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



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

## Introduction

All facilities that handle virgin or waste hazardous materials in quantities subject to the State Hazardous Materials Business Plan (HMBP) reporting requirements described below are required to prepare and submit a HMBP to the local Unified Program Agency that administers the HMBP Program. *Authority Cited: Ch. 6.95 HSC; Title 19, Div. 2, CCR; Title 22, Div. 4.5, CCR*

### What is a Hazardous Materials Business Plan?

A HMBP is a document containing detailed information on the storage of hazardous materials at a facility. Chapter 6.95 of California Health and Safety Code (HSC) and Title 19, Division 2, of the California Code of Regulations (CCR) require that facilities, which use or store such materials at or above reporting thresholds submit this information.

### What is the purpose of the Hazardous Materials Business Plan?

The intent of the HMBP is to satisfy federal and state Community Right-To-Know laws and provide detailed information for use by emergency responders. All persons at the facility qualified to serve as emergency coordinators must be thoroughly familiar with the contents and use of the HMBP, with the operations and activities of the facility, and with the locations of hazardous materials records maintained by the facility. This HMBP has been developed to assist you in complying with the State requirements and to provide the fire department with adequate information about the type, quantity of—and management practices regarding—hazardous materials that are stored at your facility. It is intended to additionally satisfy some of the reporting requirements for the following programs: CalARP; Aboveground Petroleum Storage Tank (APST), Underground Storage Tank (UST), Hazardous Waste Generator and Treatment (Generator).

### Who must complete a Hazardous Materials Business Plan?

The owner/operator of a facility must complete and submit a HMBP for each site where any individual hazardous material or mixture containing a hazardous material is present at or above its reporting threshold at any time during the reporting year. Reporting thresholds are:

1. **Solid hazardous materials:** 500 pounds or more. [HSC §25503.5(a)]
2. **Liquid hazardous materials:**
  - a. More than 55 gallons of any type or 275 gallons aggregate quantity on site for lubricating oils as defined by HSC §25503.5(b)(2)(B). [HSC §25503.5(b) (2) (A)]
  - b. 55 gallons or more of any other liquid, including waste oil. [HSC §25503.5(a)]
3. **Hazardous material gases:**
  - a. More than 1,000 cubic feet (STP) of Oxygen, Nitrogen, or Nitrous Oxide stored/handled at a physician, dentist, podiatrist, veterinarian, or pharmacist's place of business. [HSC §25503.5(b) (1)]
  - b. More than 300 gallons of Propane used for the sole purpose of heating the employee working areas within the facility. [HSC §25503.5(d)]
  - c. 200 cubic feet or more of any other gas. [HSC §25503.5(a)]
4. Amounts of **radioactive materials** requiring an emergency plan under Parts 30, 40, or 70 of Title 10 Code of Federal Regulations or applicable quantities specified in items 1, 2, or 3, above, whichever amount is smaller. [HSC §25503.5(a)]
5. Applicable federal threshold planning quantities for **extremely hazardous substances** listed in 40 CFR Part 355, Appendix A.

**Note: Retail (Consumer) Products packaged for direct distribution to, and use by, the general public are exempt from HMBP requirements [HSC §25503.5(c) (1)].**

### What if I don't handle any hazardous materials in amounts requiring a HMBP?

Facilities that are not required to complete a HMBP may still be required to register their hazardous waste handling with the local agency.

## What information is required to be submitted with the Hazardous Materials Business Plan?

- Business Activities page
- Business Owner/Operator Identification page
- Hazardous Materials Inventory Statement page(s)
- Facility Map(s)
- Emergency Response/Contingency Plan
- Employee Training Plan

## How often do I have to update or recertify my Hazardous Materials Business Plan?

The HMBP must be revised and the revisions submitted to the local agency Within 30 days of:

- (1) A 100% or more increase in the quantity of a previously disclosed material;
- (2) The handling a previously undisclosed material at or above HMBP reporting thresholds;
- (3) The facility changes address;
- (4) Ownership of the facility changes; or
- (5) There is a change of business name. [HSC §25510]

