

## Statement of Determination Instructions

*Check the box at the top of the form that best describes the reason for the notification.*

**Exempt from Reporting:** Check this box if all Hazardous Substances (HSs) and Extremely Hazardous Substances (EHSs) were below threshold for the *entire calendar year*.

**Deregister Facility:** Check this box if all Hazardous Substances and Extremely Hazardous Substances were *permanently* reduced below threshold or removed.

**Facility/Chemical Status Change:** Check this box to notify the State of a significant change at your facility. For example, this may be a change in ownership or a reduction or removal of one or more substances in your chemical inventory, though others remain on site at reportable quantities.

**Enter the facility's name, address (including zip code), LEPC Region, County, SERC ID or Access ID. See below for definitions of LEPC, SERC ID, and Access ID.**

**LEPC:** Local Emergency Planning Committee. To find your LEPC region, go to <https://www.floridadisaster.org/dem/response/technological-hazards/serc/lepc/>

**SERC ID:** This is a number assigned to the facility location by Florida Division of Emergency Management Tier II staff. This number can be found next to the facility name in E-Plan or the PDF of the Tier II Form next to Florida Facility ID.

**Access ID:** Username for logging into your E-Plan account and submitting a Tier II. This is a 7-digit number beginning with a '1' and a '0'. Example: 1023456

**Check the appropriate box(es) next to the EPCRA sections for which you are making notification. See below for an explanation of each section.**

**Section 302/303:** This is the section under the Emergency Planning and Community Right-to-Know Act (EPCRA) governing the one-time notification of the presence of an Extremely Hazardous Substance above Threshold Planning Quantity (TPQ). These substances and corresponding TPQs can be found on the Environmental Protection Agency's Consolidated List of Lists located at <https://www.epa.gov/epcra/consolidated-list-lists>. The applicable TPQs are under the Section 302 column.

**Section 311/312:** EPCRA section governing the annual reporting of Extremely Hazardous Substances and Hazardous Substances. Hazardous Substances are reportable when they are present at or above 10,000 pounds at any one time during the calendar year. Hazardous Substances are defined under the OSHA Hazard Communication Standard, 29 CFR 1910.1200. For more information, go to <https://www.osha.gov/hazcom>.

### **Further Explanation Box**

Use this space to provide additional information regarding the change that has occurred at your facility. This may include a new owner's name and contact details, the name and CAS number of any substance that was reduced below TPQ or removed, or any other information that may substantially effect an emergency response to your facility.

### **Certification**

Enter your name, signature, and date on the form. Email the form to [TierII@em.myflorida.com](mailto:TierII@em.myflorida.com), or your point of contact at the Florida Division of Emergency Management. You should also provide a copy of the form to your LEPC and local fire department.

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

<b>Facility Name:</b>			
<b>Street:</b>		<b>City:</b>	
<b>LEPC:</b>		<b>Zip:</b>	
<b>LEPC:</b>		<b>County:</b>	<b>SERC ID or Access ID:</b>
<b>SECTIONS 302 - 303</b>	<input checked="" type="checkbox"/>	<b>Extremely Hazardous Substances (EHSs) WERE</b> present only in amounts less than established Threshold Planning Quantities (TPQs) <i>as of this date:</i>	
	<input type="checkbox"/>	<b>NO EHSs</b> were present on-site during the current filing year. <i>ALL EHSs were removed as of this date:</i>	
<b>SECTIONS 311 - 312</b>	<input checked="" type="checkbox"/>	<b>Hazardous Substances (HSs)/EHSs WERE</b> present only in amounts below established Threshold Planning Quantities (TPQs) <i>as of this date:</i>	
	<input type="checkbox"/>	<b>NO Hazardous Substances (HSs)/EHSs WERE</b> present on-site during the current filing year. List the <i>date ALL HSs/EHSs were removed:</i>	
<b>STATUS CHANGE</b>	<input checked="" type="checkbox"/>	<b>Closed Facility:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Chemicals Removed:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
		<b>Chemicals Permanently Below TPQ:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date Effective:</b>

**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 4/9/2025*