



**Please check, as applicable**

- EHS Reported  HC Reported  
 No change (from last year's)  Negative  
 Exempt  First time filer  
 Ownership change

# Facility Identification Form

Check if form is identical to form submitted last year

(Important: Type or print: Read Instructions before completing form.)

County: Stark

For filing Date: 03 / 01 / 12 /

**Where to send completed forms:**

**SERC**  
 c/o Ohio EPA  
 Lazarus Government Center  
 50 West Town St, Suite 700  
 P.O. Box 1049  
 Columbus, Ohio 43216-1049

County Local Emergency Planning Committee Information Coordinators

Local Fire Department within the jurisdiction of the facility

NOTE: If marked "ownership change" in box located in upper right-hand corner, please provide:

a) Name of previous parent company/owner (if known)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

b) Name of previous facility name (if known)

Name \_\_\_\_\_

**1. Parent Company or Public Entity Identification**

1.1	Name of Parent Company (30 char max)	11
	<u>Damon Industries, Inc.</u>	
	Address (30 char max)	
	<u>12435 Rockhill NE</u>	
1.2	Address (30 char max)	12
	City (25 char max)	State
	<u>Alliance</u>	<u>OH</u>
	Zip Code	1.3-Parent Company: Dun & Bradstreet #
	<u>44601</u>	<u>004460234</u>
		13

**2. Facility Identification**

2.1	Operating Division Name (30 char max)	14
	<u>Damon Industries, Inc.</u>	
	Facility Name (30 char max)	15
	<u>Damon Industries, Inc.</u>	
	Street Location (30 char max)	16
	<u>12435 Rockhill NE</u>	
2.2	Mailing Address (if different from Street Location) (30 char max)	17
	<u>Box 2120</u>	
	City (25 char max)	State
	<u>Alliance</u>	<u>O H</u>
	Zip Code	2.3-Facility: Dun & Bradstreet #
	<u>44601</u>	<u>004460234</u>
		a. NAICS
		<u>2842</u>
2.4	Emergency Contact (30 char max)	18
	<u>Brian Martin</u>	
	Emergency Contact E-mail Address	19
	<u>bmartin@DamonQ.com</u>	
2.5	Alternate Contact (30 char max)	20
	<u>Amy Damon</u>	
2.6	Fire Department Name (25 char max)	21
	<u>Lexington Township Fire Department</u>	
2.7	Latitude	Longitude
	Deg. Min. Sec. Deg. Min. Sec.	a. # of Employees
	<u>04057030</u> <u>0810656</u>	<u>172</u>
2.8	RCRA Identification #	a. NPDES Permit #
	<u>OHN/A</u>	<u>OHN/A</u>
2.9	State Wastewater Facility #	a. Pretreatment #
	<u>N/A</u>	<u>22</u>
2.10	Air Permit Facility #	a. <input type="checkbox"/> Check if list of Facility Permit numbers is attached.
	<u>N/A</u>	

b. 24 Hr. Telephone Number (Include Area Code)	18
<u>(330) 823-1776</u>	

Telephone Number (Include area code)	19
<u>(810) 362-9850</u>	

Emergency Contact Fax Number	20
<u>(330) 821-1635</u>	

Telephone Number (Include area code)	21
<u>(330) 206-1720</u>	

Fire Department Telephone Number	21
<u>(330) 821-1333</u>	

(This Space for EPA use only)

**3. Certification (Read and sign after completing all sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on data available to the owners/operator of this facility.

3.1 Name and official title of owner/operator or senior management official at facility	Office Telephone Number	23
<u>Amy Damon, President</u>	<u>(810) 362-9850</u>	
3.2 Signature	Date Signed	
	<u>10/21 / 12/9 / 12</u>	



# Emergency and Hazardous Chemical Inventory Form

4.1 Facility Name: **Damon Industries, Inc.** City: **Alliance** County: **Stark**  
 12435 Rockhill NE Zip Code: **44601**

4.2 For Filing Date: 03/01/ 12  
 4.3  Check here if storage location and facility map are Confidential and shall not be disclosed to any person who is not an officer of employee of the state or political subdivision, print "CONFIDENTIAL FORM" here:  
 4.4  Check if Revision  
 4.5  I Have Attached a Facility Map

5.0	Chemical Description								Hazard Class				Location of Chemicals					Amount						
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRE	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B. T. OR A BUILDING TANK OR AREA NO	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION - CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS
1	N/A	Lark Detergent		X			X			X					B01	105	1	<del>ENH</del>	1,4		03	02	C	365
2	N/A	Lark Detergent		X			X			X					B01	103	1	N	1,4		04	03	C	365
3	N/A	SF-77 Degreaser		X			X			X					B01	105	1	E	1,4		04	03	C	365
4	N/A	SF-77 Degreaser		X			X			X					B01	103	1	N	1,4		04	03	C	365
5	N/A	D-C Plus		X			X			X					B01	105	1	E	1,4		03	02	C	365

