous Addresses from the list, validate your SDSs in Step 3, and submit your report in Step 7.

You will need to add each of the deleted contiguous addresses as New Facilities. This article can assist you with adding the [New Facilities](#), or review the section in this manual.

Our staff is available to assist with this process or any other questions you may have about CHS Manager or CR2K regulations. They can be reached by calling our Hazardous Substance Information Hotline at 503-378-6835 or 800-454-6125, or [submit a ticket](#).





Part 10:

Change Facility Status

Part 10: Change Facility Status

Change Facility Status can be used to update your facility's status if:

- a.) your business moves to a new location
- b.) your business is sold to another company
- c.) your company closes or goes out of business


If your facility is no longer in business, you are required to submit an update report in CHS Manager within 30 days as a substantive change. For more information about substantive changes review this [article](#) in the help desk, or see the "Substantive Change" section of this manual.

For assistance submitting an update report, please review this [article](#), or see the "Submitting a Report" section of this manual.

Keep in mind, that if at any point during THIS current calendar year your facility has stored chemicals in a reportable quantity for over a 24-hour period, you will be required to submit an Annual Report next year.

Once you submitted the annual report for this year, you will be able to change your facility status to closed. If your facility was sold and still operating, please follow the steps in this [article](#) to report the new ownership.

Hover over the Facilities tab at the top and click on List Facilities from the drop down.



Oregon State Police, Office of State Fire Marshal
3565 Trelstad Ave. SE Salem, OR 97317

Oregon Community Right to Know Hazardous Substance Manager (CHS Manager) 2018
Welcome OSFM Last Login: 12/19/2018, 01:13 PM
[Click here for Help Desk](#) [Submit User](#) [Log Out](#)

[Home](#) [Facilities](#) [Audits](#) [My Account](#) [Resource Links](#)

Regulations [List Facilities](#) [Continue](#)

Welcome to the Oregon Community Right to Know Hazardous Substance Manager (CHS Manager)

Please click here to access the Training materials. Before starting a submission, please watch or read the materials thoroughly to understand both the requirements and the online reporting process.

The Office of State Fire Marshal (OSFM) is responsible for the collection and maintenance of the Community Right to Know data reported by Oregon facilities. The purpose of this data is to provide State and local officials with specific information on hazardous substances present at your facility for use in emergency preparedness planning. Oregon law also allows the general public to access this information.

OSFM encourages facilities to submit their Hazardous Substance Information Report to the Community Right to Know Program using this online reporting system. Updates and revisions can be submitted at any time of the year.

Submission of hazardous substance data that meets the reporting requirements established under the Community Right to Know and Protection Act is required. For more information on reporting requirement and thresholds, please visit the OSFM website at http://www.oregon.gov/OSP/SFM/Pages/CR2K_Home.aspx.

If you have any questions or need assistance, please contact the Community Right to Know Program at test@idsinternational.com or or (800) 454-6125.


IMPORTANT: You must submit a 2018 ANNUAL REPORT to complete your submission for this year! (Submitting a 2019 UPDATE does NOT meet this requirement).

Recent Submissions

2018 Hazardous Substance Annual, Test Facility Completed 12/17/2018
2018 Hazardous Substance Annual, Test Facility Completed 12/17/2018
2018 Hazardous Substance Annual, Webinar Training Site 1 Completed 12/17/2018
2017 Hazardous Substance Annual, Test Facility Completed 12/11/2018

Facility Status Summary

	Active	Inactive
Agricultural Facility	0	0
Private Facility	1	0
Sovereign Immunity	0	0
State/Local Govt Facility	1	0
Tribal Facility	0	0

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Select your facility by clicking on your facility name's link.

Active Facilities										
<div>Back</div> <div>ABCDEF GHIJKLMNOPQRSTUVWXYZ Other</div> <div>Add New Facility</div>										
Facility ID	Division or Department	Facility Name	Address	County	Facility Type	Facility Status	City	LEPC	Fire Department	Latest Report
Facility ID	Division or Dep	Facility Name	Address	All	All	Ac	City	LEPC	Fire Department	
122693		ABC LLC (ID: 122693)	3565 S Trelstad AVE, Floor 2 SALEM, OR 97317	MARION	Private Facility	Active	SALEM	None	SALEM FD	2017 Hazardous Substance Report Annual (09/28/2018 - Completed)

From the List Submissions page, click on the Change Facility Status button.

Test Facility (Facility ID: 122637) [Change Facility](#)

3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Status: Active

[Change Facility Status](#)

Regulatory Reports

Answer each question, then click the save button.

Facility Status

Test Facility (Facility ID: 122637)

Test Facility, 3565 Trelstad AVE, Bldg 2, SALEM, OR 97317, United States
Contact: 503-999-9999
Type: Private Facility

Did facility move to a new location?

☐ Yes

☒ No

Was this facility sold to another Company but is still doing business at the same location?