Additionally, if the local agency determines that the HMBP is deficient in any way, the plan must be revised and the revisions submitted to the local agency within 30 days of the notice to submit a corrected plan. [HSC §25505(a) (2)]

The owner, operator, or designated representative of the facility must complete and submit to the local agency a Hazardous Materials Business Plan Certification Form [or a copy of the current hazardous materials inventory and an updated certification signature and date at the bottom of the Business Owner/Operator Identification page] annually on or before March 1. [HSC §25503.3(c) and 19 CCR §2729.4(b)]

Facilities subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements must submit the following to satisfy annual inventory certification requirements: A UPCF Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; and Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page which lists an Extremely Hazardous Substance (EHS) handled at or above its Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less. [19 CCR §2729.5(c)]

The entire HMBP must be reviewed every three years to determine whether revision is needed. The facility owner, operator, or designated representative must certify that the review was performed and any needed changes were made. This certification is accomplished by completing and submitting to the local agency a Hazardous Materials Business Plan Certification Form if no changes have been made to the HMBP, or a copy of the complete HMBP with an updated certification signature and date at the bottom of the Business Owner/Operator Identification page. [HSC §25505(c)]

If all of the following conditions are met, facilities with an approved HMBP on file with the local agency are exempt from the requirements for annual inventory certification/submittal and triennial review/certification unless required by federal law or local ordinance. The site must: be an unstaffed remote facility located in an isolated sparsely populated area; be secured and inaccessible to the public; be marked with warning signs in accordance with California Fire Code requirements; and handle no more than:

- 500 gallons of combustible liquid fuel (e.g., diesel);
- 1,200 gallons of flammable gas fuel (e.g., propane);
- 200 gallons of corrosive battery electrolytes (liquid- or gel-type);
- 500 standard cubic feet of compressed inert gases (e.g., nitrogen); or
- 500 gallons of lubricating and/or hydraulic fluids. [HSC §25503.5(c) (6)]

## Business Activities Page Instructions

You must submit the Business Activities page with all submittals.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. Contact the Department of Toxic Substances Control (DTSC) at **1-800- 618-6942** to obtain an ID number.
3. BUSINESS NAME - Enter the complete Facility Name.
4. HAZARDOUS MATERIALS ONSITE - Check the appropriate box if you have hazardous material on site in a quantity subject to Hazardous Materials Business Plan reporting requirements
5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316.
6. UST INSTALLATION/UPGRADE - Check the appropriate box to indicate whether you have installed or upgraded USTs containing hazardous substances as defined in HSC §25316.
7. UST CLOSURE - Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank page for each tank.
8. OWN/OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST) - Check the appropriate box to indicate whether your facility stores petroleum aboveground in any tank greater than 660 gallons capacity or has aggregate aboveground petroleum storage greater than 1,320 gallons (count only petroleum stored in tanks and containers greater than or equal to 55 gallon capacity). The following are exempt from this requirement:
  - Pressure vessels or boilers subject to Division 5 of the Labor Code;
  - Tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC;
  - Aboveground oil production tanks regulated by the Division of Oil and Gas;
  - Certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to HSC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with your Certified Unified Program Agency (CUPA), then you must also submit that report to the CUPA. **Check "NO" if you only send recyclable materials to an offsite recycler.**
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit documents on file with your CUPA, then you must submit those forms to the CUPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with your CUPA, then you must submit that form to the CUPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with your CUPA, then you must submit that form to the CUPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite to render it nonhazardous per Title 22, Div. 4.5, Ch. 32, CCR. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to your local agency.

## Business Owner/Operator Identification Page Instructions

Except when using the Hazardous Materials Business Plan Certification Form, you must submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages with all hazardous materials inventory submittals

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
100. BEGINNING DATE - Enter the beginning year and date of the report.
101. ENDING DATE - Enter the ending year and date of the report.
102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY - Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
107. SIC CODE - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
108. COUNTY - Enter the name of the county in which the facility is located.
109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
110. BUSINESS OPERATOR PHONE - Enter the operator's phone number with area code and extension.
111. OWNER NAME - Enter the name of the facility owner, if different from the operator.
112. OWNER PHONE - Enter the owner's phone number, including area code and any extension.
113. OWNER MAILING ADDRESS - if different from the site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the 5 or 9 digit zip code for the owner's mailing address.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, who will receive all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the environmental contact's phone number, including area code and extension.
119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e., Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary Emergency Coordinator.
125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. **Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.**
127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator is not available. The contact shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary Emergency Coordinator.

130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.

131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator.

132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.

133. ADDITIONAL LOCALLY COLLECTED INFORMATION

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted, and that based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the submitted information is true, accurate, and complete.

134. DATE - Enter the date that the document was signed.

135. NAME OF DOCUMENT PREPARER - Type or print the full name of the person who prepared the Business Plan information.

136. NAME OF SIGNER - Type or print the full name of the person signing this document.

137. TITLE OF SIGNER - Enter the title of the person signing this document.

## Hazardous Materials Inventory - Chemical Description Page

A separate inventory page must be completed for each individual hazardous material or hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements. The completed inventory must reflect all hazardous materials at your facility, with **separate** pages for each building or outside storage area and unique occurrence of physical state, storage temperature, or storage pressure.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
200. ADD/DELETE/REVISE - Indicate whether the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised.
201. CHEMICAL LOCATION - Enter the building or outside area where the hazardous material is handled. A chemical stored at the same pressure and temperature in multiple locations in one building can be reported on a single page.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No."
203. MAP NUMBER - Enter the page number of the Storage Map where the location of the hazardous material is shown.
204. GRID NUMBER - Enter the grid coordinates from your Storage Map that corresponds to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name of the hazardous material. If the chemical is a mixture or waste, do not complete this field; complete the "Common Name" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture (e.g. gasoline).
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS) as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components, below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section, below.
210. FIRE CODE HAZARD CLASSES - Provide this information if required by your local agency. A list of hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact your local agency for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the material is a waste, check only the "Waste" box.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the physical state of the hazardous material.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.

216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

**Fire:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers

**Reactive:** Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives

**Pressure Release:** Explosives, Compressed Gases, Blasting Agents

**Acute Health (Immediate):** Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure

**Chronic Health (Delayed):** Carcinogens, other chemicals with an adverse effect with long-term exposure

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount must be consistent with the units reported in box 221 and must not exceed that of maximum daily amount.

218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year. This amount must be consistent with the units reported in box 221.

219. ANNUAL WASTE AMOUNT - If the material is a hazardous waste, enter the estimated annual amount handled.

220. STATE WASTE CODE - If the material is a hazardous waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.

221. UNITS - Check the unit of measure most appropriate for the material. [Note: If the material is a federally defined Extremely Hazardous Substance (EHS) and is not a mixture, all amounts must be reported in pounds.]

222. DAYS ON SITE - List the total number of days during the year that the material is on site.

223. STORAGE CONTAINER - Check the boxes that describe the types of containers in which the material is stored.

224. STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored.

225. STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.

226. HAZARDOUS COMPONENT (% BY WEIGHT) - If the material is a mixture, enter the percentage weight of the hazardous component(s). If a range of percentages is available, report the highest percentage in that range. (Repeat for components 2-5.)

227. HAZARDOUS COMPONENTS 1-5 NAME - If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information. When reporting wastes, mineral and chemical composition must be listed. (Repeat for components 2-5.)

228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Repeat for components 2-5.)

229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for components 2-5.)

246. LOCALLY COLLECTED INFORMATION -

**Note: If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, a signature is required at the bottom of the form if the page lists an Extremely Hazardous Substance (EHS) handled at or above its Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.**



## Facility Site Plan and Storage Map Instructions

A Site Plan and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

**1. Site Plan** This drawing shall contain, at a minimum, the following information:

- a. An indication of North Direction;
- b. Approximate scale (*e.g.*, "1 inch = 10 feet");
- c. Date the map was drawn;
- d. All streets bordering the facility;
- e. Locations of all buildings and other structures;
- f. Parking lots and internal roads;
- g. Hazardous materials loading/unloading areas;
- h. Outside hazardous materials storage or use areas;
- i. Storm drain and sanitary sewer drain inlets;
- j. Wells for monitoring of underground tank systems;
- k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

**2. Storage Map:** The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (*e.g.*, "Office Area", "Manufacturing Area", *etc.*);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g.*, *individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory – Chemical Description pages of the Business Plan;
- c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank;
- d. Entrances to and exits from each building and hazardous material/waste room/area;
- e. Location of each utility emergency shut-off point (*i.e.*, *gas, water, electric.*);
- f. Location of each monitoring system control panel (*e.g.*, *underground tank monitoring, toxic gas monitoring, etc.*).

### Attached Forms

- 1) **Business Activities page**
- 2) **Business Owner/Operator Identification page**
- 3) **Hazardous Materials Inventory Statement page** (make additional copies as needed)
- 4) **Facility Site Plan / Storage Map** (make additional copies as needed)
- 5) **Emergency Response/Contingency Plan**
- 6) **Employee Training Plan**

# Instructions For Completing CERS Consolidated Emergency Response/Contingency Plan

## Introduction

Health and Safety Code (HSC) §25504(b) requires that Hazardous Materials Business Plans (HMBP) contain Emergency Response Plans and Procedures in the event of a reportable release or threatened release of a hazardous material. HSC §25504(c) requires that HMBPs address training of employees in safety procedures in the event of a reportable or threatened release.

Title 22 California Code of Regulations (22 CCR) §66262.34(a) requires facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, prepare a Contingency Plan. Facilities that generate in any month more than 1 kilogram of acutely hazardous waste (AHW), or more than 100 kilograms of debris resulting from the spill of an AHW, or which treat hazardous waste onsite under the Permit by Rule (PBR) onsite treatment tier must also prepare a Contingency Plan.

The California Environmental Reporting System (CERS) Consolidated Emergency Response/Contingency Plan has been prepared to: unify emergency response and contingency plan requirements for hazardous materials and hazardous wastes; provide for basic contingency planning for an average small to mid-size facility; and incorporate minimal regulatory requirements. Other supplements or amendments may be required for facilities of exceptional size or having exceptional operations or processes that warrant additional contingency planning. The CERS format is not mandatory. You may instead substitute another emergency planning document [e.g., Spill Prevention Control and Countermeasure (SPCC) Plan], provided that it satisfies the HSC and 22 CCR requirements for content.

## General Instructions

- This plan applies to both your non-waste hazardous materials and hazardous waste — keep both in mind as you address each plan section.
- Mark sections that don't apply to your facility with "N/A" for not applicable.
- Be as specific as possible.
- Facilities with unusual employee turnover (e.g., gas stations) may substitute position titles for specific employee names when identifying emergency coordinators or emergency response team members to avoid having to constantly revise the plan due to personnel turnover.
- Review the specific line item instructions before completing your plan to avoid common errors.
- After it is completed and signed/certified, the plan or its equivalent should be scanned and uploaded to CERS as a PDF-format document. Your HMBP will not be complete until it includes this information.

## Specific Line Item Instructions

1. FACILITY ID NUMBER – Enter the "Agency Facility ID" number found on CERS.
- A1. CERS ID – Enter the 8-digit identification number assigned to this facility in CERS.
- A2. DATE OF PLAN PREPARATION/REVISION – Enter the date the plan was prepared or most recently revised.
3. BUSINESS NAME – Enter the name used to identify the facility on CERS.
103. BUSINESS SITE ADDRESS – Enter the site address where the facility is located.
104. CITY – Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE – Enter the 5 or 9 digit zip code for the facility.
- A3. TYPE OF BUSINESS – Briefly describe the type of business (e.g., Drycleaner, Auto Repair, Gas Station).
- A4. INCIDENTAL OPERATIONS – Briefly describe any operations at the facility that are associated with hazardous materials storage or hazardous waste generation, but are not obvious from the description in A2.
- A5. THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING – Check box 2 "HAZARDOUS WASTES" if the facility generates hazardous waste. (Note: Box 1 should always be checked since both waste and non-waste hazardous chemicals are hazardous materials.)
- B1. INTERNAL RESPONSE – Check one or more of the three boxes to indicate how the facility will respond internally to emergency incidents.
- C1. INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA – Check one or more of the boxes to indicate how internal alarm notification will occur.

