



ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 HARBOR BAY PARKWAY, ALAMEDA, CA 94502  
PHONE (510) 567-6700 FAX (510) 337-9335

**HAZARDOUS MATERIALS**  
**BUSINESS PLAN**  
**(HMBP)**

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FACILITY NAME

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FACILITY SITE ADDRESS

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FACILITY PHONE NUMBER

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ENVIRONMENTAL CONTACT PERSON

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ENVIRONMENTAL CONTACT PERSON'S PHONE NUMBER

---

DATE

# **Alameda County Department of Environmental Health**

Certified Unified Program Agency (CUPA)

1131 Harbor Bay Parkway • □ Alameda, California 94502-6577 • Phone (510) 567-6700 • □ FAX (510) 337-9335

## **HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) APPLICATION**

An Annual Update Certification Form or a complete Hazardous Materials Business Plan (HMBP) must be submitted annually.

The complete HMBP consists of the following forms:

- ◆ Hazardous Materials Business Plan Cover Sheet
- ◆ Business Activities Form
- ◆ Business Owner/Operator Identification Form
- ◆ Property Owner Identification Form
- ◆ Hazardous Materials Inventory - Chemical Description
- ◆ Facility Site Plan/Storage Map
- ◆ Emergency Response Plan /Contingency Plan
- ◆ Record Keeping
- ◆ Employee Training Plan

Additional HMBP Reporting Requirements – Business are required to submit an amendment to the hazardous materials inventory statement *within 30 days* of the following events:

- (a) A 100 percent or more increase in the quantity of previously reported material
- (b) Any handling of previously undisclosed regulated material in reportable quantities
- (c) Any change in business address, ownership, or name.

Closure Plan and Notification Form are required to be submitted to this Department whenever a hazardous materials facility, or storage, use, handling, or processing area contained therein, will be closed. These documents must be submitted no less than 30 days prior to the intended date of closure. A copy of the Notification Form and Closure Plan instructions are available by request.

**Should you have any questions regarding your responsibilities towards compliance with the HMBP requirements, please contact My Le Huynh at (510)567-6762 or [myle.huynh@acgov.org](mailto:myle.huynh@acgov.org) or Roseanna Garcia-La Grille at (510)777-2149 or [roseanna.garcia-lagrille@acgov.org](mailto:roseanna.garcia-lagrille@acgov.org).**

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH  
 CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)  
 1131 Harbor Bay Parkway, Alameda, CA 94502-6577 Phone (510) 567-6700 Fax (510) 337-9335  
 BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID # (Agency Use Only)		1	EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)				
BUSINESS SITE ADDRESS				
BUSINESS SITE CITY			104	105
			CA	ZIP CODE

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
 please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these forms....	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4
	SUBMIT A HAZARDOUS MATERIALS BUSINESS PLAN.	
<b>B. Cal ARP REGULATED SUBSTANCES</b> Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (Cal ARP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4a
	A RMP meeting State and Federal requirements shall be submitted to the ACDEH.	
<b>C. UNDERGROUND STORAGE TANKS (USTs)</b> Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	5
	UST FACILITY UST TANK (one page per tank)	
<b>D. ABOVE GROUND PETROLEUM STORAGE</b> Store greater than 1,320 gallons of petroleum products in aboveground tanks or containers.	<input type="checkbox"/> YES <input type="checkbox"/> NO	8
	Will require a SPCC plan.	
<b>E. HAZARDOUS WASTE</b> Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO	9
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	10
Treat hazardous waste on-site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	11
Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	12
Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	13
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	14
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	<input type="checkbox"/> YES <input type="checkbox"/> NO	14a
Serve as a Household Hazardous Waste (HHW) Collection site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	14b
	EPA ID NUMBER – Provide at the top of this form.	
	RECYCLABLE MATERIALS REPORT (one per recycler)	
	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)	
	CERTIFICATION OF FINANCIAL ASSURANCE	
	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION	
	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION	
	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.	
	Contact ACDEH for required forms.	
<b>F. LOCAL REQUIREMENTS</b> Is the property owned by an entity other than the business owner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	15
	PROPERTY OWNER IDENTIFICATION FORM	

## Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials Inventory - Chemical Description pages (OES Form 2731) for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary). Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number that identifies your facility.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA - Doing Business As" that might have been used in the past.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
4. HAZARDOUS MATERIALS - Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
  - it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
  - it is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
  - radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations,
  - if you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan and Training Plan.Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.
- 4a. REGULATED SUBSTANCES - Refer to [www.oes.ca.gov](http://www.oes.ca.gov), hazardous materials, CalARP guidance documents for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite. A RMP meeting State and Federal requirements shall be submitted to the CUPA.
5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER - Check the appropriate box to indicate whether there are ASTs onsite that exceed the regulatory thresholds. This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs. An aboveground petroleum storage tank (AST) facility is exempt when it meets one or more of the following (see HSC 25270.2 (k)):
  - a pressure vessel or boiler that is subject to Division 5 of the Labor Code,
  - a storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
  - an aboveground oil production tank that is regulated by the Division of Oil and Gas,
  - certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in box #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials that were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of the Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
  - your knowledge of the tank and its contents,
  - testing of the tank,
  - inability to remove hazardous materials stored in the tank,
  - the mixture rule,
  - the listed wastes in 40 CFR 261.31 or 40 CFR 261.32.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
- 14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If "Yes", you must have or obtain a US EPA ID Number.
- 14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.
15. LOCAL REQUIREMENTS - If the business owner does not own the property, complete the Property Owner Identification form.



### Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary). Please number all pages of your submittal. This helps the Unified Program Agency (UPA) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by CUPA. This is the unique number that identifies your facility.
3. BUSINESS NAME - Enter the doing business as name.
100. BEGINNING DATE - Enter the beginning year and date of the report. (MMDDYYYY)
101. ENDING DATE - Enter the ending year and date of the report. (MMDDYYYY)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 102a BUSINESS FAX – Enter the business fax number, area code first.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET – If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or on the web at [www.dnb.com](http://www.dnb.com).
107. SIC NUMBER - Enter the primary Standard Industrial Classification System Number. Required for EPCRA reporting.
- 107a NAICS NUMBER - Enter the primary North American Industrial Classification System Number.
108. COUNTY - Enter the county in which the business site is located.
- 108a BUSINESS MAILING ADDRESS – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
- 108b BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
- 108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
- 108d. ZIP CODE - Enter the zip code for the business mailing address. The extra 4 digit zip may also be added.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address, if different from business mailing address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address, if different from business mailing address. The extra 4 digit zip may be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person at the business who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, for the environmental contact, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
- 119a CONTACT EMAIL – Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative to be contacted in case there is an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. CELL PHONE NUMBER - Enter the cell phone number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. CELL PHONE NUMBER - Enter the cell phone number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION – Enter the billing address for the business if it is different from the site address.
134. DATE - Enter the date that the document was signed. (MMDDYYYY)  
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH  
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)**

**1131 Harbor Bay Parkway, Alameda, CA 94502-6577 Phone (510) 567-6700 Fax (510) 337-9335**

**PROPERTY OWNER IDENTIFICATION FORM**

**(ATTACHMENT TO THE BUSINESS OWNER/OPERATOR IDENTIFICATION FORM)**

**SITE IDENTIFICATION**

FACILITY ID#	0	1	0	0	0											FILING DATE OF THIS FORM
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BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	BUSINESS PHONE NUMBER
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BUSINESS SITE ADDRESS

CITY	ZIP CODE
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**PROPERTY OWNER**

OWNER NAME (USE CORPORATE NAME, IF APPLICABLE, AND COMPLETE CONTACT SECTION)	OWNER PHONE NUMBER
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OWNER MAILING ADDRESS

CITY	STATE	ZIP CODE
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**PROPERTY OWNER CONTACT (FOR CORPORATIONS)**

CONTACT NAME	CONTACT PHONE NUMBER
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CONTACT MAILING ADDRESS

CITY	STATE	ZIP CODE
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**PROPERTY OWNER EMERGENCY CONTACT**

NAME

TITLE

BUSINESS PHONE NUMBER

24-HOUR PHONE NUMBER

CELLULAR PHONE NUMBER

Please use this form to report property ownership (and property management contacts, if applicable).

