Guidance for Worksheet 1 – Facility Information

Worksheet 1 asks for general information about the facility. **Worksheet 1 is one of three Worksheets comprising the Plan Summary and must be submitted to the Environmental Assistance Office.**

**Applicable Definitions**

**Interrelated Facilities**. An interrelated facility means multiple facilities located on separate sites and owned and operated by the same entity. An entity with interrelated facilities where a significant majority of the processes are substantially similar may prepare a single plan. "Substantially similar" processes means processes that are essentially interchangeable, since they use similar equipment and materials, produce similar products or services, and generate similar hazardous waste. A facility desiring to submit a single plan under this provision must obtain approval prior to the plan development. Contact the Environmental Assistance Office at 802-522-0469 for more information.

In the instance where the entity has interrelated facilities without substantially similar processes, a single plan may still be prepared. However, it must contain separate detailed worksheets where appropriate for each facility. Contact the Environmental Assistance Office for more information.

**Production Levels.** For the previous calendar year, state the production or activity level(s) for your facility. Try to identify some measure of output - such as the number of units manufactured, square footage or weight of product, etc. - as the variable that most accurately affects the quantities of the toxic substances used or hazardous waste generated. If no logical production level exists, perhaps some other activity variable that has primary influence on toxics use or waste generation can be used. For example, an activity level might be based on the number of times a cleaning operation is performed per year. If you manufacture multiple products or provide significantly different services, it may be useful to describe separate units of measure for each product or service that uses toxic substances or generates hazardous waste.

Please contact the Environmental Assistance Office for help in identifying a suitable production or activity level for your facility. You must be able to explain any fluctuations in the quantity of toxic substances used or hazardous waste generated that occur independent of production or activity.

Worksheet 1 - Facility Information

Facility Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Facility Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing Address: (if different) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Person: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** E-mail: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Planning Status:

 (A facility may be both a Large User Large User **\_\_\_\_**

of Toxic Substances and a Class A or Class A Generator **\_\_\_\_**

B Generator of Hazardous Waste) Class B Generator **\_\_\_\_**

**Facility Description**

Industry type: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Primary SIC or NAICS Code: **\_\_\_\_\_\_\_**

Number of Full-Time Equivalent Employees **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Identify any "Interrelated facilities" or other buildings covered by the Plan:

Describe products you make or services you provide:

Production Levels: