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

BUSINESS ACTIVITIES

													Page 1 of _			
					I.	FACIL	ITY	IDE	ENTI	TIFICATION						
FACILITY ID#							=			9	1	EPA I	D # (Hazardous Waste Only) 2			
BUSINESS NAME (Fac	cility Name	/ DBA)										3			
Address											APN					
	II. ACTIVITIES D								DEC	LARAT	ΓΙΟΝ					
										o any part of this list,						
]					ess (Owner.	/Op	erate	or I	dentific	cation j	page (OES Form 2730).			
			ır facilit	y							If Yes, p	lease co	omplete these pages of the UPCF			
A. HAZARDOUS MATERIALS																
Have on site (for any liquids, 500 pounds for (include liquids in AF quantity for an extren Appendix A or B; or emergency plan is rec	or solids,	or 200 USTs); rdous si diologic	cubic fe or the a ubstance cal mate	et for applicate spec rials i	compable Fified in qua	oressed grederal the continuation of the conti	ases resho R Par or wh	old rt 355	5,	□ YES	□ NO	4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)			
B. UNDERGROUND													UST FACILITY (Formerly SWRCB Form A)			
1. Own or operate	e undergr	ound st	torage ta	nks?						☐ YES	☐ NO	5	UST TANK (one page per tank) (Formerly Form B)			
2. Intend to upgra	ade existir	ng or ir	ıstall ne	w US	Ts?					☐ YES	□ NO	6	UST FACILITY			
 Intend to upgrade existing or install new USTs? Need to report closing a UST? 							☐ YES	□ NO	7	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)						
C. ABOVE GROUN	D PETRO	DLEUN	M STOR	AGE	TAN	KS (AS	Γs)									
Own or operatany tank capthe total cap	e ASTs al	bove the reater t	ese thre than 660	shold: gallo	s: ons, oi	•		?		☐ YES	□ NO	8	NO FORM REQUIRED TO CUPAs			
D. HAZARDOUS W						, ,										
Generate hazar	rdous was									☐ YES	□ NO	9	EPA ID NUMBER – provide at the top of this page			
 Recycle more recyclable ma 					ed or	exempted	d			☐ YES	□ NO	10	RECYCLABLE MATERIALS REPORT (one per recycler)			
3. Treat hazardo	us waste (on site?	,							☐ YES	□ NO	11	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)			
4. Treatment su Permit by Ru							r			☐ YES	□ NO	12	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)			
5. Consolidate l										☐ YES	□ NO	13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)			
6. Need to report				a tan	k that	was clas	ssifie	d as		☐ YES	□ NO	14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
				ısiness	Owne	er / Opera	tor 🗆	Prope	erty Re	ented / Lea	ased by B	usiness (Owner / Operator (Complete and Sign Statement)			
The Business describ) w	hich is	owned l	by (na	ime)					, (addre	ess)	d imple	ment a husiness plan pursuant to Section			
25503.5 and is locate 25503.5 and has com	understand that, under section 25503.6 CA H&SC any business which is required to establish and implement a business plan pursuant to Section 5503.5 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 5503.5 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 anys after receiving a request for a copy from the owner or the owner's agent.															
(signed)									, (da	te)						

BUSINESS OWNER/OPERATOR IDENTIFICATION

							Page of
I. IDENTIF	CA	TION					
FACILITY ID#		1 BEGII	NNING I	DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	-			3 B	BUSINES	S PHONE	102
BUSINESS SITE ADDRESS							103
CITY		104	CA	ZIP CO			105
DUN & BRADSTREET			106	SIC CO	DE (4 di	git #)	107
COUNTY AMADOR ASSESSORS P	ARC	EL NUM)
BUSINESS OPERATOR NAME			109	BUSINE	ESS OPE	RATOR PHONE	110
II. BUSINES	s o	WNER					
OWNER NAME			111	OWNER	R PHON	Е	112
OWNER MAILING ADDRESS				•			113
CITY		114 S	TATE		115	ZIP CODE	116
III. ENVIRONMEN	TA	L CON	ГАСТ				
CONTACT NAME			117	CONTA	СТ РНО	ONE	118
CONTACT MAILING ADDRESS							119
CITY		120 S	TATE		121	ZIP CODE	122
-PRIMARY- IV. EMERG	EN	CY CO	NTAC	ΓS		-SECONDA	RY-
NAME	123	NAME					128
TITLE	124	TITLE		3			129
BUSINESS PHONE	125	BUSINE	SS PHO	NE			130
24-HOUR PHONE	126	24-HOU	R PHON	1E			131
PAGER #	127	PAGER	#				132
ADDITIONAL LOCALLY COLLECTED INFORMATION:				r			133
Certification: Based on my inquiry of those individuals responsible for obtaining the am familiar with the information submitted and believe the information is true, accurately the information is true, accurately the information is true, accurately the information is true.	ate,	and compl	ete.	520			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		ATE	134	NAME	OF DOC	UMENT PREPARER	135
NAME OF SIGNER (print) 136	TI	TLE OF SI	GNER				137

□ADD	□DELETE □]REVISE		200	(one	e page per material per building Page	of
	I. FACILITY	Y INFORMAT	ION				
BUSINESS NAME (S	ame as FACILITY NAME or DBA – Doing Business As)						3
CHEMICAL LOCAT	ON			CHEMICAL LOCAT ☐ YES ☐ NO	ION CON	NFIDENTIAL EPCRA	202
FACILITY ID#		1 N	//AP# (o		GRID#	# (optional)	204
PACIEIT ID#							
4	II. CHEMICA	L INFORMA'					
CHEMICAL NAME			205	TRADE SECRET If Subject		Yes No	206
COMMON NAME			207	EHS*		Yes No	208
CAS#			209	*If EHS is "Yes", all a	amounts b	pelow must be in lbs.	
FIRE CODE HAZAR	O CLASSES (Complete if required by CUPA)						210
HAZARDOUS MATERI TYPE (Check one item or		211 RADI	OACTI	VE Yes No	212	CURIES	213
PHYSICAL STATE (Check one item only)	a. SOLID b. LIQUID c. GAS	214 LARC	GEST CO	ONTAINER			215
FED HAZARD CATEGO (Check all that apply)		ELEASE □ d. AC	CUTE H	EALTH 🔲 e. CHROÌ	NIC HEAI	LTH	216
AVERAGE DAILY AMO	OUNT 217 MAXIMUM DAILY AMOUNT	218 ANNU	UAL WA	ASTE AMOUNT	219 ST	TATE WASTE CODE	220
UNITS*		DS d. TONS	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	22	1 DAY	S ON SITE:	222
(Check one item only) STORAGE CONTAINER □ a. A	* If EHS, amount must be in pounds. BOVE GROUND TANK	DRUM 🔲 i. FIBER	R DRUM	1 ☐ m. GLASS BOTTL	E 🗆 g	. RAIL CAR	
-	IDERGROUND TANK ☐ f. CAN NK INSIDE BUILDING ☐ g. CARBOY	☐ j. BAG ☐ k. BOX		. PLASTIC BOTTLE ☐ o. TOTE BIN	r. OTHE	ER	
	TEEL DRUM h. SILO	☐ 1. CYLINDER					223
STORAGE PRESSURE	a. Ambient b. Above ambient	c. BELOW A	MBIEN	T			224
STORAGE TEMPERAT	JRE 🔲 a. AMBIENT 🔲 b. ABOVE AMBIENT	☐ c. BELOW	AMBIEN	NT d. CRYOGE	NIC		225
%WT	HAZARDOUS COMPONENT (For mixture or	waste only)		EHS		CAS#	
1 226		227	□ Y	es No 228			229
2 230		231	□ Y	es No 232			233
3 234		235	☐ Y	es No 236			237
4 238		239	☐ Y	es No 240			241
5 242		243		es 🗌 No 244	,		245
	nts are present at greater than 1% by weight if non-carcinogenic, or 0.1%	6 by weight if carcinoge	nic, attac	th additional sheets of paper	capturing t	he required information.	246
ADDITIONAL LOCA	LLY COLLECTED INFORMATION						
						If EDCD A Plance Sign	Uoro