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH**  
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**1131 Harbor Bay Parkway, Alameda, CA 94502-6577 Phone (510) 567-6700 Fax (510) 337-9335**

**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD                       DELETE                       REVISE                      200                      Page \_\_\_\_ of \_\_\_\_

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

CHEMICAL LOCATION 201      CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 YES     NO

FACILITY ID #    0    1    0    0    0    1    MAP# (optional) 203    GRID# (optional) 204

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      TRADE SECRET     Yes     No 206  
If Subject to EPCRA, refer to instructions

COMMON NAME 207      EHS\*                       Yes     No 208

CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only)     a. PURE     b. MIXTURE     c. WASTE 211      RADIOACTIVE     Yes     No 212      CURIES 213

PHYSICAL STATE (Check one item only)     a. SOLID     b. LIQUID     c. GAS 214      LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply)     a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT STORED ON-SITE 217      MAXIMUM DAILY AMOUNT STORED ON-SITE 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

UNITS\* (Check one only)     a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS 221      DAYS ON SITE: 222  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER     a. ABOVE GROUND TANK     e. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE     q. RAIL CAR  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON 223

STORAGE PRESSURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT 224

STORAGE TEMPERATURE     a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC 225

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <span style="float:right">226</span>	227	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">228</span>	229
2 <span style="float:right">230</span>	231	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">232</span>	233
3 <span style="float:right">234</span>	235	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">236</span>	237
4 <span style="float:right">238</span>	239	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">240</span>	241
5 <span style="float:right">242</span>	243	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">244</span>	245

**If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.**

ADDITIONAL LOCALLY COLLECTED INFORMATION: If this facility is subject to Federal Emergency Planning and Community Right-To-Know Act (EPCRA) reporting requirements, a signature is required at the bottom of the form if the page lists an Extremely Hazardous Substance (EHS) handled at or above its Federal Threshold Quantity (TPQ) or 500 pounds, whichever is less. 246

If EPCRA, Please Sign Here: \_\_\_\_\_



## Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary). Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number that identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC §25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses that are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
203. MAP NUMBER - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
  204. GRID NUMBER - If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
  205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
 

State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.

Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
  208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
  209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
  210. FIRE CODE HAZARD CLASSES - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
  211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If it is a waste material, check only that box. If the material is a mixture or waste, complete the hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
  213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
<b>Fire:</b> Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	<b>Acute Health (Immediate):</b> Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
<b>Reactive:</b> Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	<b>Chronic Health (Delayed):</b> Carcinogens, other hazardous chemicals with an adverse effect with long term exposure
<b>Pressure Release:</b> Explosives, Compressed Gases, Blasting Agents	

217. AVERAGE DAILY AMOUNT STORED ON-SITE - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous years inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT STORED ON-SITE - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last years inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
  223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
  224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
  225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
  226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
  227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
    228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
  229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
  246. LOCALLY COLLECTED INFORMATION - If this facility is subject to Federal Emergency Planning and Community Right-To-Know Act (EPCRA) reporting requirements, a signature is required at the bottom of the form if the page lists an Extremely Hazardous Substance (EHS) handled at or above its Federal Threshold Quantity (TPQ) or 500 pounds, whichever is less.

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH**

Certified Unified Program Agency (CUPA)

1131 Harbor Bay Parkway, Alameda, CA 94502-6577 Phone (510) 567-6700 Fax (510) 337-9335

**Facility Site Plan/Storage Map**  
(Hazardous Materials Business Plan Module)

Site Address: \_\_\_\_\_

Date Map Drawn: \_\_\_\_/\_\_\_\_/\_\_\_\_. Map Scale: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Instructions are printed on the following page.

## ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Certified Unified Program Agency (CUPA)

1131 Harbor Bay Parkway, Alameda, CA 94502-6577 Phone (510) 567-6700 Fax (510) 337-9335

### Facility Site Plan and Storage Map Instructions (Hazardous Materials Business Plan Module)

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the previous page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

- 1. Site Plan (public document):** This drawing shall contain, at a minimum, the following information:
  - a. An indication of North Direction;
  - b. Approximate scale (*e.g. "1 inch = 10 feet"*);
  - c. Date the map was drawn;
  - d. All streets bordering the facility;
  - e. Locations of all buildings and other structures;
  - f. Parking lots and internal roads;
  - g. Hazardous materials loading/unloading areas;
  - h. Outside hazardous materials storage or use areas;
  - i. Storm drain and sanitary sewer drain inlets;
  - j. Wells for monitoring of underground tank systems;
  - k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.
  
