

Amador County Environmental Health Unified Program

810 Court Street, Jackson, CA 95642 (209) 223 - 6439

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # [grid] 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....

A. HAZARDOUS MATERIALS 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... [checkboxes] YES [checkboxes] NO 4 HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? [checkboxes] YES [checkboxes] NO 5 UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) 2. Intend to upgrade existing or install new USTs? [checkboxes] YES [checkboxes] NO 6 UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 3. Need to report closing a UST? [checkboxes] YES [checkboxes] NO 7 UST TANK (closure portion -one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 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? [checkboxes] YES [checkboxes] NO 8 NO FORM REQUIRED TO CUPAs

D. HAZARDOUS WASTE 1. Generate hazardous waste? [checkboxes] YES [checkboxes] NO 9 EPA ID NUMBER - provide at the top of this page 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? [checkboxes] YES [checkboxes] NO 10 RECYCLABLE MATERIALS REPORT (one per recycler) 3. Treat hazardous waste on site? [checkboxes] YES [checkboxes] 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 subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? [checkboxes] YES [checkboxes] NO 12 CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 5. Consolidate hazardous waste generated at a remote site? [checkboxes] YES [checkboxes] NO 13 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? [checkboxes] YES [checkboxes] NO 14 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

Property Ownership [checkbox] Property Owned by Business Owner / Operator [checkbox] 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 # 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

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

COMMON NAME 207 EHS* Yes No 208

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

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

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

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

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

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

UNITS* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 222
(Check one item only) * 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

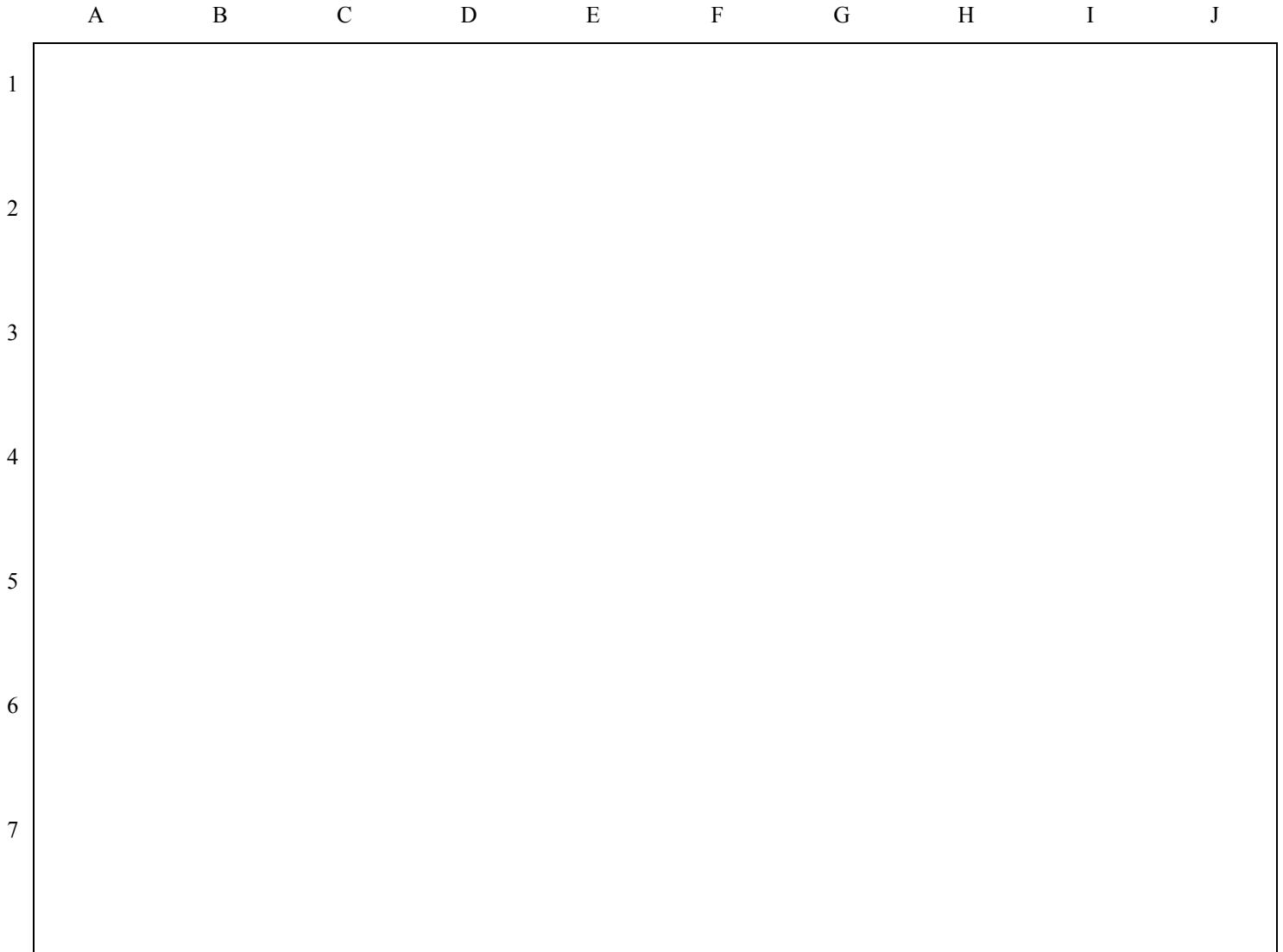
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