□ADD	□DELETE □REVISE	200	(one page per material per building or area) Page of
	I. FACILITY INFORMAT	ION	
DATE OF THE PARTY			3
BUSINESS NAME (S	ame as FACILITY NAME or DBA – Doing Business As)		3
CHEMICAL LOCAT	ON	201 CHEMICAL LOCAL TOTAL YES NO	ATION CONFIDENTIAL EPCRA 202
FACILITY ID#	1 N	1AP# (optional)	GRID# (optional) 204
	II. CHEMICAL INFORMA	TION	
CHEMICAL NAME		205 TRADE SECRET	☐ Yes ☐ No 206
	ım Hydrocarbons	If Sul	oject to EPCRA, refer to instructions
COMMON NAME	al #2	EHS*	Yes No
Diesel F	uei #2	209	
68476-3	6-6	*If EHS is "Yes", a	all amounts below must be in lbs.
	D CLASSES (Complete if required by CUPA)		210
II Combu	astible Liquid, Irritant		213
TYPE (Check one item or	211 RADI	OACTIVE Yes X No	212 CURIES
PHYSICAL STATE			215
(Check one item only)	a. SOLID Xb. LIQUID c. GAS	GEST CONTAINER	
FED HAZARD CATEGO	***	V V	216
(Check all that apply) AVERAGE DAILY AMO		TE HEALTH $X_{ m e.}$ CHRONUAL WASTE AMOUNT	219 STATE WASTE CODE 220
AVERAGE DAILY AMO	JUNI 217 MAXIMUM DAILI AMOUNT 218 ANNO	OAL WASTE AMOUNT	GIATE WASTE CODE
	V		221 DAYS ON SITE: 222
UNITS* (Check one item only)	X a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS * If EHS, amount must be in pounds.		
STORAGE	ABOVE GROUND TANK	R DRUM	TLE
	NDERGROUND TANK f. CAN j. BAG	n. PLASTIC BOTTLE	r. OTHER
	NK INSIDE BUILDING	o. TOTE BIN	
☐ d. S'	TEEL DRUM	p. TANK WAGON	223
STORAGE PRESSURE	X a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW A	MBIENT	224
STORAGE TEMPERAT	URE $X_{ ext{a. AMBIENT}}$ \Box b. Above ambient \Box c. Below A	AMBIENT d. CRYO	GENIC 225
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100 226	Diesel Fuel #2	☐ Yes ☐ No 228	8006-61-9
2 230	231	☐ Yes ☐ No 232	233
3 234	235	☐ Yes ☐ No 236	237
4 238	239	☐ Yes ☐ No 240	241
5 242	243	☐ Yes ☐ No 244	245
	this are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinoge	hic, attach additional sheets of pa	per capturing the required information.
	ALLY COLLECTED INFORMATION NFPA Ratings: Health-1, Fire		
			If FPCRA Please Sign Here

	□DELETE	При	EVISE		200	(one p	page per material per building Page	
□ADD								
	I. 1	FACILITY I	INFORMA	TION				
BUSINESS NAME (Sa	nme as FACILITY NAME or DBA – Doing	Business As)						3
CHEMICAL LOCATION	ON			201	CHEMICAL LOCAT	ION CONF	FIDENTIAL EPCRA	202
FACILITY ID#			1	MAP#	(optional) 203	GRID# ((optional)	204
THEILIT ID "					404.0			
	II. C	CHEMICAL	INFORM	ATIO	N			
CHEMICAL NAME				205	TRADE SECRET		Yes No	206
	m Hydrocarbons			207	If Subject	t to EPCRA, re	efer to instructions	208
COMMON NAME	d Casalina			201	EHS*		Yes 🗌 No	
CAS#	d Gasoline	209	*If EHS is "Yes", all amounts below must be in lbs.					
8006-61-	9				TIT EHS IS "Yes", all a	amounts be	now must be in ibs.	210
FIRE CODE HAZARI	O CLASSES (Complete if required by CUPA)							210
1-B Flam	mable Liquid, Irritant, Carcinogen							213
TYPE (Check one item or	V	. WASTE	211 RA	DIOACT	TVE Yes X No	212	CURIES	
PHYSICAL STATE	MI CIE TROUBLETONE IN		214	D CECT (CONTAINER			215
(Check one item only)	\square a. SOLID $X_{b.}$ LIQUID \square c.	GAS	214 LA	KUESI (ONTAINER			216
FED HAZARD CATEGO		neggine bet e t	VOE V	ינו קייף ו	EALTH $X_{e.}$ CHRONIC	нелі ти		210
(Check all that apply) AVERAGE DAILY AMO	X_{a} FIRE \Box b. REACTIVE \Box c. PI				VASTE AMOUNT		ATE WASTE CODE	220
A LICAGE DAIL! AM	The state of the s			······································				
UNITS*	X a. GALLONS ☐ b. CUBIC FEET		d. TONS		22	1 DAYS	ON SITE:	222
(Check one item only) STORAGE	* If EHS, amount mu		_				DAN CAR	
	BOVE GROUND TANK	NMETALLIC DR	RUM 🗍 i. FIB 🔲 j. BAG	ER DRU	M ☐ m. GLASS BOTTL n. PLASTIC BOTTLE ☐	.E ∐ q. l] r. OTHER	KAIL CAK R	
	NK INSIDE BUILDING		☐ k. BOX		o. TOTE BIN			
□ d. S7	EEL DRUM h. SILO		l. CYLINDE	R 🗆 I	o. TANK WAGON		·	223
STORAGE PRESSURE	X a. AMBIENT □ b. ABOVE	E AMBIENT	☐ c. BELOW	AMBIE	NT			224
STORAGE TEMPERAT	URE $X_{a. AMBIENT}$ \Box b. Above	EAMBIENT	☐ c. BELOV	V AMBIE	ENT d. CRYOGE	NIC		225
%WT	HAZARDOUS COMPONENT (Fo	or mixture or w	vaste only)		EHS		CAS#	
1 100 226	Gasoline		22	7 🗆	Yes No 228	8006-61-	-9	229
2 230			23	1 🗆	Yes No 232			233
3 234			23	5 🗆	Yes No 236			237
4 238			23	9 🗆	Yes No 240			241
5 242			24	3 🗆	Yes No 244			245
If more hazardous compone	nts are present at greater than 1% by weight if non-car	cinogenic, or 0.1% b	y weight if carcin	ogenic, att	ach additional sheets of paper	capturing the	e required information.	
ADDITIONAL LOCA	LLY COLLECTED INFORMATION NF	PA Ratings: I	Health-2, F	ire-3, I	Reactivity-0, Specia	al Hazard	ls	246
							If EPCRA, Please Sig	gn Here