- 2. Storage Map (confidential):** The map(s) shall contain, at a minimum, the following information:
  - a. General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
  - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory - Chemical Description pages of the Business Plan.
  - c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank.
  - d. Entrances to and exits from each building and hazardous material/waste room/area;
  - e. Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
  - f. Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

**CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)  
CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN**

*Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN*

**A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW**

FACILITY ID #		CERS ID	DATE OF PLAN PREPARATION/REVISION
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			
BUSINESS SITE ADDRESS			
BUSINESS SITE CITY	104.	CA	ZIP CODE
TYPE OF BUSINESS (e.g., Painting Contractor)		INCIDENTAL OPERATIONS (e.g., Fleet Maintenance)	
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply)			
<input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES			

**B. INTERNAL RESPONSE**

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply)	B1.
<input type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1) <input type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR <input type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM	

**C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS**

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator (or his/her designee when the Emergency Coordinator is on call) shall:

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
2. Notify appropriate local authorities (i.e., call 9-1-1).
3. Notify the California Emergency Management Agency at (800) 852-7550.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall notify the California Department of Toxic Substances Control (DTSC), the local Unified Program Agency (UPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA: (Check all that apply)	C1.
<input type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE; <input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO	

NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply)	C2.
<input type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE; <input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO	

EMERGENCY RESPONSE PHONE NUMBERS:	AMBULANCE, FIRE, POLICE AND CHP . . . . .	9-1-1	
	CALIFORNIA EMERGENCY MANAGEMENT AGENCY (CAL/EMA) . . . . .	(800) 852-7550	
	NATIONAL RESPONSE CENTER (NRC) . . . . .	(800) 424-8802	
	POISON CONTROL CENTER . . . . .	(800) 222-1222	
	ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH/CUPA) . . . . .	(510) 567-6700	C3.

OTHER (Specify):		C4.	C5.
		( )	( )

NEAREST MEDICAL FACILITY / HOSPITAL NAME:		C6.	C7.
		( )	( )

AGENCY NOTIFICATION PHONE NUMBERS:	CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) . . . . .	(916) 255-3545	
	REGIONAL WATER QUALITY CONTROL BOARD . . . . .	(510) 622-2369	C8.
	U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA) . . . . .	(800) 300-2193	
	CALIFORNIA DEPT OF FISH AND GAME (DFG) . . . . .	(916) 358-2900	
	U.S. COAST GUARD . . . . .	(202) 267-2180	
	CAL/OSHA . . . . .	(916) 263-2800	
	STATE FIRE MARSHAL . . . . .	(916) 445-8200	

OTHER (Specify):		C9.	C10.
		( )	( )

OTHER (Specify):		C11.	C12.
		( )	( )

## D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES

SPILL PREVENTION, CONTAINMENT AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases, fires or explosions; and preventing and mitigating associated harm to persons, property, and the environment.)

1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;
2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls);
3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows);
4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS;
5. BUILT-IN BERM IN WORK / STORAGE AREA;
6. AUTOMATIC FIRE SUPPRESSION SYSTEM;
7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane);
8. STOP PROCESSES AND/OR OPERATIONS;
9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;
10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE;
11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID;
12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS;
13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL;
14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM;
15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;
17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE;
20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
21. OTHER (Specify):

D1.

D2.

## E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):

1. BELLS;
2. HORNS/SIRENS;
3. VERBAL (i.e., SHOUTING);
4. OTHER (Specify):

E1.

E2.

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)

E3.

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

E4.

Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

## F. ARRANGEMENTS FOR EMERGENCY SERVICES

**Explanation of Requirement:** Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)

F1.

1. HAVE BEEN DETERMINED NOT NECESSARY; *or*
2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

F2.