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.



Emergency Response/Contingency Plan

Authority Cited: HSC§ 25504(b); 19 CCR §2731; 22 CCR §66262.34(a) (4)

All facilities that handle hazardous materials in HMBP quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste (or more than 1 kilogram of acutely hazardous waste or 100 kilograms of debris resulting from the spill of an acutely hazardous waste) per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a hazardous waste contingency plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment.

At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e., contractual) emergency services arrangements have been made.

1. Evacuation Plan:

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

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

b. Evacuation map is prominently displayed throughout the facility.

2. a. Emergency Contacts*:

Fire/Police/Ambulance Phone No.: **911**

State Office of Emergency Services Phone No.: **(800) 852-7550**

b. Post-Incident Contacts*:

Certified Unified Program Agency (CUPA) Amador County Environmental Health **(209- 223 - 6439)**

California EPA Department of Toxic Substances Control Phone No.: **(800) 260-3972**

Cal-OSHA Division of Occupational Safety and Health Phone No.: **(209) 576-6260**

Air Quality Management District Phone No.: **(209) 257-0112**

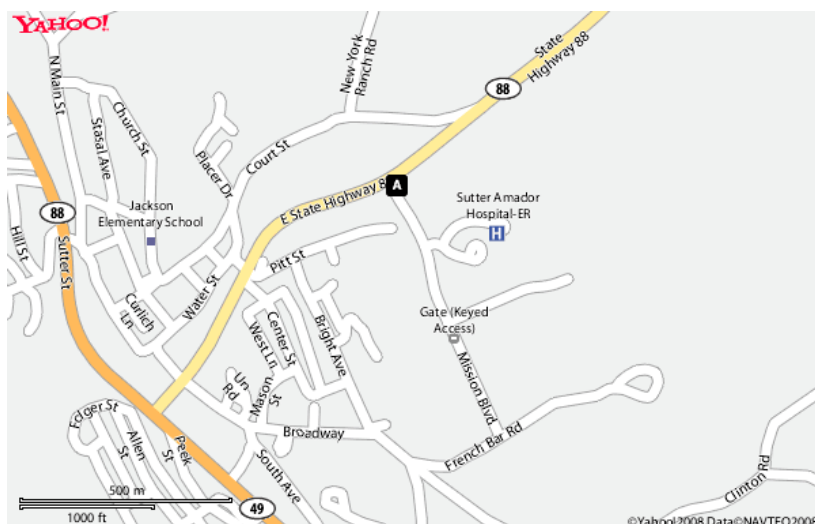
Regional Water Quality Control Board Phone No.: **(916) 464-3291**

c. Emergency Resources:

Poison Control Center* Phone No.: **(800) -222-1222**

Nearest Hospital: Name: **Sutter Amador Hospital** Phone No.: **(209) 223-7500**

Address: **200 Mission Blvd** City: **Jackson**



3. Emergency Procedures - Emergency Coordinator Responsibilities:

- a. Whenever there is an **imminent or actual emergency situation** such as an explosion, fire, or release, the emergency coordinator shall:
- Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. toxic, irritating, or asphyxiating gases, hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - Notify appropriate local authorities **911**.
 - Notify the State Office of Emergency Services at **1-800-852-7550**.
 - Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. **Before facility operations are resumed** in areas of the facility affected by the incident, the emergency coordinator shall:
- 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.
 - 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.
 - Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - Notify Amador County Environmental Health Department, and the local fire department the facility is in compliance with all cleanup requirements and is resuming operations (date and time of resuming operations).

