



Kansas EPCRA 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

1. Reporting Period

From January 1 to December 31, 2024

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2. Facility Identification

2a. New Facility ☐ Yes ☒ No

Name RUSSELL STOVER CHOCOLATES-ABILENE
Street Address 1993 CARAMEL BLVD
Latitude 38.9339000 Longitude -97.2529000
City ABILENE County DICKINSON State KS Zip 67410
Phone 785-263-3343

NAICS 311352

RMP Fac ID 1000 0017 2895 ☐ N/A

TRI Fac ID ☒ N/A

Max # of occupants 473 ☒ Manned ☐ Unmanned

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

☒ Yes ☐ No

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

☒ Yes ☐ No

3a. Owner/Operator Identification

Business Name RUSSELL STOVER CHOCOLATES
Address 4900 OAK STREET
City KANSAS CITY State MO Zip 64112
Business Phone 800-777-4004 Country USA
Submitter JOSH THRELFALL
Email josh.threlfall@rstover.com
Dun & Bradstreet 7125230

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

Business Name _____
Address _____
City _____ State MO Zip _____
ATTN _____
Phone _____

4a. Tier II Contact

Name Josh Threlfall Title SR MGR EHS
Phone 913-845-5522 24-hour phone 800-777-4004
Email josh.threlfall@rstover.com

4b. Emergency Contact

Name KENT MEINHARDT Title PLANT ENG
Phone 785-263-3343 24-hour Phone 785-317-4002
Email kent.meinhardt@rstover.com

Name Josh Threlfall Title EHS SR MGR
Phone 913-845-5522 24-hour Phone 800-777-4004
Email josh.threlfall@rstover.com

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
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6. Optional Attachments

☐ Site Plan ☐ Description of Dikes
☐ Site Coordinate Abbreviations ☐ Other Safeguard Measures

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.

Name and official title of owner/operator or authorized representative

Date

Signature

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: AMMONIA	<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 checked="" 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 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	<div> <div>Container Type</div> <div>Tank Inside Building</div> </div> <div> <div>Pressure</div> <div>Greater than ambient pressure</div> </div> <div> <div>Temperature</div> <div>Ambient temperature</div> </div> <div> <div>Storage Location</div> <div><input type="checkbox"/> N & S COMPRESSOR RMS</div> </div>			
CAS #: 7664-41-7						
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Trade Secret						
			<div>23,200 Maximum Daily Amount (lbs)</div> <div>23,200 Average Daily Amount (lbs)</div> <div>365 Number of Days on Site</div> <div><input type="checkbox"/> Optional Report</div>			
Chemical Name: DIESEL FUEL	<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 checked="" type="checkbox"/> Germ cell mutagenicity <input checked="" type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproductive toxicity <input checked="" type="checkbox"/> Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple asphyxiant <input type="checkbox"/> Hazard not otherwise classified	<div> <div>Container Type</div> <div>Above Ground Tank</div> </div> <div> <div>Pressure</div> <div>Ambient Pressure</div> </div> <div> <div>Temperature</div> <div>Ambient temperature</div> </div> <div> <div>Storage Location</div> <div><input type="checkbox"/> E SIDE OF MFG BLDG</div> </div>			
CAS #: 68476-34-6						
EHS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
EHS Name (if applicable):						
EHS CAS # (if applicable):						
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Trade Secret						
			<div>182,500 Maximum Daily Amount (lbs)</div> <div>60,000 Average Daily Amount (lbs)</div> <div>365 Number of Days on Site</div> <div><input type="checkbox"/> Optional Report</div>			

8. Chemical Information

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Chemical Description	Physical Hazards	Health Hazards	Storage Types & Locations <input type="checkbox"/> if Confidential			
Chemical Name: NITRIC ACID	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" 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 checked="" 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 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	Pressure	Temperature	Storage Location
CAS #: 7697-37-2			Plastic Drum or Non-Metallic	Ambient pressure	Ambient temperature	<input type="checkbox"/> SANITATION ROOM
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
			_____ 1,823 _____ Maximum Daily Amount (lbs) _____ 1,461 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			
Chemical Name: SULFURIC ACID	<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 checked="" 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 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	Pressure	Temperature	Storage Location
CAS #: 7664-93-9			Battery	Ambient Pressure	Ambient temperature	<input type="checkbox"/> FORKLIFTS
EHS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/>
EHS Name (if applicable):						<input type="checkbox"/>
EHS CAS # (if applicable):						<input type="checkbox"/>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas						<input type="checkbox"/>
<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix						<input type="checkbox"/>
<input type="checkbox"/> Trade Secret						<input type="checkbox"/>
			_____ 12,480 _____ Maximum Daily Amount (lbs) _____ 12,480 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report			

MIXTURE COMPONENT INFORMATION FORM

Chemical Name: AMMONIA

CAS #: 7664-41-7

Mixture Component Chemicals	%	CAS #	EHS
AMMONIA	100	7664-41-7	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: NITRIC ACID

CAS #: 7697-37-2

Mixture Component Chemicals	%	CAS #	EHS
NITRIC ACID		7697-37-2	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name: SULFURIC ACID

CAS #: 7664-93-9

Mixture Component Chemicals	%	CAS #	EHS
SULFURIC ACID		7664-93-9	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Chemical Name:

CAS #:

Mixture Component Chemicals	%	CAS #	EHS
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>