- C2. NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY – Check one or more of the boxes to indicate how neighboring facilities will be notified of off-site releases.
- C3. LOCAL UNIFIED PROGRAM AGENCY PHONE – Enter the phone number of the local UPA that implements the Hazardous Materials Business Plan (HMBP) and hazardous waste generator Unified program elements. If there is more than one UPA, identify the second agency in C4.
- C4. OTHER AGENCY NAME – If applicable, use this space to enter the name of another emergency response agency.
- C5. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C4.
- C6. NEAREST MEDICAL FACILITY / HOSPITAL NAME – Enter the name of the hospital or emergency medical facility closest to your facility.
- C7. NEAREST MEDICAL FACILITY / HOSPITAL PHONE – Enter the phone number of the hospital or emergency medical facility named in C6.
- C8. REGIONAL WATER QUALITY CONTROL BOARD PHONE – Enter the phone number of the local RWQCB.
- C9. OTHER AGENCY NAME – If applicable, use this space to enter the name of another agency requiring notification.
- C10. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C9.
- C11. OTHER AGENCY NAME – If applicable, use this space to enter the name of another agency requiring notification.
- C12. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C11.
- D1. SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES – Check all applicable boxes to identify procedures used by your facility.
- D2. SPECIFY – Briefly specify other spill prevention, containment, and cleanup procedures if you checked Box D1-21.
- E1. THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY – Check all applicable boxes to indicate how facility evacuation will be communicated.
- E2. SPECIFY – Briefly specify other evacuation signals if you checked Box E1-4.
- E3. THE FOLLOWING LOCATION(S) IS/ARE EVACUEE ASSEMBLY AREA(S) – Briefly identify or describe the assembly area(s).
- E4. EVACUATION ROUTE MAP(S) POSTED AS REQUIRED – Check the box to indicate that the evacuation routes have been posted as required.
- F1. ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES – Check the box to indicate if advance arrangements have been made or they have been determined not to be necessary.
- F2. SPECIFY – If you checked Box F1-2, briefly describe the advance arrangements.
- G1. EQUIPMENT AVAILABLE – Check all applicable boxes in the second column of the table to identify emergency equipment available at your facility.
- G2. LOCATION – Briefly describe the location(s) where the emergency equipment is kept. (Repeat for other rows in table.)
- G3. CAPABILITY – Where applicable, briefly describe the capability of the emergency equipment. (Repeat for other rows in table.)
- H1. VULNERABLE AREAS – Check all applicable boxes to identify areas at risk of hazardous materials releases or spills due to earthquakes.
- H2. LOCATIONS – If you checked Box H1-1, briefly describe the location. (Repeat for H3 through H5, if applicable).
- H6. VULNERABLE SYSTEMS – Check all applicable boxes to identify areas at risk of mechanical systems vulnerable to hazardous materials releases or spills due to earthquakes.
- H7. LOCATIONS – If you checked Box H6-1, briefly describe the location. (Repeat for H7 through H12, if applicable).
- I1. INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED – Check all applicable boxes to identify how your employee training program is administered.
- I2. SPECIFY – If you checked Box I1-4, list the titles of the study guides or manuals.
- I3. SPECIFY – If you checked Box I1-5, briefly describe the other ways training is administered.
- J1. ATTACHMENTS – Check one of the boxes to indicate whether or not additional pages/documents are attached as part of this Emergency Response/Contingency Plan.
- J2. SPECIFY – If you checked Box J1-2, list the attachments in the section.
- K1. DATE SIGNED – Enter the date that the certification section was signed by the owner/operator or authorized representative.
- K2. NAME OF SIGNER – Type or print the full name of the person signing/certifying the plan.
- K3. TITLE OF SIGNER – Enter the title of the person signing/certifying the plan.