## G. EMERGENCY EQUIPMENT

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g.,  CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

TYPE	EQUIPMENT AVAILABLE <sup>G1.</sup>	LOCATION	CAPABILITY (If applicable)
<b>Safety and First Aid</b>	1. <input type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS,	G2.	G3.
	2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES	G4.	G5.
	3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS	G6.	G7.
	4. <input type="checkbox"/> SAFETY GLASSES / GOGGLES / SHIELDS	G8.	G9.
	5. <input type="checkbox"/> HARD HATS	G10.	G11.
	6. <input type="checkbox"/> CARTRIDGE RESPIRATORS	G12.	G13.
	7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA)	G14.	G15.
	8. <input type="checkbox"/> FIRST AID KITS / STATIONS	G16.	G17.
	9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN / SHOWER	G18.	G19.
	10. <input type="checkbox"/> PORTABLE EYEWASH KITS	G20.	G21.
	11. <input type="checkbox"/> OTHER	G22.	G23.
	12. <input type="checkbox"/> OTHER	G24.	G25.
<b>Fire Fighting</b>	13. <input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS	G26.	G27.
	14. <input type="checkbox"/> FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES	G28.	G29.
	15. <input type="checkbox"/> FIRE ALARM BOXES OR STATIONS	G30.	G31.
	16. <input type="checkbox"/> OTHER	G32.	G33.
<b>Spill Control and Clean-Up</b>	17. <input type="checkbox"/> ALL-IN-ONE SPILL KIT	G34.	G35.
	18. <input type="checkbox"/> ABSORBENT MATERIAL	G36.	G37.
	19. <input type="checkbox"/> CONTAINER FOR USED ABSORBENT	G38.	G39.
	20. <input type="checkbox"/> BERMING / DIKING EQUIPMENT	G40.	G41.
	21. <input type="checkbox"/> BROOM	G42.	G43.
	22. <input type="checkbox"/> SHOVEL	G44.	G45.
	23. <input type="checkbox"/> SHOP VAC	G46.	G47.
	24. <input type="checkbox"/> EXHAUST HOOD	G48.	G49.
	25. <input type="checkbox"/> EMERGENCY SUMP / HOLDING TANK	G50.	G51.
	26. <input type="checkbox"/> CHEMICAL NEUTRALIZERS	G52.	G53.
	27. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT	G54.	G55.
	28. <input type="checkbox"/> SPILL OVERPACK DRUMS	G56.	G57.
	29. <input type="checkbox"/> OTHER	G58.	G59.
<b>Communications and Alarm Systems</b>	30. <input type="checkbox"/> TELEPHONES (Includes cellular)	G60.	G61.
	31. <input type="checkbox"/> INTERCOM / PA SYSTEM	G62.	G63.
	32. <input type="checkbox"/> PORTABLE RADIOS	G64.	G65.
	33. <input type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT	G66.	G67.
<b>Other</b>	34. <input type="checkbox"/> OTHER	G68.	G69.
	35. <input type="checkbox"/> OTHER	G70.	G71.

## H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.

VULNERABLE AREAS: (Check all that apply) <input type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA <input type="checkbox"/> 2. PROCESS LINES / PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab) _____ H2. _____ H3. _____ H4. _____ H5.
--	-----	--

Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

VULNERABLE SYSTEMS: (Check all that apply) <input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS <input type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF) <input type="checkbox"/> 3. PORTABLE GAS CYLINDERS <input type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES <input type="checkbox"/> 5. SPRINKLER SYSTEMS <input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank)	H6.	LOCATIONS _____ H7. _____ H8. _____ H9. _____ H10. _____ H11. _____ H12.
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## I. EMPLOYEE TRAINING

**Explanation of Requirement:** Employee training is required for all employees handling hazardous materials and hazardous wastes in day-to-day or clean-up operations including volunteers and/or contractors. Training must be:

- Provided within 6 months for new hires;
- Amended as necessary prior to change in process or work assignment;
- Given upon modification to the Emergency Response / Contingency Plan, and updated/refreshed annually for all employees.

Required content includes all of the following:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Material Safety Data Sheets;</li> <li>• Hazard communication related to health and safety;</li> <li>• Methods for safe handling of hazardous substances;</li> <li>• Fire hazards of materials / processes;</li> <li>• Conditions likely to worsen emergencies;</li> <li>• Coordination of emergency response;</li> <li>• Notification procedures;</li> <li>• Applicable laws and regulations;</li> </ul> | <ul style="list-style-type: none"> <li>• Communication and alarm systems;</li> <li>• Personal protective equipment;</li> <li>• Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.);</li> <li>• Decontamination procedures;</li> <li>• Evacuation procedures;</li> <li>• Control and containment procedures;</li> <li>• UST monitoring system equipment and procedures (if applicable).</li> </ul> |
|---|--|

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply) I1.