□ADD	□DELETE □REVISE			200	(OII	Page	of
	I. FACILITY INFO	RMAT	ION				
DUCINECO NAME (C	ame as FACILITY NAME or DBA – Doing Business As)						3
BUSINESS NAME (S	ame as FACILITY NAME of DBA – Doing Business As)						2
CHEMICAL LOCATI	ON		201	CHEMICAL LOCATION YES □ NO	ON CO	NFIDENTIAL EPCRA	202
FACILITY ID#		1 M	IAP# ((optional) 203	GRID	# (optional)	204
	II. CHEMICAL INFO	ORMA'	TIOI	N			
CHEMICAL NAME			205	TRADE SECRET		Yes No	206
	m Distillates					, refer to instructions	
COMMON NAME	m Distinates		207				208
Hydraul	ic Oil			EHS*	L	Yes No	
CAS#	×		209	*If EHS is "Yes", all a	mounts I	below must be in lbs.	
8002-05-							210
	O CLASSES (Complete if required by CUPA)						210
HAZARDOUS MATERIA	ustible Liquid (CL3B), Irritant					1	213
TYPE (Check one item or	21:	1 RADI	OACT	IVE □ Yes <u>X No</u>	212	CURIES	
PHYSICAL STATE							215
(Check one item only) FED HAZARD CATEGO	□ a. SOLID Xb. LIQUID □ c. GAS	4 LARG	GEST C	CONTAINER		and the second s	216
(Check all that apply)		Xd. ACU	те не	ALTH Xe. CHRONIC I	HEALTH	[
AVERAGE DAILY AMO						TATE WASTE CODE	220
	7						
UNITS* (Check one item only)	X a. GALLONS □ b. CUBIC FEET □ c. POUNDS □ d. * If EHS, amount must be in pounds.	TONS		221	DAY	S ON SITE:	222
STORAGE						D.W. G.I.D.	
	BOVE GROUND TANK ☐ ¢. PLASTIC/NONMETALLIC DRUM ☐ IDERGROUND TANK ☐ f. CAN ☐ j. B.		וטאם:	n. PLASTIC BOTTLE \square	r. OTHE	ą. RAIL CAR ER	
☐ c. TA	NK INSIDE BUILDING 🔲 g. CARBOY 🔲 k. 1	BOX		o. TOTE BIN			
☐ d. ST	TEEL DRUM	LINDER	□р	. TANK WAGON			223
STORAGE PRESSURE	X a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. I	BELOW A	MBIEI	NT			224
STORAGE TEMPERAT	JRE $X_{a.}$ Ambient \Box b. Above ambient \Box c.	BELOW A	MBIE	NT d. CRYOGEN	IC		225
%WT	HAZARDOUS COMPONENT (For mixture or waste o	nly)		EHS		CAS#	
1 100 226	Petroleum Base Lubricating Fluid	227	□ '	Yes No 228			229
2 230		231		Yes No 232			233
3 234		235	·	Yes □ No 236			237
4 238		239		Yes No 240			241
5 242		243		Yes No 244			245
	nts are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight	if carcinoge	l nic, atta	nch additional sheets of paper c	apturing t	the required information.	
ADDITIONAL LOCA	LLY COLLECTED INFORMATION NFPA Ratings: Health	1-1, Fire	-1, R	Reactivity-0, Special	Hazar	rds	246
		-81	(2)				
						If EPCRA, Please Sign	. Here
						II EPCKA, Please Sigi	Here

□ADD	I	DELETE			REVIS	SE				200	(ie page per mater	Page _	_ of
			I. FA	CILIT	Y INF	ORN	1ATI	ON						
BUSINESS NAME (S	ame as FACILITY NAM	IE or DBA –	Doing Bu	isiness A	s)									3
CHEMICAL LOCATI	ON						2	201	CHEMICA YES		ION CO	NFIDENTIA	L EPCRA	202
FACILITY ID#						1	MA	AP# (c	optional)	203	GRID	# (optional)		204
			II. CH	EMIC	AL INI	FOR	MAT	'ION	J		1			
CVENTICAL MANTE								205		CDET		Yes 🗆	No	206
CHEMICAL NAME	o Clysol						-	200	TRADE SE			, refer to instructi		
Ethylen COMMON NAME	e Glycol						2	207		Ti Bubject	- TO ET CIGIT	, refer to instructi		208
AntiFre	e7e								EHS*			Yes 🗌	No	
CAS#							2	209	*If EUC ic '	'Ves" all s	mounte	below must b	o in the	
107-21-1									II EUS IS	res , an a	illoulits		——————————————————————————————————————	
	D CLASSES (Complete if re													210
	ustible Liquid (CL3	B), Irritant										T		213
HAZARDOUS MATERI		. Marine In E	П ,,,,	4 GTD		211	RADIO.	ACTI	VE Yes	\mathbf{X} No	212	CURIES		213
TYPE (Check one item or PHYSICAL STATE	nly) \square a. PURE X	b. MIXTURE	□ c. W.	ASIE										215
(Check one item only)	\square a. SOLID X	o. LIOUID	□ c. GA	\S		214	LARGE	EST C	ONTAINER					
FED HAZARD CATEGO		J. BIQUID								**************************************				216
(Check all that apply)	Xa FIRE □ b.	REACTIVE [c. PRES	SSURE RE	LEASE	$\mathbf{X}_{d.}$	ACUTE	E HEA	ALTH Xe.	CHRONIC	HEALTH	1		
AVERAGE DAILY AMO	DUNT 217	MAXIMUM	DAILY A	MOUNT		218	ANNUA	AL W	ASTE AMOU	NT	219 S	TATE WASTI	CODE	220
UNITS* (Check one item only)	X a. GALLONS	☐ b. CUBIC * If EHS, amo				d. TON	NS			221	DAY	S ON SITE:		222
STORAGE								2010		aa Domiti		DAW CAD		
	ABOVE GROUND TANK NDERGROUND TANK	☐ f. CAN	I IC/NONIV	1E I ALLIC	JDRUM j.		IBEK L		1 □ m. GLA . PLASTIC E			q. RAIL CAR ER		
☐ c. TA	NK INSIDE BUILDING	g. CARBO	Y			k. BOX			o. TOTE BIN	٧				
☐ d. S7	TEEL DRUM	h. SILO			☐ 1. C	CYLIN	DER	□ p.	TANK WAG	ON				223
STORAGE PRESSURE	X a. AMBIENT	□ b.	ABOVE A	MBIENT	□с	. BELC	OW AM	IBIEN	Т					224
STORAGE TEMPERAT	ure X_a . Ambient	☐ b. A	ABOVE AN	MBIENT		c. BEL	OW AM	MBIEN	NT 🔲 d.	CRYOGEN	NIC			225
%WT	HAZARDOUS C	OMPONEN	NT (For 1	nixture	or waste	only))		EHS			CAS	#	
1 50 226	Ethylene Glycol						227	☐ Y	es 🗌 No	228	107-21	-1	L	229
2 230							231	☐ Y	es 🗌 No	232				233
3 234		10					235	□ Y	es 🗌 No	236				237
4 238		***************************************					239	☐ Y	es 🗌 No	240				241
5 242							243	☐ Y	es 🗌 No	244				245
If more hazardous compone	nts are present at greater than	1% by weight if	non-carcino	genic, or 0.	1% by weig	ht if car	cinogenio	c, attac	ch additional sh	eets of paper	capturing	the required info	rmation.	
ADDITIONAL LOCA	LLY COLLECTED INF	FORMATION	NFPA	Rating	s: Heal	lth-1,	Fire-	1, R	eactivity-(), Specia	l Hazaı	rds		246
						_		1500	•	-				
												If EDCD A	Planca Ci	on Uara

∏ADD	Πr	DELETE		□REV	ISF				200	(one	e page per material per building Page	or area)
			NAME OF TRANSPORT OF TRANSPORT									
		I.]	FACILI	TY IN	FOR	MATI	ION					
BUSINESS NAME (S	ame as FACILITY NAM	E or DBA – Doing	Business A	s)								3
CHEMICAL LOCATI	ON						201			ON CON	NFIDENTIAL EPCRA	202
						1 M	A D# 4		NO 203	CRID	† (optional)	204
FACILITY ID#						1 MI	AP# ((optional)	203	GKID	(optional)	
		П. С	CHEMIC	CALIN	VEOE	RMAT	TIO	V				
CHEMICAL NAME							205	TRADE SEC	PET		Yes No	206
	ım Distillates							TRADE SE		-	refer to instructions	
COMMON NAME	im Distillates						207	E110*				208
Motor C	Dil							EHS*			Yes No	
CAS#							209	*If EHS is "	Yes", all a	mounts b	pelow must be in lbs.	
68476-30	6-6 D CLASSES (Complete if rec	uired by CUPA)										210
	ustible Liquid (CL3)											
HAZARDOUS MATERI	AL				211	DADIC	NA OTT	IVE Yes	V v	212	CURIES	213
TYPE (Check one item or	ıly) 🔲 a. PURE 🔀	o. MIXTURE C.	. WASTE		211	RADIC	JACT.	IVE Yes	A No		COMES	215
PHYSICAL STATE	\square a. SOLID X_b	o. LIQUID 🔲 c.	CAS		214	LARGI	EST C	CONTAINER				213
(Check one item only) FED HAZARD CATEGO		s. LIQUID L. c.	UAS									216
(Check all that apply)	Xa FIRE □ b. I	REACTIVE 🔲 c. PI	RESSURE R	ELEASE	\mathbf{X}_{d}	l. ACUT	Е НЕ	ALTH Xe.	CHRONIC I	HEALTH		
AVERAGE DAILY AMO	DUNT 217	MAXIMUM DAILY	Y AMOUNT		218	ANNU	AL W	ASTE AMOU	NT	219 ST	TATE WASTE CODE	220
		1										
UNITS* (Check one item only)		☐ b. CUBIC FEET * If EHS, amount mus			☐ d. TC	ONS			221	DAY	S ON SITE:	222
STORAGE						FIDED	DDIB	м П., ст.	CC DOTTLE		. RAIL CAR	-
		☐ e. PLASTIC/NO ☐ f. CAN	NME I ALL		j. BAG			n. PLASTIC B	OTTLE	r. OTHE		
☐ c. TA	NK INSIDE BUILDING	☐ g. CARBOY			k. BO	X		o. TOTE BIN	ľ			
□ d. S7	TEEL DRUM	h. SILO		☐ 1.	. CYLI	NDER	□ p	. TANK WAG	ON			223
STORAGE PRESSURE	X a. AMBIENT	☐ b. ABOVE	E AMBIENT		c. BEI	LOW AN	MBIEN	NT			3	224
STORAGE TEMPERAT	ure $X_{a.}$ ambient	☐ b. ABOVE	EAMBIENT		c. BE	LOW A	MBIE	NT □d.	CRYOGEN	IC		225
%WT	HAZARDOUS C	OMPONENT (Fo	or mixture	or wast	te only	y)		EHS			CAS#	
1 100 226	Petroleum Base Lu	bricating Oil				227		Yes 🗌 No	228			229
2 230						231		Yes 🗌 No	232			233
3 234					la la	235		Yes 🗌 No	236			237
4 238	*					239		Yes No	240		×	241
5 242						243		Yes No	244			245
If more hazardous compone	nts are present at greater than I	1% by weight if non-care	cinogenic, or (0.1% by we	eight if ca	arcinogen	ic, atta	ach additional she	ets of paper o	apturing th	he required information.	
ADDITIONAL LOCA	ALLY COLLECTED INF	ORMATION NF	PA Ratin	gs: He	alth-1	, Fire-	-1, R	Reactivity-0	, Special	Hazar	ds	246
					53078500735077						If EPCRA, Please Sig	n Here

□ADD	□ DELETE □ REVISE	200	Page of
	I. FACILITY INFORMAT	TION	
BUSINESS NAME (S	ame as FACILITY NAME or DBA – Doing Business As)		3
CHEMICAL LOCAT	ON	201 CHEMICAL LOCA YES NO	TION CONFIDENTIAL EPCRA 202
FACILITY ID#	1 N	MAP# (optional) 20	GRID# (optional) 204
	II. CHEMICAL INFORMA	TION	
CHEMICAL NAME		205 TRADE SECRET	Yes No 206
Petroleu	ım Distillates	If Subje	ect to EPCRA, refer to instructions
COMMON NAME		207 EHS*	☐ Yes ☐ No
	ission Fluid		
CAS#		*If EHS is "Yes", al	l amounts below must be in lbs.
8002-05	-9 D CLASSES (Complete if required by CUPA)		210
	ustible Liquid (CL3B), Irritant		
HAZARDOUS MATERI	AL		213
TYPE (Check one item or	nly) \square a. PURE X_b . MIXTURE \square c. WASTE	IOACTIVE \square Yes X No	212 CURIES
PHYSICAL STATE		ODOM CONTRA NUD	215
(Check one item only)	\square a. SOLID X b. LIQUID \square c. GAS	GEST CONTAINER	
FED HAZARD CATEGO		W.Y.	216
(Check all that apply)		TE HEALTH Xe. CHRONI	
AVERAGE DAILY AMO	DUNT 217 MAXIMUM DAILY AMOUNT 218 ANNI	UAL WASTE AMOUNT	219 STATE WASTE CODE 220
*			DAYS ON SITE: 222
UNITS* (Check one item only)	X a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS * If EHS, amount must be in pounds.		DATIS GIVEITE.
STORAGE CONTAINER \[\begin{array}{c} a. A	ABOVE GROUND TANK	R DRUM 🔲 m. GLASS BOTT	LE 🔲 q. RAIL CAR
	DERGROUND TANK ☐ f. CAN ☐ j. BAG	n. PLASTIC BOTTLE	☐ r. OTHER
	NK INSIDE BUILDING	o. TOTE BIN	
□ d. S'		p. TANK WAGON	223
STORAGE PRESSURE	X a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW A	MBIENT	224
STORAGE TEMPERAT	URE $X_{a.}$ Ambient \Box b. above ambient \Box c. below A	AMBIENT d. CRYOGI	ENIC 225
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100 226	Petroleum Base Lubricating Fluid 227	☐ Yes ☐ No 228	229
2 230	231	☐ Yes ☐ No 232	233
3 234	235	☐ Yes ☐ No 236	237
4 238	239	☐ Yes ☐ No 240	241
5 242	243	☐ Yes ☐ No 244	245
If more hazardous compone	nts are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinoge	enic, attach additional sheets of pape	er capturing the required information.
ADDITIONAL LOCA	LLY COLLECTED INFORMATION NFPA Ratings: Health-1, Fire	e-1, Reactivity-0, Speci	al Hazards ²⁴⁶
			If EPCRA, Please Sign Here

						(one	e page per material per building	or area)
□ADD	□DELETE		□REVISE		200		Page	of
		I. FACILIT	Y INFORM	MATIO)N			
BUSINESS NAME (S	ame as FACILITY NAME or DBA –	Doing Business As	s)					3
CHEMICAL LOCATI	ON			201	CHEMICAL LOCA		NFIDENTIAL EPCRA	202
				1 MAP	P# (optional)		# (optional)	204
FACILITY ID#								
		II. CHEMIC	AL INFOR	MATI	ON			
CHEMICAL NAME				205	TRADE SECRET		Yes No	206
Ethylene	e Glycol			20		ect to EPCRA,	refer to instructions	200
COMMON NAME		EHS*						
Waste A	ntiFreeze							
107-21-1		*If EHS is "Yes", a	ll amounts b	pelow must be in lbs.				
	O CLASSES (Complete if required by CUPA))						210
III Comb	ustible Liquid (CL3B), Irritan	t						5
HAZARDOUS MATERI			211	DADIOA.	CTIVE Yes X No	212	CURIES	213
TYPE (Check one item or	aly) \square a. PURE X_b . MIXTURE	c. WASTE		KADIOA	CIIVE Tes 2x No	VC 2005		215
PHYSICAL STATE	\square a. SOLID X b. LIQUID	□ c. GAS	214	LARGES	T CONTAINER			2.0
(Check one item only) FED HAZARD CATEGO		L C. GAS						216
(Check all that apply)	Xa FIRE □ b. REACTIVE	☐ c. PRESSURE RE	LEASE Xd.	ACUTE	HEALTH Xe. CHRON	IC HEALTH		
AVERAGE DAILY AMO		1 DAILY AMOUNT			WASTE AMOUNT		TATE WASTE CODE	220
UNITS* (Check one item only)	X a. GALLONS b. CUBIC	FEET c. POU	NDS d. TO	NS		221 DAY	S ON SITE:	222
STORAGE		•					DAW CAD	
	ABOVE GROUND TANK	TIC/NONMETALLIC	j. BAG		RUM ☐ m. GLASS BOT ☐ n. PLASTIC BOTTLE		. RAIL CAR ER	
☐ c. TA	NK INSIDE BUILDING 🔲 g. CARBO	Y	☐ k. BO	X	O. TOTE BIN			
☐ d. S7	TEEL DRUM h. SILO		☐ 1. CYLIN	NDER [p. TANK WAGON			223
STORAGE PRESSURE	X a. AMBIENT □ b.	ABOVE AMBIENT	☐ c. BEL	OW AMB	IENT			224
STORAGE TEMPERAT	URE $X_{a. \ AMBIENT}$ \Box b. A	ABOVE AMBIENT	☐ c. BEI	LOW AME	BIENT d. CRYOC	ENIC		225
%WT	HAZARDOUS COMPONE	NT (For mixture	or waste only	')	EHS		CAS#	
1 50 226	Ethylene Glycol			227	Yes No 228	107-21-	-1	229
2 230				231	Yes No 232			233
3 234				235	Yes No 236			237
4 238				239	Yes No 240			241
5 242				243	Yes No 244			245
If more hazardous compone	nts are present at greater than 1% by weight if	non-carcinogenic, or 0.	1% by weight if ca	rcinogenic,	attach additional sheets of pa	per capturing th	he required information.	
ADDITIONAL LOCA	LLY COLLECTED INFORMATION	NFPA Rating	s: Health-1	Fire-1,	Reactivity-0, Spec	ial Hazar	ds	246
	*						If EPCRA, Please Sign	ı Here

7.55		NEL ETE			Премен				200	(one	page per material per building Page	or area)
□ADD		DELETE		L	REVISE							-
		I.	FACIL	IT	Y INFOR	MAT	ION	[
BUSINESS NAME (S	ame as FACILITY NAM	E or DBA – Doing	g Business	s As))		·					3
CHEMICAL LOCATI	ON				<u> </u>		201			ON CON	IFIDENTIAL EPCRA	202
						1 N	(A D#	YES (optional)	NO 203	GRID#	(optional)	204
FACILITY ID#						IV.	1711 # ((орионаг)		GRIDII	(ориона)	
		II.	CHEM	ICA	AL INFO	RMA'	TIO	N				
CHEMICAL NAME							205	TRADE SECI	RET		Yes No	206
	m Distillates								If Subject to	o EPCRA,	refer to instructions	
COMMON NAME							207	EHS*] Yes □ No	208
Waste C)il						200	LIIO				
CAS#							209	*If EHS is "Y	es", all ar	nounts b	elow must be in lbs.	
68476-30	6-6 D CLASSES (Complete if rec	wired by CURA)										210
	ustible Liquid (CL3)											
HAZARDOUS MATERI		b), Illiant				<u> </u>			7		or mana	213
TYPE (Check one item or	nly) 🔲 a. PURE 🔀	o. MIXTURE	c. WASTE		211	RADI	OACT	TVE Yes Y	<u>No</u>	212	CURIES	
PHYSICAL STATE					214	LARC	FST (CONTAINER				215
(Check one item only)	\square a. SOLID $\overline{\mathbf{X}}$. LIQUID	c. GAS			Drine						216
FED HAZARD CATEGO	**				verse V	1 1011		EALTH Xe. CE	IDONICI	ID A L TOLL		210
(Check all that apply)		REACTIVE C. I			LEASE A			VASTE AMOUN			ATE WASTE CODE	220
AVERAGE DAILY AMO	JUNI 217	MAXIMUM DAII	LI AMOUI	NI	210	AININ	UAL V	VASTE AMOUNT			ATE WASTE CODE	
									221	DAY	S ON SITE:	222
UNITS* (Check one item only)	f X a. GALLONS	☐ b. CUBIC FEET * If EHS, amount m			NDS d.T	ONS						
STORAGE CONTAINER \(\square\) a. A	ABOVE GROUND TANK	e. PLASTIC/N	ONMETAL	LIC	DRUM []	i. FIBER	RDRU	M □ m. GLASS	BOTTLE	Па	RAIL CAR	
		☐ f. CAN			☐ j. BAC			n. PLASTIC BO	TTLE 🗌	r. OTHE	R	
☐ c. TA	NK INSIDE BUILDING	🔲 g. CARBOY			☐ k. B0		20111111	o. TOTE BIN				
☐ d. S7	TEEL DRUM	h. SILO			l. CYL	INDER	p	o. TANK WAGO	N 			223
STORAGE PRESSURE	\mathbf{X} a. Ambient	☐ b. ABOV	E AMBIEN	NT	☐ c. BE	LOW A	MBIE	NT				224
STORAGE TEMPERAT	ure <u>Xa. ambient</u>	☐ b. ABOV	E AMBIEN	T	☐ c. B	ELOW A	AMBIE	ENT d. C	RYOGEN	IC		225
%WT	HAZARDOUS C	OMPONENT (F	For mixtu	ire o	or waste on	y)		EHS			CAS#	
1 100 226	Petroleum Base Lu	bricating Oil				227		Yes 🗌 No	228			229
2 230						231		Yes No	232			233
3 234						235		Yes 🗌 No	236			237
4 238						239		Yes No	240			241
5 242						243		Yes No	244			245
	ents are present at greater than	1% by weight if non-ca	rcinogenic, o	or 0.1	% by weight if	carcinoge	enic, att	ach additional sheet	s of paper c	apturing t	he required information.	
ADDITIONAL LOCA	ALLY COLLECTED INF	ORMATION NI	FPA Rat	ing	s: Health-	1, Fire	e-1, F	Reactivity-0,	Special	Hazar	ds	246
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											If EPCRA, Please Sign	1 Here

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BUSINESS NAME (S	ame as FACILITY NAME or DBA – Doing Business	s As)					1
CHEMICAL LOCATI	ON		201	CHEMICAL LOCATI ☐ YES ☐ NO	ON CON	IFIDENTIAL EPCRA	202
FACILITY ID#		1 M	AP# (0	optional) 203	GRID#	(optional)	204
	II CHEM	ICAL INFORMAT	LION	J		2	
CHEMICAL NAME			205	TRADE SECRET		Yes No	206
	m Distillates				_	refer to instructions	
COMMON NAME	m Distincted		207	EHS*		Yes No	208
	ransmission Fluid		200	EH5"			
CAS#			209	*If EHS is "Yes", all a	mounts b	elow must be in lbs.	5.
8002-05-	O CLASSES (Complete if required by CUPA)						210
	ustible Liquid (CL3B), Irritant						
HAZARDOUS MATERI	AL	211 RADIO	OACTI	VE □ Yes X No	212	CURIES	213
TYPE (Check one item or PHYSICAL STATE	aly) \square a. PURE X_b . MIXTURE \square c. WASTE	KADIC		VE TOS ZE NO			215
(Check one item only)	□ a. SOLID Xb. LIQUID □ c. GAS	214 LARG	EST C	ONTAINER			
FED HAZARD CATEGO							216
(Check all that apply)	$\underline{\mathbf{X}}_{aFIRE} \;\; \square \; b.\; REACTIVE \;\; \square \;\; c.\; PRESSURE$			ALTH Xe. CHRONIC I			
AVERAGE DAILY AMO	DUNT 217 MAXIMUM DAILY AMOUN	NT 218 ANNU	JAL W	ASTE AMOUNT	219 ST	ATE WASTE CODE	220
				221	DAV	S ON SITE:	222
UNITS* (Check one item only)	X a. GALLONS ☐ b. CUBIC FEET ☐ c. P * If EHS, amount must be in po					o on one.	
STORAGE CONTAINER \(\square\) a. A	BOVE GROUND TANK	LIC DRUM	DRUM	1 ☐ m. GLASS BOTTLE	E □ a.	RAIL CAR	
	IDERGROUND TANK	☐ j. BAG	n	. PLASTIC BOTTLE	r. OTHE	R	
	NK INSIDE BUILDING	k. BOX		o. TOTE BIN			
□ d. S1	EEL DRUM h. SILO	l. CYLINDER	<u></u> р.	TANK WAGON			223
STORAGE PRESSURE	X a. AMBIENT □ b. ABOVE AMBIEN	NT c. BELOW AM	MBIEN	lT			224
STORAGE TEMPERAT	URE X a. Ambient \Box b. Above ambien	T c. BELOW A	MBIE	NT d. CRYOGEN	IC		225
%WT	HAZARDOUS COMPONENT (For mixtu	re or waste only)		EHS		CAS #	
1 100 226	Petroleum Base Lubricating Fluid	227	☐ Y	res □ No 228			229
2 230		231	☐ Y	es □ No 232			233
3 234		235	☐ Y	res □ No 236			237
4 238		239	☐ Y	res □ No 240			241
5 242		243	☐ Y	es □ No 244			245
	nts are present at greater than 1% by weight if non-carcinogenic, o						
ADDITIONAL LOCA	LLY COLLECTED INFORMATION NFPA Rat	ings: Health-1, Fire	-1, R	eactivity-0, Special	Hazar	ds	246
						If EPCRA, Please Sign	n Here

