

J. If you answered "No" to Question F, go to page 17

If you answered "Yes" to Question F, complete the section below for each chemical handled in Section B.

NOTE: Please report all quantities to the nearest 10 kilograms. If a quantity is 'NIL', please write '0'.
Report figures for your 1990 operations.

If you require extra sheets for this section, contact the Department or photocopy this page.

CHEMICAL 1 (from Section B)

Question number	Common or Trade Name	CAS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Chemical Name

Name and Address of Facility where chemical handled and/or stored

Quantity produced	Quantity processed without conversion	Quantity consumed
<input type="text"/> kilograms	<input type="text"/> kilograms	<input type="text"/> kilograms
Quantity imported	Quantity exported	Quantity stored on 31/12/90
<input type="text"/> kilograms	<input type="text"/> kilograms	<input type="text"/> kilograms

CHEMICAL 2 (from Section B)

Question number	Common or Trade Name	CAS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Chemical Name

Name and Address of facility where chemical handled and/or stored

Quantity produced	Quantity processed without conversion	Quantity consumed
<input type="text"/> kilograms	<input type="text"/> kilograms	<input type="text"/> kilograms
Quantity imported	Quantity exported	Quantity stored on 31/12/90
<input type="text"/> kilograms	<input type="text"/> kilograms	<input type="text"/> kilograms