The City of New York

Albert Turi Jr. – Chief of Safety
Safety and Inspection Command

9 MetroTech Center – Brooklyn, NY 11201
(718) 999-2723

TO: UNIT: E 10 BATT: 1 DIV: 1

FROM: Albert Turi Chief of Safety

SUBJECT: Hazardous Substance Storage Location Reporting

As part of the Community Right-to-Know Law, attached are Facility Inventory Forms for an occupancy located in your administrative district that has filed a disclosure of their hazardous substance storage, along with required Material Safety Data Sheets (MSDSs) for those substances reported.

These information forms identify the facility, its owner/operator, emergency contacts, as well as hazardous storage identification and storage locations.

Administrative units are to file the facility forms and MSDSs in the appropriate building folder. Previous year's filings for this occupancy can be discarded when replaced with the current filing.

A Unit's awareness of a location with hazardous substance storage should be given attention during field inspection duties for pre-planning, drill subjects, and CIDS preparation.

Questions regarding this can be directed to the Safety Command.

AT:JJC

Attachment

E10 B1 D1

Form Approved OMB No. 2050-0072

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific Information by Chemical

Facility Identification
Name: Genuity New York City - Telecom
Street: 2 World Trade Center Suite 11060
City: New York County: _____ State: NY Zip: 10048
SIC Code: 4813 Dun & Brad Number: 00-176-3499

FOR OFFICIAL USE ONLY
ID #:
Date Received:

Owner/Operator Name
Name: Genuity Solutions Phone: (781) 262-4000
Mail Address: 235 Presidential Way, Woburn MA 01888-4100

Emergency Contact
Name: Ed Saiya Title: Route Manager
Phone: (212) 938-0800 24 Hr. Phone: (917) 763-7798
Name: William Irwin Title: Mgr. Envir. Comp.
Phone: (781) 865-3860 24 Hr. Phone: (617) 529-3762

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 2000

[ ] Check if information below is identical to the information submitted last year.

Chemical Description

Chemical 1
CAS: 7664-93-9 Trade Secret: [ ]
Chem. Name: Sulfuric Acid/Battery Electrolyte
Check all that apply: [ ] Pure [X] Mix [ ] Solid [X] Liquid [ ] Gas [ ] EHS
EHS Name: Sulfuric Acid

Physical and Health Hazards *(check all that apply)*
[ ] Fire
[ ] Sudden Release of Pressure
[X] Reactivity
[X] Immediate (acute)
[ ] Delayed (chronic)

Inventory
Max. Daily Amount (code): 03
Avg. Daily Amount (code): 03
No. of Days On-site (days): 365

Container Type: E Pressure: 1 Temperature: 4

Storage Codes and Locations (Non-Confidential) *Storage Locations*
Electrolyte in Lead Acid Batteries
Battery Room in Building

Optional: [ ]

Chemical 2
CAS: Trade Secret: [ ]
Chem. Name:
Check all that apply: [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS
EHS Name:

Physical and Health Hazards *(check all that apply)*
[ ] Fire
[ ] Sudden Release of Pressure
[ ] Reactivity
[ ] Immediate (acute)
[ ] Delayed (chronic)

Inventory
Max. Daily Amount (code):
Avg. Daily Amount (code):
No. of Days On-site (days):

Container Type: Pressure: Temperature:

Storage Codes and Locations (Non-Confidential) *Storage Locations*

Optional: [ ]

Chemical 3
CAS: Trade Secret: [ ]
Chem. Name:
Check all that apply: [ ] Pure [ ] Mix [ ] Solid [ ] Liquid [ ] Gas [ ] EHS
EHS Name:

Physical and Health Hazards *(check all that apply)*
[ ] Fire
[ ] Sudden Release of Pressure
[ ] Reactivity
[ ] Immediate (acute)
[ ] Delayed (chronic)

Inventory
Max. Daily Amount (code):
Avg. Daily Amount (code):
No. of Days On-site (days):

Container Type: Pressure: Temperature:

Storage Codes and Locations (Non-Confidential) *Storage Locations*

Optional: [ ]

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 1, 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.

William Irwin, Manager Environmental Compliance
Name and official title of owner/operator OR owner/operator's authorized representative

Signature

2/19/01
Date signed

Optional Attachments
[ ] I have attached a site plan
[ ] I have attached a list of site coordinate abbreviations
[ ] I have attached a description of dikes and other safeguards measures