Responsibilities of Other Personnel:

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

4. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility’s operating record. Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility’s response to the incident must be submitted to Amador County Environmental Health Department, and the local fire department. The report shall include:

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

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

As an attachment to this plan, you must identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion.

6. Hazard Mitigation/Prevention/Abatement [19 CCR §2731(e)]

As an attachment to this plan, include procedures that provide for mitigation, prevention, or abatement of hazards to persons, property, or the environment. These procedures must be scaled appropriately for the size and nature of the business, the nature of the damage potential of the hazardous materials handled, and the proximity of the business to residential areas and other populations.

7. Emergency Equipment:

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

Emergency Equipment Inventory Table

Personal Protective Equipment,

Type	Locations *	Description**
<input type="checkbox"/> Cartridge Respirators		
<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)		
<input type="checkbox"/> Chemical Protective Aprons/Coats		
<input type="checkbox"/> Chemical Protective Boots		
<input type="checkbox"/> Chemical Protective Gloves		
<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)		
<input type="checkbox"/> Face Shields		
<input type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		
<input type="checkbox"/> Hard Hats		
<input type="checkbox"/> Plumbed Eye Wash Stations		
<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e., bottle type</i>)		
<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)		
<input type="checkbox"/> Safety Glasses/Splash Goggles		
<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other (<i>describe</i>)		

Fire Extinguishing Systems

Type	Locations *	Description**
<input type="checkbox"/> Automatic Fire Sprinkler Systems		
<input type="checkbox"/> Fire Alarm Boxes/Stations		
<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)		
<input type="checkbox"/> Fire Extinguishers (<i>describe</i>)		
<input type="checkbox"/> Other (<i>describe</i>)		

Spill Control Equipment and Decontamination Equipment

Type	Locations *	Description**
<input type="checkbox"/> Absorbents (<i>describe</i>)		
<input type="checkbox"/> Berms/Dikes (<i>describe</i>)		
<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)		
<input type="checkbox"/> Emergency Tanks (<i>describe</i>)		
<input type="checkbox"/> Exhaust Hoods		
<input type="checkbox"/> Gas Cylinder Leak Repair Kits (<i>describe</i>)		
<input type="checkbox"/> Neutralizers (<i>describe</i>)		
<input type="checkbox"/> Overpack Drums		
<input type="checkbox"/> Sumps (<i>describe</i>)		
<input type="checkbox"/> Other (<i>describe</i>)		

Communications and Alarm Systems

<u>Type</u>	<u>Locations *</u>	<u>Description**</u>
--------------------	---------------------------	-----------------------------

- Chemical Alarms (*describe*)
- Intercoms/ PA Systems
- Portable Radios
- Telephones
- Tank Leak Detection Systems
- Other (*describe*)

Employee Training Plan

Authority Cited: HSC, Section 25504(c); 22 CCR §66262.34(a) (4)

All facilities that handle hazardous materials in HMBP quantities must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP).

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

1. Personnel are trained in the following procedures:

- Internal alarm/notification *
- Evacuation/re-entry procedures & assembly point locations*
- Emergency incident reporting
- External emergency response organization notification
- Location(s) and contents of Emergency Response/Contingency Plan
- Facility evacuation drills, that are conducted at least (*specify*): (e.g., “Quarterly”, Monthly”, etc.)

2. Chemical Handlers are additionally trained in the following:

- Safe methods for handling and storage of hazardous materials *
- Location(s) and proper use of fire and spill control equipment
- Spill procedures/emergency procedures
- Proper use of personal protective equipment *
- Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (*i.e., inhalation, ingestion, absorption*) *

Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g., *container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.*) *

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

- Personnel rescue procedures
- Shutdown of operations
- Liaison with responding agencies
- Use, maintenance, and replacement of emergency response equipment
- Refresher training, which is provided at least annually *
- Emergency response drills, which are conducted at least (*specify*): (e.g., “Quarterly”, etc.)

Record Keeping

All facilities that handle hazardous materials must maintain records associated with their management. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

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