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□ADD	DELETE	[REVISE		200		Page	of
I. FACILITY INFORMATION								
BUSINESS NAME (S	ame as FACILITY NAME or DBA -	- Doing Business As	s)					3
CHEMICAL LOCATI	ON			201	CHEMICAL LOCAT ☐ YES ☐ NO	ION CONFI	IDENTIAL EPCRA	202
FACILITY ID#			1	MAP#	(optional) 203	GRID# (c	optional)	204
		II. CHEMIC	AL INFOR	MATIO	N			
CHEMICAL NAME				205	TRADE SECRET	П,	Yes No	206
	m Distillates						er to instructions	
COMMON NAME	III Distillates			207	-			208
Cutting	Oil				EHS*		Yes No	
CAS# 8002-05				209	*If EHS is "Yes", all	amounts bel	ow must be in lbs.	
	CLASSES (Complete if required by CUPA	<u>.</u> .)						210
III Comb	ustible Liquid (CL3B), Irritar	ıt						
HAZARDOUS MATERI TYPE (Check one item or	AL		211	RADIOACT	TIVE Yes X No	212	CURIES	213
PHYSICAL STATE	lly)a. PORE	C. WASTE						215
(Check one item only)	a. SOLID Xb. LIQUID	☐ c. GAS	214	LARGEST	CONTAINER			216
FED HAZARD CATEGO	$X_{a FIRE} \Box b$. REACTIVE	D - DDECCHDE DE	ZIEASE VA	ACTITE UI	EALTH Xe. CHRONIC	UEALTH		210
(Check all that apply) AVERAGE DAILY AMO		M DAILY AMOUNT			VASTE AMOUNT		TE WASTE CODE	220
AVERAGE DAIL! AIM	WINDS	T DIMET THROUTE						
UNITS* (Check one item only)	X a. GALLONS b. CUBIC	C FEET		NS	22	1 DAYS	ON SITE:	222
STORAGE								
	.BOVE GROUND TANK	STIC/NONMETALLIC	C DRUM ☐ i. F ☐ j. BAG	FIBER DRU	M ☐ m. GLASS BOTTL n. PLASTIC BOTTLE ☐	E □ q. R] r. OTHER	AIL CAR	
□ c. TANK INSIDE BUILDING □ g. CARBOY □ k. BOX □ o. TOTE BIN								
☐ d. STEEL DRUM ☐ h. SILO ☐ 1. CYLINDER ☐ p. TANK WAGON 223								
STORAGE PRESSURE	X a. AMBIENT □ b.	ABOVE AMBIENT	☐ c. BELC	OW AMBIE	NT			224
STORAGE TEMPERAT	JRE $X_{a.}$ AMBIENT \Box b.	ABOVE AMBIENT	☐ c. BEL	OW AMBII	ENT d. CRYOGE	NIC		225
%WT	HAZARDOUS COMPONE	NT (For mixture	or waste only))	EHS		CAS#	
1 100 226	Petroleum Base Lubricating	Fluid		227	Yes No 228		2.3	229
2 230				231	Yes No 232	4		233
3 234		250400.000000000000000000000000000000000		235	Yes No 236			237
4 238			*	239	Yes No 240			241
5 242				243	Yes 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								
						I	f EPCRA, Please Sig	n 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

DANGER

HAZARDOUS MATERIAL STORAGE AREA

(in this space--list the hazardous material stored within, by category - pesticides, petroleum fuels, oils, or fertilizers)

ALL UNAUTHORIZED PERSONS - KEEP OUT

IN AN EMERGENCY, CONTACT:

(in this space--list the name and phone number of an emergency contact person)

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

	A	В	С	D	E	F	G	Н	I	J
1										
2										
3										
4										
5										
6										
7										
đ						un 1534 st. 1004 st.				

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 II	ENTIFI	CATION	AND OF	PERATI	IONS O	VERVIE	W	
FACILITY ID#			1. CEF	RS ID	A1.	DATE OF 1	PLAN PREPA	RATION/REVISION	A2.
BUSINESS NAME (Same as Fo	acility Name or DBA - I	Doing Busines	s As)			•			3.
BUSINESS SITE ADDRESS									103.
BUSINESS SITE CITY	The control of the co				104.	CA	ZIP CODE	CERTAL CONTROL OF THE PARTY OF	105.
TYPE OF BUSINESS (e.g., Pai	nting Contractor)		A3.	INCIDENT	AL OPERA		Fleet Mainter	ance)	A4.
THIS PLAN COVERS CHEMIC 1. HAZARDOUS MATERI				VOLVING: (C	heck all that	apply)			A5.
ZExtended	7125, <u> </u>			L RESPO	NCF				
INTERNAL FACILITY EMERICAL 1. CALLING PUBLIC EME 2. CALLING HAZARDOUS 3. ACTIVATING IN-HOUS	RGENCY RESPONDE WASTE CONTRACT	VILL OCCUR ERS (i.e., 9-1- ΓΟR	R VIA: (Check 1)		PINGE				B1.
C. EMERG	ENCY COMM	IUNICA'	TIONS, I	PHONE N	IUMBE	RS AND	NOTIFI	CATIONS	
Whenever there is an imminent Emergency Coordinator is on ca 1. Activate internal facility alarm 2. Notify appropriate local author 3. Notify the California Emerger	II) shall: ns or communications s prities (i.e., call 9-1-1).	systems, where	e applicable, t				Coordinator (or his/her designee wh	nen the
Before facility operations are re Substances Control (DTSC), the with requirements to: 1. Provide for proper storage and the facility; and 2. Ensure that no material that cleanup procedures are complete.	e local Unified Progran d disposal of recovered is incompatible with the leted.	n Agency (UP waste, contain the released ma	A), and the loninated soil of aterial is trans	cal fire departrease surface water, sferred, stored,	or any other	dous material that	Is program that results from a of the facility	t the facility is in com in explosion, fire, or rela affected by the incider	pliance lease at nt until
INTERNAL FACILITY EMER								y)	C1.
☐ 1. VERBAL WARNINGS; ☐ 4. PAGERS;	0.0000 300 000000	RM SYSTEM		RCOM SYSTEM	VI;	☐ 3. TELE	PHONE; FABLE RADIO	0	
NOTIFICATIONS TO NEIGHE				ED BY AN OFF	-SITE REL				C2.
☐ 1. VERBAL WARNINGS;				RCOM SYSTEM	М;	3. TELE	ACC 19400000 194000000000000000000000000000	-	
4. PAGERS; EMERGENCY RESPONSE	AMBULANCE, FIRE	RM SYSTEM					TABLE RADIO		
PHONE NUMBERS:	*							9-1-1 800) 852-7550	
	CALIFORNIA EMER							,	
	NATIONAL RESPON		,				`	800) 424-8802	
	POISON CONTROL						[800) 222-1222	C3.
	LOCAL UNIFIED PR	••••••••••••					C4	209) 223-6439	C5.
	OTHER (Specify):	AIR QUALITY	Y MANAGEN	MENT DISTRIC	CT		(209) 257-0112	C7.
NEAREST MEDICAL FACILI	ΓΥ / HOSPITAL NAM	E: SUTTER	AMADOR H	OSPITAL				209) 223-7500	
AGENCY NOTIFICATION PH	ONE NUMBERS:	CALIFORNI	IA DEPT. OF	TOXIC SUBS	TANCES CO	ONTROL (D)	f	916) 255-3545	
		REGIONAL	WATER QU	ALITY CONTI	ROL BOAR	D	<u>(</u>	916) 464-3291	C8.
		U.S. ENVIR	ONMENTAL	PROTECTION	AGENCY	(US EPA)	(800) 300-2193	
		CALIFORNI	A DEPT OF	FISH AND GA	ME (DFG) .		(916) 358-2900	
		U.S. COAST	GUARD				(202) 267-2180	
								916) 263-2800	
								916) 445-8200	
		OTHER (Spe					C9. ()	C10.
		OTHER (Spe					C11.)	C12.
		o minim (ppc	JULIA).	***************************************					

