

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

**Consolidated Unified Program Agency
Hazardous Materials Business Plan Facility
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....	
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 (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. UNDERGROUND STORAGE TANKS (USTs) 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)
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE 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:

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	
						<input type="checkbox"/> YES <input type="checkbox"/> NO				
FACILITY ID #							MAP# (optional)	203	GRID# (optional)	204

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input type="checkbox"/> No	206
		<small>If Subject to EPCRA, refer to instructions</small>		
COMMON NAME	207	EHS*	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	212	CURIES	213
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214	LARGEST CONTAINER	215
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FED HAZARD CATEGORIES (Check all that apply)	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	216
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AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
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UNITS* (Check one item only)	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	221	DAYS ON SITE:	222
		<small>* If EHS, amount must be in pounds.</small>		

STORAGE CONTAINER	<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO	<input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON	<input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER	223
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STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224
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STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225
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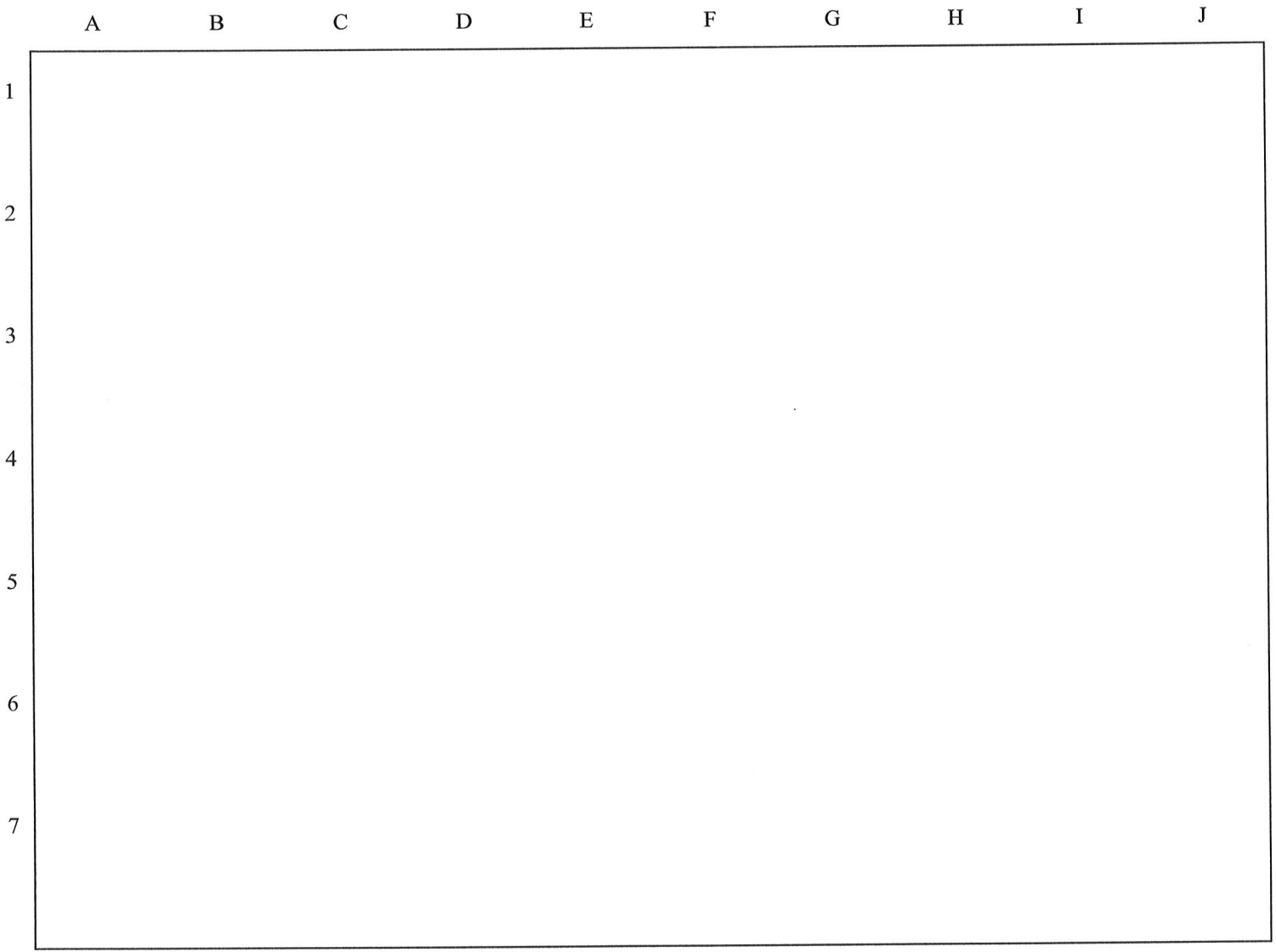
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
226	227	228	229
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
230	231	232	233
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
234	235	236	237
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
238	239	240	241
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	
242	243	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.



CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)
CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN
Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

FACILITY ID #		CERS ID	DATE OF PLAN PREPARATION/REVISION
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i>			
BUSINESS SITE ADDRESS			
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)			
<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

E4.

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

F. ARRANGEMENTS FOR EMERGENCY SERVICES

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

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

F1.

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

F2.

G. EMERGENCY EQUIPMENT

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

TYPE	EQUIPMENT AVAILABLE ^{G1.}	LOCATION	CAPABILITY (If applicable) ^{G3.}
Safety and First Aid	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.
Fire Fighting	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.
Spill Control and Clean-Up	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.
Communications and Alarm Systems	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.
Other	34. <input type="checkbox"/> OTHER	G68.	G69.
	35. <input type="checkbox"/> OTHER	G70.	G71.

H. EARTHQUAKE VULNERABILITY

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

VULNERABLE AREAS: (Check all that apply) <input type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA <input type="checkbox"/> 2. PROCESS LINES / PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab) _____ _____ _____ _____	H2. H3. H4. H5.
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Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

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

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

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

Required content includes all of the following:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Material Safety Data Sheets; • 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; • Applicable laws and regulations; | <ul style="list-style-type: none"> • Communication and alarm systems; • Personal protective equipment; • Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.); • Decontamination procedures; • Evacuation procedures; • Control and containment procedures; • UST monitoring system equipment and procedures (if applicable). |
|---|--|

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply) 11.

<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): _____			12.
<input type="checkbox"/> 5. OTHER (Specify): _____			13.
<input type="checkbox"/> 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES			

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

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

J. LIST OF ATTACHMENTS

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

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

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

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