<input type="checkbox"/> 1. FORMAL CLASSROOM; <input type="checkbox"/> 2. VIDEOS; <input type="checkbox"/> 3. SAFETY / TAILGATE MEETINGS;		
<input type="checkbox"/> 4. STUDY GUIDES / MANUALS Specify: _____	I2.	
<input type="checkbox"/> 5. OTHER (Specify): _____	I3.	
<input type="checkbox"/> 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES		

**Large Quantity Generator (LQG) Training Records:** Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes:

- A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.).
- The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and
- A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position.
- Current employee training records must be retained until closure of the facility.
- Former employee training records must be retained at least three years after termination of employment.

## J. LIST OF ATTACHMENTS

(Check one of the following) <input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; <i>or</i> <input type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:		
	J1.	
	J2.	

## K. SIGNATURE / CERTIFICATION

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete, and that a copy is available on site.

SIGNATURE OF OWNER/OPERATOR		DATE SIGNED	K1.
NAME OF SIGNER (print)	K2.	TITLE OF SIGNER	K3.

# Instructions for Completing CERS Consolidated Emergency Response/Contingency Plan

## Introduction

Health and Safety Code (HSC) §25504(b) requires that Hazardous Materials Business Plans (HMBP) contain Emergency Response Plans and Procedures in the event of a reportable release or threatened release of a hazardous material. HSC §25504(c) requires that HMBPs address training of employees in safety procedures in the event of a reportable or threatened release.

Title 22 California Code of Regulations (22 CCR) §66262.34(a) requires facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, prepare a Contingency Plan. Facilities that generate in any month more than 1 kilogram of acutely hazardous waste (AHW), or more than 100 kilograms of debris resulting from the spill of an AHW, or which treat hazardous waste onsite under the Permit by Rule (PBR) onsite treatment tier must also prepare a Contingency Plan.

The California Environmental Reporting System (CERS) Consolidated Emergency Response/Contingency Plan has been prepared to: unify emergency response and contingency plan requirements for hazardous materials and hazardous wastes; provide for basic contingency planning for an average small to mid-size facility; and incorporate minimal regulatory requirements. Other supplements or amendments may be required for facilities of exceptional size or having exceptional operations or processes that warrant additional contingency planning. The CERS format is not mandatory. You may instead substitute another emergency planning document [e.g., Spill Prevention Control and Countermeasure (SPCC) Plan], provided that it satisfies the HSC and 22 CCR requirements for content.

## General Instructions

- This plan applies to both your non-waste hazardous materials and hazardous waste — keep both in mind as you address each plan section.
- Mark sections that don't apply to your facility with "N/A" for not applicable.
- Be as specific as possible.
- Facilities with unusual employee turnover (e.g., gas stations) may substitute position titles for specific employee names when identifying emergency coordinators or emergency response team members to avoid having to constantly revise the plan due to personnel turnover.
- Review the specific line item instructions before completing your plan to avoid common errors.
- After it is completed and signed/certified, the plan or its equivalent should be scanned and uploaded to CERS as a PDF-format document. Your HMBP will not be complete until it includes this information.

## Specific Line Item Instructions

1. FACILITY ID NUMBER – Enter the "Agency Facility ID" number found on CERS.
- A1. CERS ID – Enter the 8-digit identification number assigned to this facility in CERS.
- A2. DATE OF PLAN PREPARATION/REVISION – Enter the date the plan was prepared or most recently revised.
3. BUSINESS NAME – Enter the name used to identify the facility on CERS.
103. BUSINESS SITE ADDRESS – Enter the site address where the facility is located.
104. CITY – Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE – Enter the 5 or 9 digit zip code for the facility.
- A3. TYPE OF BUSINESS – Briefly describe the type of business (e.g., Drycleaner, Auto Repair, Gas Station).
- A4. INCIDENTAL OPERATIONS – Briefly describe any operations at the facility that are associated with hazardous materials storage or hazardous waste generation, but are not obvious from the description in A2.
- A5. THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING – Check box 2 "HAZARDOUS WASTES" if the facility generates hazardous waste. (Note: Box 1 should always be checked since both waste and non-waste hazardous chemicals are hazardous materials.)
- B1. INTERNAL RESPONSE – Check one or more of the three boxes to indicate how the facility will respond internally to emergency incidents.
- C1. INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA – Check one or more of the boxes to indicate how internal alarm notification will occur.
- C2. NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY – Check one or more of the boxes to indicate how neighboring facilities will be notified of off-site releases.



