

**Amador County Environmental Health Department  
810 Court Street, Jackson, CA 95642  
Phone (209) 223-6439 Fax (209) 223-6228**

**Consolidated Unified Program Agency  
Agricultural Hazardous Materials Business Plan  
Registration Packet**



**ACEH@co.amador.ca.us  
<http://www.co.amador.ca.us/depts./ehealth>**

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID #		EPA ID # (Hazardous Waste Only)	
BUSINESS NAME (Facility Name / DBA)			
Address		APN	

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in APSTs 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	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs?  3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input type="checkbox"/> NO 6  <input type="checkbox"/> YES <input type="checkbox"/> NO 7	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)  UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion –one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site?  4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site?  6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input type="checkbox"/> NO 10 <input type="checkbox"/> YES <input type="checkbox"/> NO 11  <input type="checkbox"/> YES <input type="checkbox"/> NO 12 <input type="checkbox"/> YES <input type="checkbox"/> NO 13 <input type="checkbox"/> YES <input type="checkbox"/> NO 14	EPA ID NUMBER – provide at the top of this page  RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

**Property Ownership**  Property Owned by Business Owner / Operator  Property Rented / Leased by Business Owner / Operator (Complete and Sign Statement)

The Business described by this Hazardous Material Business Plan is operated at (address) \_\_\_\_\_  
 APN( - - ) which is owned by (name) \_\_\_\_\_, (address) \_\_\_\_\_.

I understand that, under section 25503.6 CA H&SC any business which is required to establish and implement a business plan pursuant to Section 25503.5 and is located on leased or rented real property shall notify, in writing, the owner of the property that the business is subject to Section 25503.5 and has complied with its provisions, and shall provide a copy of the business plan to the owner or the owner's agent within five working days after receiving a request for a copy from the owner or the owner's agent.

(signed) \_\_\_\_\_, (date) \_\_\_\_\_

**Amador County Environmental Health Unified Program**  
810 Court Street, Jackson, CA 95642 (209) 223 - 6439

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page \_\_\_ of \_\_\_

**I. IDENTIFICATION**

FACILITY ID#											1	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)											3	BUSINESS PHONE		102	
BUSINESS SITE ADDRESS															103
CITY										104	CA	ZIP CODE		105	
DUN & BRADSTREET										106	SIC CODE (4 digit #)		107		
COUNTY AMADOR					ASSESSORS PARCEL NUMBER (					----	----	)	108		
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE		110		

**II. BUSINESS OWNER**

OWNER NAME										111	OWNER PHONE		112		
OWNER MAILING ADDRESS															113
CITY										114	STATE	115	ZIP CODE	116	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME										117	CONTACT PHONE		118		
CONTACT MAILING ADDRESS															119
CITY										120	STATE	121	ZIP CODE	122	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME										123	NAME		128
TITLE										124	TITLE		129
BUSINESS PHONE										125	BUSINESS PHONE		130
24-HOUR PHONE										126	24-HOUR PHONE		131
PAGER #										127	PAGER #		132

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133

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	134	NAME OF DOCUMENT PREPARER		135
NAME OF SIGNER (print)										136	TITLE OF SIGNER		137	

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 #                      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 217                      MAXIMUM DAILY AMOUNT 218                      ANNUAL WASTE AMOUNT 219                      STATE WASTE CODE 220

UNITS\* (Check one item 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 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 # 1      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*     Yes     No 208  
**Diesel Fuel #2**

CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.  
**68476-36-6**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**II Combustible Liquid, Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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	100	Diesel Fuel #2	<input type="checkbox"/> Yes <input type="checkbox"/> No	8006-61-9
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 NFPA Ratings: Health-1, Fire-2, Reactivity-0, Special Hazards \_\_\_\_\_ 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 # 1      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*                       Yes     No 208  
**Unleaded Gasoline**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**1-B Flammable Liquid, Irritant, Carcinogen**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 a. ABOVE GROUND TANK     c. 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

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

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

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100	Gasoline	<input type="checkbox"/> Yes <input type="checkbox"/> No	8006-61-9
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION NFPA Ratings: Health-2, Fire-3, Reactivity-0, Special Hazards \_\_\_\_\_

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 # 1      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*     Yes     No 208  
**Hydraulic Oil**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	100	226	Petroleum Base Lubricating Fluid	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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards \_\_\_ 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 #      1      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*     Yes     No 208  
**AntiFreeze**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 50 226	Ethylene Glycol 227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	107-21-1 229
2 230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards \_\_\_ 246

If EPCRA, Please Sign Here



**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 # 1                      MAP# (optional) 203                      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207                      EHS\*                       Yes     No 208  
**Motor Oil**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217                      MAXIMUM DAILY AMOUNT 218                      ANNUAL WASTE AMOUNT 219                      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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

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

#	%WT	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	100	226	Petroleum Base Lubricating Oil	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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 # 1      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*     Yes     No 208  
**Transmission Fluid**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	100	226	Petroleum Base Lubricating Fluid	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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 #                      MAP# (optional) 203                      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207                      EHS\*                       Yes     No 208  
**Waste AntiFreeze**

CAS# 209                      \*If EHS is "Yes", all amounts below must be in lbs.  
**107-21-1**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217                      MAXIMUM DAILY AMOUNT 218                      ANNUAL WASTE AMOUNT 219                      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	50	226	Ethylene Glycol	227	<input type="checkbox"/> Yes <input type="checkbox"/> No	228	107-21-1	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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 # 1      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*                       Yes     No 208  
**Waste Oil**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 a. ABOVE GROUND TANK     c. 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

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	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	100	226	Petroleum Base Lubricating Oil	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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 #

MAP# (optional) 203

GRID# (optional) 204

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205

**Petroleum Distillates**

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

COMMON NAME 207

**Waste Transmission Fluid**

EHS\*  Yes  No 208

CAS# 209

**8002-05-9**

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

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

**III Combustible Liquid (CL3B), Irritant**

HAZARDOUS MATERIAL 211

TYPE (Check one item only)  a. PURE  b. MIXTURE  c. WASTE

RADIOACTIVE  Yes  No 212

CURIES 213

PHYSICAL STATE 214

(Check one item only)  a. SOLID  b. LIQUID  c. GAS

LARGEST CONTAINER 215

FED HAZARD CATEGORIES 216

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

AVERAGE DAILY AMOUNT 217

MAXIMUM DAILY AMOUNT 218

ANNUAL WASTE AMOUNT 219

STATE WASTE CODE 220

UNITS\* 221

(Check one item only)

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS  
 \* If EHS, amount must be in pounds.

DAYS ON SITE: 222

STORAGE CONTAINER 223

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

STORAGE PRESSURE 224

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Petroleum Base Lubricating Fluid 227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242		<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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards \_\_\_ 246

If EPCRA, Please Sign Here

**Amador County Environmental Health Unified Program**  
**810 Court Street, Jackson, CA 95642 (209) 223 - 6439**  
**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 #      MAP# (optional) 203      GRID# (optional) 204

**II. CHEMICAL INFORMATION**

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

COMMON NAME 207      EHS\*     Yes     No 208  
**Cutting Oil**

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

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III Combustible Liquid (CL3B), Irritant**

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

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

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

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

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

STORAGE CONTAINER 223  
 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

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

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

#	%WT	226	HAZARDOUS COMPONENT (For mixture or waste only)	227	EHS	228	CAS #	229
1	100	226	Petroleum Base Lubricating Fluid	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 NFPA Ratings: Health-1, Fire-1, Reactivity-0, Special Hazards \_\_\_ 246

