



Kansas EPRA Tier II Emergency & Hazardous Chemical Inventory
Mail to: Right-to-Know Program
1000 SW Jackson Suite 330
Topeka KS 66612-1365
(785) 296-1688

Important: Read all instructions before completing form

2. Facility Identification 2a. New Facility ☐ Yes ☒ No

Name ROBSON OIL CO - ABILENE

Street Address 1302 PORTLAND

Latitude 38.9290840 Longitude -97.2543370

City ABILENE County DICKINSON State KS Zip 67410

Phone 785-263-2470

NATICS 424720

RMP Fac ID ☒ N/A

TRI Fac ID ☒ N/A

Max # of occupants ☐ Married ☐ Unmarried

Subject to Emergency Planning under Section 302 of EPRA (40 CFR part 355)?

☐ Yes ☒ No

Subject to Chemical Accident Prevention under Section 112r of CAA (40 CFR part 68)?

☐ Yes ☒ No

4a. Tier II Contact

Name PAT ROBSON

Title OWNER

Phone 785-263-2470 24-hour Phone 785-263-2470

Email pat@robsonoil.com

4b. Emergency Contact

Name PAT ROBSON

Title EMER CONTACT

Phone 785-263-2470 24-hour Phone 785-263-2470

Email pat@robsonoil.com

Name

Title

Phone 24-hour Phone

Email

7. 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 1 through ___ and based on my inquiry of those individuals responsible for obtaining this information, I believe the submitted information is true, accurate, and complete.

Pat Robson

1/4/23

Name and official title of owner/operator or authorized representative

Date

Signature

1. Reporting Period

From January 1 to December 31, 2022

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3a. Owner/Operator Identification

Business Name ROBSON OIL COMPANY INC

Address 1302 PORTLAND

City ABILENE State KS Zip 67410

Business Phone 785-263-2470 Country USA

Submitter PAT ROBSON

Email pat@robsonoil.com

Dun & Bradstreet

3b. Mailing Address if different from Owner/Operator Address

Business Name

Address

City State KS Zip

ATTN

Phone

5. Section Reporting: Please check as appropriate

☒ Section 312

☐ Section 311

☐ Section 302

☒ Annual

☐ Revision

☐ Identical to last year

For Official Use Only

Facility ID #

Parent ID #

Entered by

6. Optional Attachments

☐ Site Plan

☐ Description of Dikes

☐ Site Coordinate Abbreviations

☐ Other Safeguard Measures

王德林

Storage Types & Locations
U if Confidential

Chemical Description		Physical Hazards		Health Hazards		Storage Types & Locations			
						<input type="checkbox"/> if Confidential			
Chemical Name: DIESEL FUEL CAS #: 68334-30-5 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank	Pressure Ambient pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> TANKS ON SITE			
Chemical Name: GASOLINE CAS #: 8006-61-9 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input checked="" type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	Container Type Above Ground Tank	Pressure Ambient pressure	Temperature Ambient temperature	Storage Location <input type="checkbox"/> 4 TANKS ON SITE			
<input type="checkbox"/> Optional Report									
365 _____ Number of Days on Site									
509,600 _____ Maximum Daily Amount (lbs) 509,600 _____ Average Daily Amount (lbs)									
365 _____ Number of Days on Site									
<input type="checkbox"/> Optional Report									
277,200 _____ Maximum Daily Amount (lbs) 277,200 _____ Average Daily Amount (lbs)									
365 _____ Number of Days on Site									
<input type="checkbox"/> Optional Report									

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations			
			Container Type	Pressure	Temperature	Storage Location
Chemical Name: KEROSENE CAS #: 64742-48-9 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Optional Report 20,460 _____ Maximum Daily Amount (lbs) 20,460 _____ Average Daily Amount (lbs) 365 _____ Number of Days on Site	<input type="checkbox"/> Optional Report Above Ground Tank _____ Pressure _____ Ambient pressure _____ Ambient temperature _____ <input type="checkbox"/> 2 TANKS ON SITE	<input type="checkbox"/> Optional Report 152,200 _____ Maximum Daily Amount (lbs) 152,200 _____ Average Daily Amount (lbs) 365 _____ Number of Days on Site	
Chemical Name: PETROLEUM DISTILLATES CAS #: 64742-47-8 EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EHS Name (if applicable): EHS CAS # (if applicable):	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input type="checkbox"/> Oxidizer (gas, liquid, or solid) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard not otherwise classified	<input checked="" type="checkbox"/> Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation <input type="checkbox"/> Respiratory or skin sensitization <input checked="" type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input checked="" type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<input type="checkbox"/> Optional Report 20,460 _____ Maximum Daily Amount (lbs) 20,460 _____ Average Daily Amount (lbs) 365 _____ Number of Days on Site	<input type="checkbox"/> Optional Report Above Ground Tank _____ Pressure _____ Ambient pressure _____ Ambient temperature _____ <input type="checkbox"/> 2 TANKS ON SITE	<input type="checkbox"/> Optional Report 152,200 _____ Maximum Daily Amount (lbs) 152,200 _____ Average Daily Amount (lbs) 365 _____ Number of Days on Site	