

FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Statement of Determination

(Check Only One)

Exempt from Reporting for Filing Year _____

*** Due to chemicals being under threshold for the filing year**

Deregister Facility

*** Facility closed and all chemicals removed**

*** Facility open and all chemicals removed**

*** Chemicals permanently reduce to below threshold**

Facility/Chemical Status Change

*** Facility Sold**

*** One or more chemicals removed, other substances remain above threshold**

Facility Name: _____				
Street: _____		City: _____		Zip: _____
LEPC: _____		County: _____	SERC ID or Access ID: _____	
SECTIONS 302 - 303	<input type="checkbox"/>	Extremely Hazardous Substances (EHSs) <u>WERE</u> present only in amounts less than established Threshold Planning Quantities (TPQs) <i>as of this date:</i>		
	<input type="checkbox"/>	<u>NO</u> EHSs were present on-site during the current filing year. <i>ALL EHSs were removed as of this date:</i>		
SECTIONS 311 - 312	<input type="checkbox"/>	Hazardous Substances (HSs)/EHSs <u>WERE</u> present only in amounts below established Threshold Planning Quantities (TPQs) <i>as of this date:</i>		
	<input type="checkbox"/>	<u>NO</u> Hazardous Substances (HSs)/EHSs <u>WERE</u> present on-site during the current filing year. List the <i>date ALL HSs/EHSs were removed:</i>		
SECTION 313	<input type="checkbox"/>	<u>Not</u> within covered NAICS Codes.		
	<input type="checkbox"/>	Within covered NAICS Codes, but <u>less than</u> ten (10) employees.		
	<input type="checkbox"/>	Within covered NAICS Codes, but <u>NO</u> Section 313 chemicals were present <i>or</i> were <u>BELOW</u> Section 313 Threshold Planning Quantities.		
STATUS CHANGE	<input type="checkbox"/>	Closed Facility: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chemicals Removed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chemicals Permanently Below TPQ: <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/>	Date Effective: _____		

Further Explanation (ex: facility sold with date, name and CAS Number of chemical removed/reduced chemical, etc.):

Certification: (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this page, 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.

Name and Official Title of Owner / Operator OR Owner / Operator's Authorized Representative

Signature

Date Signed

Form Updated 6/28/2024