



AFD Transshipment Facility Report Form Instructions



Beginning January 1, 2021 the Anchorage Fire Department (AFD) will require all Community Right-To-Know (CRTK) Tier II Transshipment reports to be filed through paper submittals emailed to fireprevention@muni.org. Only CRTK transshipment forms may be emailed, all other CRTK Tier II forms must be submitted using The E-Plan Database. **All facilities are responsible for submitting their report(s) by March 1st.**

AFD does not have the same reporting thresholds as the State of Alaska, please go to www.muni.org/crtk for reporting requirements for additional information.

Complete the attached *Anchorage Fire Department Transshipment Facility Report Form* - only submit this form if you are a transshipment facility. Transshipment facility means "any land, building, equipment, structure, stationary item or combination thereof that is located on a single site or on contiguous or adjacent sites owned, leased, operated or otherwise controlled by the same person whose principal business consists of the handling of materials including handling hazardous materials or hazardous wastes while such materials remain in the stream of interstate, intrastate or international commerce".

Instructions

- A. Facility Identification** – Enter the business name, address and phone number of the transshipment facility.
- B. Owner/Operator Name:** - Enter the name, phone number and address of the business' owner or operator.
- C. Emergency Contact:** - Enter the name, title and office and cellphone numbers of at least one emergency contact.
- D. Hazard Class** – Enter the reporting year (i.e. last year date) and check all applicable hazard classes.
- E. Inventory Quantity** – List estimated quantity of last year's (i.e. the reporting year) inventory in pounds (lbs.) only.
- F. Certification:** - Provide name and official title of owner/operator, owner/operator's signature and date of completion.
- G. Attachments** – Attached site plan/map. Site plan/map must include the location(s) of all reportable chemicals.

To avoid additional fees please take the time to complete your report and submit with the required attachment(s) no later than March 1st to fireprevention@muni.org.

ANCHORAGE FIRE DEPARTMENT TRANSSHIPMENT FACILITY REPORT FORM

A. FACILITY IDENTIFICATION:

Name of Business: _____
 Street: _____
 City _____ State _____ Zip _____
 Business Phone () _____
 SIC Code Latitude _____ Longitude _____

B. OWNER/OPERATOR NAME:

Name: _____ Phone: () _____
 Address: _____
City State Zip

C. EMERGENCY CONTACT:

1) Name: _____ Title _____
 Phone (): _____ 24-Hour Phone: (): _____
 2) Name: _____ Title _____
 Phone (): _____ 24-Hour Phone: (): _____

E. INVENTORY QUANTITY

(Estimate): _
 (Report in pounds only)

FOR
OFFICIAL
USE
ONLY

ID#

Date received

D. HAZARD CLASS (check all that apply)

Hazard Class means that class of hazardous material defined in 49 Code of Federal Regulations or International Civil Aviation Organization/International Maritime Organization equivalents.

Reporting Period From January 1 to December 31, _____

Check if information below is identical to information submitted last year

**CLASS 1
EXPLOSIVES**

- Div 1.1 & 1.2
- Div 1.3
- Div 1.4

**CLASS 2
COMPRESSED GASES**

- Div 2.1 Flammable Gas
- Div 2.2 Non-Flammable Gas
- Div 2.3 Poison Gas

**CLASS 3
FLAMMABLE/COMBUSTIBLE LIQUIDS**

- Flammable Liquid
- Combustible Liquid

**CLASS 4
FLAMMABLE SOLIDS**

- Div 4.1 Flammable Solid
- Div 4.2 Spontaneously Combustible
- Div 4.3 Dangerous When Wet

**CLASS 5
OXIDIZING SUBSTANCES**

- Div 5.1 Oxidizers
- Div 5.2 Organic Peroxides

CLASS 6

- Div 6.1 Poisons

CLASS 7

- Radioactive

CLASS 8

- Corrosive

CLASS 9

- Miscellaneous
- ORM D** Consumer Commodity

F. CERTIFICATION: (Read and sign after completing all sections.)

I certify under penalty of law that I have personally examined and am familiar with information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining information, I believe that the information is true, accurate and complete.

Name and Official title of Owner/Operator

Signature

Date Signed

G. ATTACHMENTS:

- Site plan
- List of site coordinate abbreviations
- Description of dikes and other safeguard measures
- MSDS Sheets