



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-IOLA
Street Address 1995 MARSHMALLOW LANE
Latitude 37.9415000 Longitude -95.4154000
City IOLA County ALLEN State KS Zip 66749
Phone 620-365-7500
NAICS 311352

RMP Fac ID 1000 0017 2911 ☐ N/A
TRI Fac ID ☒ N/A
Max # of occupants 400 ☒ 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

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 Jeff Cochran Title INTERIM PLANT ENG
Phone 620-365-7500 24-hour Phone (620) 365-5590
Email john.carroll@rstover.com

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

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 _____

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

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.

Josh Threlfall, Sr. HSE Manager

2/28/2025

Name and official title of owner/operator or authorized representative

Date

Josh Threlfall
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 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 | <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 | <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Tank Inside Building</td> <td>Greater than ambient pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> N & S COMPRESSOR RMS</td> </tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 26,000 _____ Maximum Daily Amount (lbs) _____ 26,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Tank Inside Building | Greater than ambient pressure | Ambient temperature | <input type="checkbox"/> N & S COMPRESSOR RMS | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| Container Type | Pressure | Temperature | Storage Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tank Inside Building | Greater than ambient pressure | Ambient temperature | <input type="checkbox"/> N & S COMPRESSOR RMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical Name: DIESEL FUEL 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 | <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 checked="" 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 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 | <table border="1"> <thead> <tr> <th>Container Type</th> <th>Pressure</th> <th>Temperature</th> <th>Storage Location</th> </tr> </thead> <tbody> <tr> <td>Above Ground Tank</td> <td>Ambient Pressure</td> <td>Ambient temperature</td> <td><input type="checkbox"/> W SIDE OF MFG BLDG</td> </tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> _____ 91,500 _____ Maximum Daily Amount (lbs) _____ 30,000 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report | Container Type | Pressure | Temperature | Storage Location | Above Ground Tank | Ambient Pressure | Ambient temperature | <input type="checkbox"/> W SIDE OF MFG BLDG | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| Container Type | Pressure | Temperature | Storage Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Above Ground Tank | Ambient Pressure | Ambient temperature | <input type="checkbox"/> W SIDE OF MFG BLDG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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"/> DISHWASHING 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"/> |
| | | | _____ 940 _____ Maximum Daily Amount (lbs) _____ 500 _____ Average Daily Amount (lbs) _____ 365 _____ Number of Days on Site <input type="checkbox"/> Optional Report | | | |
| Chemical Name: SULFURIC ACID | <input checked="" 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 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 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 | 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"/> |
| | | | _____ 9,990 _____ Maximum Daily Amount (lbs) _____ 9,990 _____ 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"/> |
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| | | | <input type="checkbox"/> |