If EPCRA, Please Sign Here

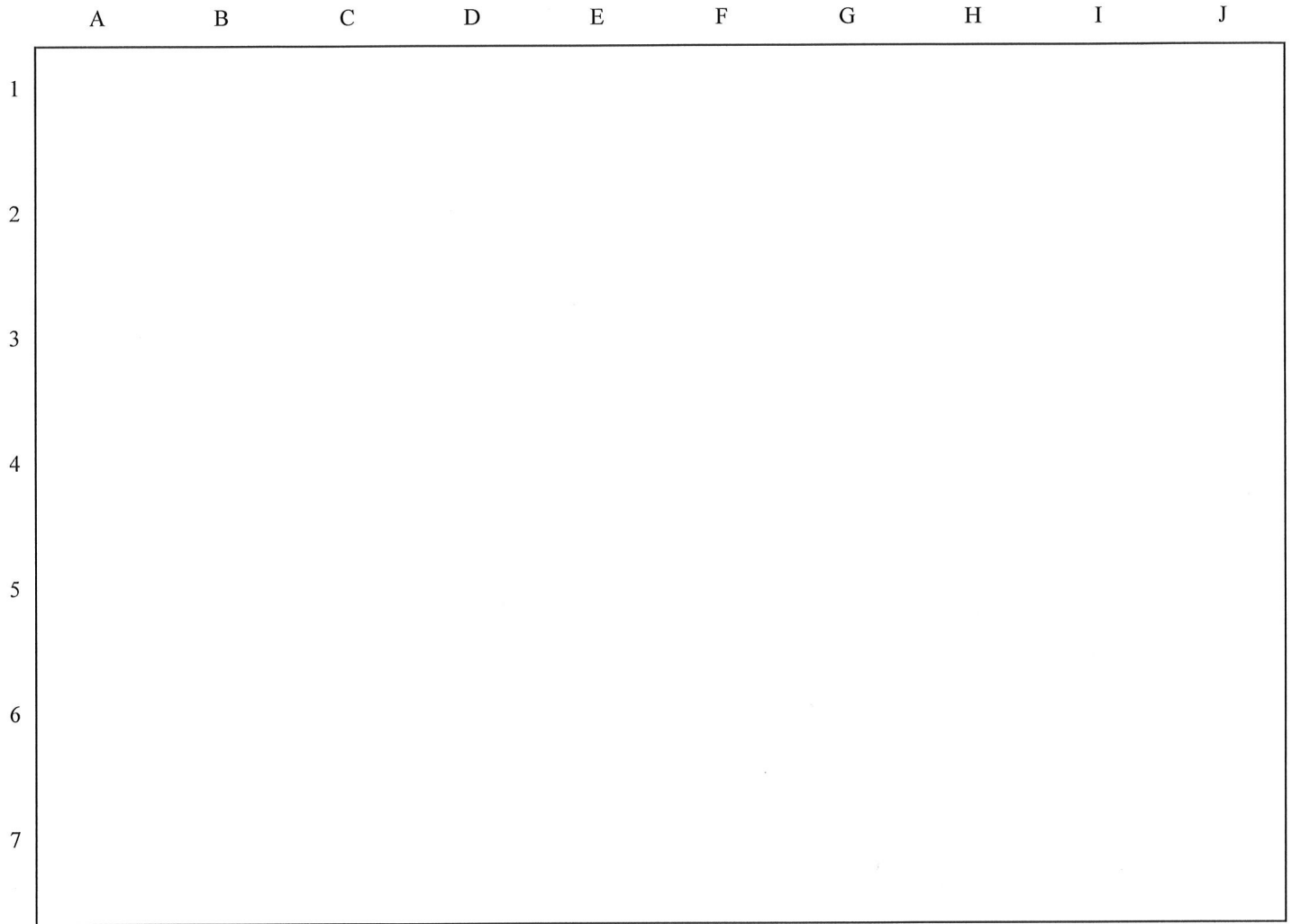
**Warning Signs.** Warning signs shall be conspicuous and visible from any direction of probable approach. Each sign shall be of such a size that it is readable from a distance of 25 feet. The warning sign must be also be printed in other appropriate languages when it may reasonably be anticipated that persons who do not understand the English language may enter the posted building.

**Example**

<p style="text-align: center;">DANGER</p> <p style="text-align: center;">HAZARDOUS MATERIAL STORAGE AREA</p> <p style="text-align: center;">(in this space--list the hazardous material stored within, by category - pesticides, petroleum fuels, oils, or fertilizers)</p> <p style="text-align: center;">ALL UNAUTHORIZED PERSONS - KEEP OUT</p> <p style="text-align: center;">IN AN EMERGENCY, CONTACT:</p> <p style="text-align: center;">(in this space--list the name and phone number of an emergency contact person)</p>
---

**Site Map** (show)

Scale of Map, North Arrow, Internal Roads, Parking Lots, Loading Areas, Storm and Sewer Drains Adjacent Property Use, Locations and Names of Adjacent Streets and Alleys, Access and Egress Points and Roads, Locations of Each Storage Area, Location of Each Hazardous Material Handling Area, Location of Emergency Response Equipment, Electrical, Water, and G





**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 #		1. CERS ID	A1.	DATE OF PLAN PREPARATION/REVISION	A2.
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)					3.
BUSINESS SITE ADDRESS					103.
BUSINESS SITE CITY			104.	CA	ZIP CODE
TYPE OF BUSINESS (e.g., Painting Contractor)			A3.	INCIDENTAL OPERATIONS (e.g., Fleet Maintenance)	
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply)					A5.
<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
LOCAL UNIFIED PROGRAM AGENCY (UPA/CUPA) .....	(209) 223-6439
OTHER (Specify): AIR QUALITY MANAGEMENT DISTRICT	(209) 257-0112
NEAREST MEDICAL FACILITY / HOSPITAL NAME: SUTTER AMADOR HOSPITAL	(209) 223-7500
AGENCY NOTIFICATION PHONE NUMBERS:	
CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) ....	(916) 255-3545
REGIONAL WATER QUALITY CONTROL BOARD .....	(916) 464-3291
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):	( )
OTHER (Specify):	( )

**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
- 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.

E4.

**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, OR VESTS	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)	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab)	
<input type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA			H2.
<input type="checkbox"/> 2. PROCESS LINES / PIPING			H3.
<input type="checkbox"/> 3. LABORATORY			H4.
<input type="checkbox"/> 4. WASTE TREATMENT AREA			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)	H6.	LOCATIONS	
<input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS			H7.
<input type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF)			H8.
<input type="checkbox"/> 3. PORTABLE GAS CYLINDERS			H9.
<input type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES			H10.
<input type="checkbox"/> 5. SPRINKLER SYSTEMS			H11.
<input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank)			H12.

### 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)	J1.
<input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; <i>or</i>	
<input type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:	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)	TITLE OF SIGNER	K2. K3.