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; 10. OTHER (Specific): 10. OTHER (Specific
21. OTHER (Specify):
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): E2. THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.) E3.
Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation. EVACUATION ROUTE MAP(S) POSTED AS REQUIRED E4. Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted
throughout the facility in locations where it will be visible to employees and visitors.
F. ARRANGEMENTS FOR EMERGENCY SERVICES Explanation of Requirement: Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as
appropriate for your facility. You may determine that such arrangements are not necessary.
ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following) 1. HAVE BEEN DETERMINED NOT NECESSARY; or
2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

	G. EMERGEN	CY EQUIPMENT	
Check all	boxes that apply to list emergency response equipment available 's capability, if applicable. [e.g., 🛛 CHEMICAL PROTECTIVE GLOVE:	at the facility and identify the location	n(s) where the equipment is kept and the solvent resistant only.
TYPE	EQUIPMENT AVAILABLE GI.	LOCATION	CAPABILITY (If applicable)
Safety and	1. CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS	G2.	G3
First Aid	2. CHEMICAL PROTECTIVE GLOVES	G4.	GS
	3. CHEMICAL PROTECTIVE BOOTS	G6.	G7
	4. SAFETY GLASSES / GOGGLES / SHIELDS	G8.	G9
	5. HARD HATS	G10.	GII
	6. CARTRIDGE RESPIRATORS	G12.	G13
e e	7. SELF-CONTAINED BREATHING APPARATUS (SCBA)	G14.	GIS
	8. FIRST AID KITS / STATIONS	G16.	G17
	9. PLUMBED EYEWASH FOUNTAIN / SHOWER	G18.	GIS
	10. ☐ PORTABLE EYEWASH KITS	G20.	G21
	11. ☐ OTHER	G22.	G23
	12. ☐ OTHER	G24.	G25
Fire Fighting	13. PORTABLE FIRE EXTINGUISHERS	G26.	G27
	14. FIXED FIRE SYSTEMS / SPRINKLERS /	G28.	G29
	FIRE HOSES 15. ☐ FIRE ALARM BOXES OR STATIONS	G30.	G31
	16. ☐ OTHER	G32.	G33
Spill Control and	17. ☐ ALL-IN-ONE SPILL KIT	G34.	G35
	18. ABSORBENT MATERIAL	G36.	G37
Clean-Up	19. ☐ CONTAINER FOR USED ABSORBENT	G38.	G39
	20. ☐ BERMING / DIKING EQUIPMENT	G40.	G41
	21. ☐ BROOM	G42.	G43
	22. ☐ SHOVEL	G44.	G45
	23. ☐ SHOP VAC	G46.	G47
	24. ☐ EXHAUST HOOD	G48.	G49
	25. EMERGENCY SUMP / HOLDING TANK	G50.	G51
	26. ☐ CHEMICAL NEUTRALIZERS	G52.	G53
	27. ☐ GAS CYLINDER LEAK REPAIR KIT	G54.	G55
	28. SPILL OVERPACK DRUMS	G56.	G57
	29. ☐ OTHER	Ğ58.	G59
Communi- cations and Alarm Systems	30. TELEPHONES (Includes cellular)	G60.	G61
	31. ☐ INTERCOM / PA SYSTEM	G62.	G63
	32. ☐ PORTABLE RADIOS	G64.	G65
	33. AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT	G66.	G67
Other	34. OTHER	G68.	G69
	35 D OTHER	G70.	G7)

H. EARTHQUAKE V	ULNERABILITY			
Identify areas of the facility that are vulnerable to hazardous materials releases / spill inspection.	s due to earthquake-related motion. These areas require immediate isolation and			
	HI. LOCATIONS (e.g., shop, outdoor shed, forensic lab) H2. H3. H4.			
☐ 4. WASTE TREATMENT AREA	H5.			
Identify mechanical systems vulnerable to releases / spills due to earthquake-related methods. VULNERABLE SYSTEMS: (Check all that apply) 1. SHELVES, CABINETS AND RACKS 2. TANKS (EMERGENCY SHUTOFF) 3. PORTABLE GAS CYLINDERS 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES 5. SPRINKLER SYSTEMS	otion. These systems require immediate isolation and inspection. H6. LOCATIONS H7. H8. H9. H10. H11.			
6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank	H12.			
I. EMPLOYEE	TRAINING			
 Hazard communication related to health and safety; Methods for safe handling of hazardous substances; Fire hazards of materials / processes; Conditions likely to worsen emergencies; Coordination of emergency response; Notification procedures; 				
INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Checcide of the control				
 Large Quantity Generator (LQG) Training Records: Large quantity hazardous what hazardous waste per month) must retain written documentation of employee hazardous A written outline/agenda of the type and amount of both introductory and cont responsibility for the management of hazardous waste (e.g., labeling, manifesting, c The name, job title, and date of training for each hazardous waste management train A written job description for each of the above job positions that describes job dutito 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 termina 	waste management training sessions which includes: inuing training that will be given to persons filling each job position having ompliance with accumulation time limits, etc.). ing session given to an employee filling such a job position; and es and the skills, education, or other qualifications required of personnel assigned			
J. LIST OF ATT				
(Check one of the following) ☐ 1. NO ATTACHMENTS ARE REQUIRED; or ☐ 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:	J1. J2.			
K. SIGNATURE / C	ERTIFICATION			
Certification: Based on my inquiry of those individuals responsible for obtaining the am familiar with the information submitted and believe the information is true, accurate				
SIGNATURE OF OWNER/OPERATOR	DATE SIGNED K1.			
NAME OF SIGNER (print) K2.	TITLE OF SIGNER K3.			