☐ Yes

☒ No

Has the facility stored chemicals in reportable quantities last year?

☐ Yes

☒ No

Please submit an Annual Report (if you have not yet done so for the year) or Update Report (if you already submitted an Annual for the year) to indicate you are no longer storing reportable chemical quantities. Please complete Step 2 on the report to indicate you are exempt from reporting. This filing is required each year until you have reported exempt for three consecutive years.

Has this facility closed for business and has not stored hazardous chemicals over reportable quantities last year?

☒ Yes

Facility Closed Date:

☐ N/A. Based on the answers above, you cannot make this Facility inactive. If you have questions, please contact the System Administrator.

[Cancel](#) [Save](#)



Part 11: Substantive Changes

Part 11: Substantive Change

The following are substantive changes and must be reported within 30 days of the change.

1. A change of **ownership** or **business name**.
2. A change of **site address** or **mailing address**.
3. A change of any **phone number**.
4. A change of the **emergency contact** person.
5. Introduction of a **new hazardous substance** to the site in a reportable quantity.
6. An **increase** of a substance already reported that **changes the Maximum Amount Code**.
7. A previously reported **substance** that is **moved to another building, another floor level, or 300 feet or more** from its originally reported location.

IMPORTANT: Substantive changes must be submitted within 30 days.

A substantive change is submitted through an update report, whether you have submitted your annual report or not.

1. Log into CHS Manager and choose your facility from the Active Facilities list

Active Facilities									
<div>Back</div> <div>ABCDEFGHIJKLMNOPQRSTUVWXYZ Other</div> <div>Add New Facility</div>									
Facility ID	Facility Name	Address	County	Facility Type	Facility Status	City	LEPC	Fire Department	Latest Report
Facility	new	Address	All	All	Active	City	LEPC	Fire	
122554	New Facility (ID: 122554)	3565 Trelstad AVE SE, Bldg 1 SALEM, OR 97317	MARION	Private Facility	Active	SALEM	None	MARION COUNTY FIRE DISTRICT	2016 Hazardous Substance Report Annual -Initiated
Total Results:1 Rows per page 10									

2. Click the "Add Report Button"

Home Facilities Audits My Account

Back List Submissions

To create and submit a new report, click on the "Add a New Annual/Update/Revision Report" button. To continue work on a previously started submission, click on the name of the report in the list. To view a previously completed and submitted report, click on the icon under the "view" column next to the report.

New Facility (Facility ID: 122554) [Change Facility](#)

New Facility, 3565 Trelstad AVE SE, Bldg 1, SALEM, OR 97317, United States
Status: Active

Status Reason: Active - No Report Present
Type: Private Facility

[Change Facility Status](#)

Regulatory Reports [Add a New Annual/Update/Revision Report](#)

Hazardous Substance Inventory Report

Report ID	Report (Click to Edit Reports)	Status	Signed By	Signed Date	View	Submission Type
13010	2016 Hazardous Substance Report Annual	Initiated				Online

3. Select "Update". You can only select the current year. See the article ["What's the difference between annual, update, and revision reports?"](#) or review the section in this manual.

Start a New Report

New Facility (Facility ID: 122552)

New Facility, 123 Main ST, SALEM, OR 97301, United States
Contact: 503-999-9999
Type: Private Facility

Choose a Report Type (click on button next to selection)

☒ **Hazardous Substance Inventory Report**
Facilities covered by the Community Right and Protection Act requirements must submit a hazardous substance inventory report to the Oregon Office of State Fire Marshal annually by March 1 covering activities at the facility during the previous calendar year.

Choose a Report Class (click on button next to selection)

IMPORTANT: You must select ANNUAL for 2016 to complete your requirements this year!

☒ **Annual for** 2016 Annuals should be submitted to meet Annual Reporting of hazardous substance inventories for hazardous substances onsite during the **previous calendar year**.

☐ **Update for** 2017 Updates should be submitted to capture changes to facility contacts or hazardous substance quantities/locations onsite during the **current calendar year**.

☐ **Revision** Revisions should be submitted to correct errors or omissions in already submitted reports.

4. Complete the form with your updated information.

5. Once you have completed steps 1 through 6 listed at the top, submit your report (Step 7).

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7





Part 12: Resources

Part 12: Resources

CHS Manager

<https://oregon.hazconnect.com/Account/Login.aspx>

CR2K Help Desk

<https://cr2khelp.zendesk.com/hc/en-us>

Community Right to Know Contact Information

Hazardous Substance Information Hotline

Toll Free in Oregon 800-454-6125

Phone: 503-378-6835

CR2K Email

hazmatsurvey@osp.oregon.gov

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<https://www.oregon.gov/osp/programs/sfm/Pages/Community-Right-To-Know.aspx>

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This publication contains information about how Emergency Planners and Responders
can utilize CHS Manager for emergency preparedness and Response.



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twitter.com/OSFM