



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)

FACILITY NAME

FACILITY SITE ADDRESS

FACILITY PHONE NUMBER

ENVIRONMENTAL CONTACT PERSON

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

A Hazardous Materials Business Plan (HMBP) must be submitted every year in full and 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 Roseanna Garcia – La Grille at (510) 777-2149 or Larry Seto at (510) 567-6774.

**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....	
A. HAZARDOUS MATERIALS 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. Cal ARP REGULATED SUBSTANCES 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.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5	UST FACILITY UST TANK (one page per tank)
D. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	<input type="checkbox"/> YES <input type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs May require SPCC plan.
E. HAZARDOUS WASTE Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO 9	EPA ID NUMBER – Provide at the top of this form.
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	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on-site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
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	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
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	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Serve as a Household Hazardous Waste (HHW) Collection site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 14b	Contact ACDEH for required forms.
F. LOCAL REQUIREMENTS 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, 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. (There is no UPCF page for ASTs). 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

I. IDENTIFICATION

FACILITY ID#		BEGINNING DATE	ENDING DATE
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		BUSINESS PHONE	
BUSINESS SITE ADDRESS		BUSINESS FAX	
BUSINESS SITE CITY	CA	ZIP CODE	COUNTY
DUN & BRADSTREET	PRIMARY SIC	PRIMARY NAICS	
BUSINESS MAILING ADDRESS			
BUSINESS MAILING CITY	STATE	ZIP CODE	
BUSINESS OPERATOR NAME	BUSINESS OPERATOR PHONE		

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE
OWNER MAILING ADDRESS	
OWNER MAILING CITY	STATE ZIP CODE

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE
CONTACT MAILING ADDRESS	CONTACT EMAIL
CONTACT MAILING CITY	STATE ZIP CODE

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	NAME
TITLE	TITLE
BUSINESS PHONE	BUSINESS PHONE
24-HOUR PHONE	24-HOUR PHONE
CELL PHONE NUMBER	CELL PHONE NUMBER

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133

Billing Address (if different from business site address): _____

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.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	

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.
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) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
 CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
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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 #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	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
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure
Pressure Release: 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.*).

Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms (2200 pounds) or more of hazardous waste per month, or accumulate more than 6,000 kilograms (13,200 pounds) of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (*see section 3, below*).

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (*check all that apply*):

Bells Horns/Sirens Verbal (*i.e. shouting*) Other (*specify*) _____

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contact Telephone Numbers*:

Fire/Police/Ambulance **911**
State Office of Emergency Services **(800) 852-7550**

b. Post-Incident Contact Telephone Numbers*:

City/County Fire Department (____) _____
Alameda County Dept. of Environmental Health CUPA **(510) 567-6700**
California EPA Department of Toxic Substances Control **(510) 540-3739**
Cal-OSHA Division of Occupational Safety and Health **(415) 972-8500**
Air Quality Management District **(415) 771-6000**
Regional Water Quality Control Board **(510) 622-2300**

** These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

c. Emergency Resources:

Poison Control Center Phone No. **(800) 876-4766**

Nearest Hospital: _____ Phone No.: (____) _____

Address: _____ City: _____

3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

4. Emergency Procedures:

Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - i. Identify the character, exact source, amount, and the extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (*i.e. call 911*).
 - v. Notify the State Office of Emergency Services at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.

- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - ii. 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.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Environmental Protection Agency’s Department of Toxic Substances Control, the Alameda County Department of Environmental Health CUPA and the local fire department that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the “Emergency Coordinator Responsibilities” section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility’s operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility’s response to the incident, must be submitted to the California Environmental Protection Agency’s Department of Toxic Substances Control, the Alameda County Department of Environmental Health and the local fire department. The report shall include:

- a. Name, address, and telephone number of the facility’s owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment <i>(describe)</i>		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits <i>(describe)</i>		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations <i>(describe)</i>		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits <i>(i.e. bottle type)</i>		
	<input type="checkbox"/> Respirator Cartridges <i>(describe)</i>		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other <i>(describe)</i>		
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems <i>(describe)</i>		
	<input type="checkbox"/> Other <i>(describe)</i>		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Absorbents <i>(describe)</i>		
	<input type="checkbox"/> Berms/Dikes <i>(describe)</i>		
	<input type="checkbox"/> Decontamination Equipment <i>(describe)</i>		
	<input type="checkbox"/> Emergency Tanks <i>(describe)</i>		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits <i>(describe)</i>		
	<input type="checkbox"/> Neutralizers <i>(describe)</i>		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps <i>(describe)</i>		
<input type="checkbox"/> Other <i>(describe)</i>			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms <i>(describe)</i>		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
<input type="checkbox"/> Other <i>(describe)</i>			
Additional Equipment <i>(Use Additional Pages if Needed.)</i>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

*Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

**Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Record Keeping (Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

- Current employees' training records (*to be retained until closure of the facility*) *
- Former employees' training records (*to be retained at least three years after termination of employment*) *
- Training Program(s) (*i.e. written description of introductory and continuing training*) *
- Current copy of this Emergency Response/Contingency Plan *
- Record of recordable/reportable hazardous material/waste releases *
- Record of hazardous material/waste storage area inspections *
- Record of hazardous waste tank daily inspections *
- Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: A Weekly Hazardous Waste Storage Area and Aboveground Storage Tank Inspection Forms are available if you do not already have your own forms.)

Check the appropriate box:

- We will use the Alameda County Department of Environmental Health's "Weekly Hazardous Waste Storage Area Inspection Form" and/or the "Daily Aboveground Storage Tank Inspection form" to document inspections.
- We will use our own documents to record inspections. (*A blank copy of each document used must be attached to this HMBP.*)

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

1. Personnel are trained in the following procedures:

<input type="checkbox"/>	Internal alarm/notification *
<input type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input type="checkbox"/>	Emergency incident reporting
<input type="checkbox"/>	External emergency response organization notification
<input type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills, that are conducted at least (<i>specify</i>) _____ (<i>e.g. "Quarterly", etc.</i>)

2. Chemical Handlers are additionally trained in the following:

<input type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/>	Spill procedures/emergency procedures
<input type="checkbox"/>	Proper use of personal protective equipment *
<input type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (<i>i.e. inhalation, ingestion, absorption</i>) *
<input type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>) *

3. Emergency Response Team Members are capable of and engaged in the following:

<input type="checkbox"/>	Personnel rescue procedures
<input type="checkbox"/>	Shutdown of operations
<input type="checkbox"/>	Liaison with responding agencies
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (<i>specify</i>)_____ (<i>e.g. Quarterly", etc.</i>)