- C3. LOCAL UNIFIED PROGRAM AGENCY PHONE – Enter the phone number of the local UPA that implements the Hazardous Materials Business Plan (HMBP) and hazardous waste generator Unified program elements. If there is more than one UPA, identify the second agency in C4.
- C4. OTHER AGENCY NAME – If applicable, use this space to enter the name of another emergency response agency.
- C5. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C4.
- C6. NEAREST MEDICAL FACILITY / HOSPITAL NAME – Enter the name of the hospital or emergency medical facility closest to your facility.
- C7. NEAREST MEDICAL FACILITY / HOSPITAL PHONE – Enter the phone number of the hospital or emergency medical facility named in C6.
- C8. REGIONAL WATER QUALITY CONTROL BOARD PHONE – Enter the phone number of the local RWQCB.
- C9. OTHER AGENCY NAME – If applicable, use this space to enter the name of another agency requiring notification.
- C10. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C9.
- C11. OTHER AGENCY NAME – If applicable, use this space to enter the name of another agency requiring notification.
- C12. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C11.
- D1. SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES – Check all applicable boxes to identify procedures used by your facility.
- D2. SPECIFY – Briefly specify other spill prevention, containment, and cleanup procedures if you checked Box D1-21.
- E1. THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY – Check all applicable boxes to indicate how facility evacuation will be communicated.
- E2. SPECIFY – Briefly specify other evacuation signals if you checked Box E1-4.
- E3. THE FOLLOWING LOCATION(S) IS/ARE EVACUEE ASSEMBLY AREA(S) – Briefly identify or describe the assembly area(s).
- E4. EVACUATION ROUTE MAP(S) POSTED AS REQUIRED – Check the box to indicate that the evacuation routes have been posted as required.
- F1. ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES – Check the box to indicate if advance arrangements have been made or they have been determined not to be necessary.
- F2. SPECIFY – If you checked Box F1-2, briefly describe the advance arrangements.
- G1. EQUIPMENT AVAILABLE – Check all applicable boxes in the second column of the table to identify emergency equipment available at your facility.
- G2. LOCATION – Briefly describe the location(s) where the emergency equipment is kept. (Repeat for other rows in table.)
- G3. CAPABILITY – Where applicable, briefly describe the capability of the emergency equipment. (Repeat for other rows in table.)
- H1. VULNERABLE AREAS – Check all applicable boxes to identify areas at risk of hazardous materials releases or spills due to earthquakes.
- H2. LOCATIONS – If you checked Box H1-1, briefly describe the location. (Repeat for H3 through H5, if applicable).
- H6. VULNERABLE SYSTEMS – Check all applicable boxes to identify areas at risk of mechanical systems vulnerable to hazardous materials releases or spills due to earthquakes.
- H7. LOCATIONS – If you checked Box H6-1, briefly describe the location. (Repeat for H7 through H12, if applicable).
- I1. INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED – Check all applicable boxes to identify how your employee training program is administered.
- I2. SPECIFY – If you checked Box I1-4, list the titles of the study guides or manuals.
- I3. SPECIFY – If you checked Box I1-5, briefly describe the other ways training is administered.
- J1. ATTACHMENTS – Check one of the boxes to indicate whether or not additional pages/documents are attached as part of this Emergency Response/Contingency Plan.
- J2. SPECIFY – If you checked Box J1-2, list the attachments in the section.
- K1. DATE SIGNED – Enter the date that the certification section was signed by the owner/operator or authorized representative.
- K2. NAME OF SIGNER – Type or print the full name of the person signing/certifying the plan.
- K3. TITLE OF SIGNER – Enter the title of the person signing/certifying the plan.