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 IN PAGES ONE THROUGH 5, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Amy Damon, President

*Amy Damon*

2/29/12

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED



Ohio State Emergency Response Commission  
 c/o Ohio EPA, Lazarus Government Center  
 50 West Town Street, Suite 700, P.O. Box 1049  
 Columbus, Ohio 43216-1049

# Emergency and Hazardous Chemical Inventory Form

4.1 Facility Name: Damon Industries, Inc. City: Alliance County: Stark  
 4.2 Exact Street Location (do not use Rte #): 12435 Rockhill NE Zip Code: 44601

- 4.2 For Filing Date: 03/ 01/ 12  
 4.4  Check if Revision  
 4.5  Have Attached a Facility Map

4.3  Check here if storage location and facility map are Confidential and shall not be disclosed to any person who is not an officer or employee of the state or political subdivision, print "CONFIDENTIAL FORM" here: \_\_\_\_\_

5.0	Chemical Description										Hazard Class				Location of Chemicals					Amount				
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRE	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION - CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS
1	N/A	D-C Plus		X			X			X					B01	105	1	N	1,4		04	03	C	365
2	N/A	Ultimet HP Floor Finish		X			X			X					B01	105	1	E	1,4		03	03	C	365
3	N/A	Ultimet HP Floor Finish		X			X			X					B01	105	1	N	1,4		03	03	C	365
4	N/A	First Impression Floor Finish		X			X			X					B01	105	1	E	1,4		04	03	C	365
5	N/A	First Impression Floor Finish		X			X			X					B01	105	1	N	1,4		03	03	C	365

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Amy Damon, President

*Amy Damon*

2/29/12

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED



# Emergency and Hazardous Chemical Inventory Form

4.1 Facility Name: Damon Industries, Inc. City: Alliance County: Stark  
 Exact Street Location (to Box R/F): 12435 Rockhill NE Zip Code: 44601

4.2 For Filing Date: 03/ 01/ 12 4.3  Check here if storage location and facility map are Confidential and shall not be disclosed to any person who is not an officer or employee of the state or political subdivision, print "CONFIDENTIAL FORM" here: \_\_\_\_\_  
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5.0	Chemical Description										Hazard Class				Location of Chemicals						Amount			
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRE	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION-CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS
1	N/A	Neutra-stat HD Disinfectant		X			X			X					B01	105	1	E	1,4		03	03	C	365
2	N/A	Neutra-stat HD Disinfectant		X			X			X					B01	105	1	N	1,4		04	03	C	365
3	N/A	Daco Floor Finish		X			X			X					B01	105	1	E	1,4		04	03	C	365
4	N/A	Duraplus 3		X			X			X					B01	103	1	O	1,4		04	03	C	365
5	N/A	Hoopes Ice Melter		X			X			X					B01	105	1	J	1,4		04	03	C	365

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Amy Damon, President

Amy Damon

2/29/12

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SIGNATURE

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Ohio State Emergency Response Commission  
 c/o Ohio EPA, Lazarus Government Center  
 50 West Town Street, Suite 700, P.O. Box 1049  
 Columbus, Ohio 43216-1049

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5.0	Chemical Description										Hazard Class				Location of Chemicals					Amount				
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EPS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRE	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING TANK OR AREA NO	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION-CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS
1	N/A	Safer Than Salt Ice Melter		X			X			X					B01	105	1	K	1,4		04	03	C	365
2	N/A	SSS Ice melter		X			X			X					B01	105	1	K	1,4		04	03	C	365
3	7664-39-3	Hydrofluoric Acid		X		X	X			X			X		B01	103	1	E	1,4		03	03	C	365
4	7664-93-3	Sulfuric Acid 93%		X		X	X			X			X		B01	103	1	G	1,4		03	03	C	365
5	7664-93-3	Sulfuric Acid Batteries		X		X	X			X			X		B01	103	1	R	1,4		03	03	C	365

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	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EPS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRE	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION - CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS
1	7664-93-9	Sulfuric Acid		X		X	X			X			X		B01	101	1	R	1,4		02	02	C	365
		Batteries-New																						
2	7664-93-9	Sulfuric Acid		X		X	X			X			X		B01	105	1	R	1,4		02	02	C	365
		Batteries																						
3	7664-93-9	Sulfuric Acid		X		X	X			X			X		B01	102	1	R	1,4		02	02	C	365
		Batteries-used																						
4															<del>B01</del>									<del>C 365</del>
5															<del>B01</del>									<del>C 365</del>

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