Mathew Rodriguez
Secretary for
Environmental Protection

Department of Toxic Substances Control

Miriam Barcellona Ingenito, Acting Director
Certified Unified Program Agency
627 Wake Avenue
El Centro, California 92243

Edmund G. Brown Jr.
Governor

Dear Business Owner or Operator:

Chapter 6.95 of the California Health and Safety Code sets statewide standards for the handling of hazardous materials. A "hazardous material" is anything which poses an actual or potential health, safety or environmental risk. The "Overview" section of this package discusses the legal definition of a hazardous material.

Chapter 6.95 requires you to establish and implement Hazardous Materials Release Response Plan and Inventory (Business Plan) for emergency response to any hazardous material mishap, if at any one time your facility handles a hazardous material in quantities equal to or greater than 500 pounds of a solid substance, 55 gallons of a liquid, 200 cubic feet of a compressed gas calculated at standard temperature and pressure, or threshold planning quantities of an extremely hazardous material.

Assembly Bill 2286 requires all regulated businesses and local government to submit their regulatory reports electronically via California's Environmental Reporting System (CERS) website at http://cers.calepa.ca.gov/ for review by your reporting agency.

1. Inventory of Hazardous Materials and/or Extremely Hazardous Materials
2. Annotated Site Map
3. CERS Consolidated Emergency Response/Contingency Plan
4. Emergency Procedures

The attached Business Plan forms are in the required state format, which contains the necessary information for the creation of a useful Business Plan for your facility. When completed, your Business Plan will become a valuable tool to aid you and your employees in managing emergencies at your facility. The Business Plan will also serve to better prepare emergency response personnel for handling a wide range of emergencies which could occur at your facility.

HAZARDOUS MATERIALS BUSINESS PLAN
TABLE OF CONTENTS

OVERVIEW…….3

INVENTORY
Facility Information – Business Activities Form……... 7
Facility Information – Business Activities Form Instructions……..8
Facility Information – Owner/Operator Form Instructions……..……11
Facility Information – Owner/Operator Form……..……..15
Hazardous Material Inventory Form Instructions…..…….. 19
Hazardous Material Inventory Form…….…… 25
Annotated Site Map Form Instructions……..…… 27
Annotated Site Map Draft…….……... 29

CERS CONSOLIDATED EMERGENCY RESPONSE/CONTINGENCY PLAN
Consolidated Emergency Response/Contingency Plan Form Instructions……... 31
Consolidated Emergency Response/Contingency Plan Sample Form…….. 33
Consolidated Emergency Response/Contingency Plan Form……..42

GENERAL INFORMATION
Emergency Notification Phone Roster……..50
Emergency Procedures Guide……....52
Emergency Release Follow-Up Notice Reporting Form……....54

PREPARE AND INPUT IN THE CALIFORNIA EVNVIRONMENTAL REPORTING SYSTEM (CERS)
CERS Link http://cers.calepa.ca.gov/

OVERVIEW

Chapter 6.95 of the California Health and Safety Code establishes minimum statewide standards for Business Plans. Business Plans contain basic information on the location, type; quantity and health risks of hazardous materials stored, used or disposed of in the state.

DEFINITION

A substance or chemical is hazardous if any of the following apply:

- The manufacturer or producer is required by law to prepare a Material Safety Data Sheet (MSDS) for the substance or product pursuant to the Hazardous Substance Information and Training Act or pursuant to any applicable federal law or regulation.

- The substance is listed as a radioactive material in Appendix B of Chapter 1 of Title 10 of the Code of Federal Regulations (CFR), maintained and updated by the Nuclear Regulatory Commission.

- The substance is listed pursuant to Title 49 CFR (federal regulations governing transportation).

- The material is listed in subdivision (b) of Section 6382 of the Labor Code.

- The substance meets the definition of a hazardous waste as set forth in Division 4.5 of Title 22 of the California Codes of Regulations (CCR).

Extremely Hazardous Substance

An EHS is defined as any chemical which is listed in Appendix A of Part 355 of Subchapter J of Chapter 1 of Title 40 of the Code of Federal Regulations. A list of these EHS's is available from the DTSC Imperial Certified Unified Program Agency (Administering Agency pursuant to Chapter 6.95 H&SC) upon request. The handling of an EHS above its specific Threshold Planning Quantities (TPQ) must also be disclosed on the EHS Report Form and submitted to the Administering Agency.

Each business shall prepare a Business Plan if that business uses, handles or stores a hazardous material or an Extremely Hazardous substance in quantities indicated below:

1) Hazardous Materials

Hazardous substances or compounds which are at your establishment at any one time in the following quantities:

- 55 gallons of a liquid

- 500 pounds of a solid substance

- 200 cubic feet of a compressed gas, calculated at standard temperature and pressure

2) Extremely Hazardous Materials

- Equal to or greater than the Threshold Planning Quantities

ADMINISTERING AGENCY

As the Administering Agency (AA) for the County of Imperial, the Department of Toxic Substances Control Imperial Certified Unified Program Agency (DTSC IMPERIAL CUPA) is responsible for conducting routine inspections at businesses required to submit Business Plans on CERS. The purpose of these inspections is:

- To ensure compliance with existing laws and regulations concerning Business Plan requirements.
- To identify existing safety hazards that could cause or contribute to an accidental spill or release.
- To suggest preventive measures designed to minimize the risk of a spill or release of hazardous materials.

REVIEW AND REVISION REQUIREMENTS

If any section of the Business Plan is found to be deficient, an amended Plan must be submitted within 30 days. The Business Plan must also be amended within 30 days for any of the following:

- A 100% or greater increase in quantity of hazardous materials provided on the inventory form.
- Any handling of a disclosable quantity of a previously undisclosed hazardous material or EHS.
- Any change in the storage, location or use of hazardous materials, which could affect an emergency response.
- Any change in business name, ownership or address.

Each year from the date of original submittal of the Business Plan, the business must review and submit on CERS certifying current information remains accurate or updated Business Plan.

NOTIFICATION

During an emergency, employees, supervisors and your emergency coordinator must obtain specific information about an incident including its impact on people and property. Staff must be able to transmit emergency information to management for their use in evaluating the problem. Outside regulatory agencies must also be notified of the problem so they can take action to protect the general public and the environment.

Whenever there is an imminent or actual on-site emergency situation resulting from a fire, explosion and/or chemical release, it is the legal responsibility of the emergency coordinator (or his/her designee) to notify appropriate state and/or local agencies. Use the Emergency Notification Phone Roster as a resource for reporting emergency situations to local, state and federal agencies. Be sure your plant personnel and the emergency coordinator are familiar with all the emergency phone numbers listed. Posting such a phone guide throughout your facility could prove useful during emergencies.

If the emergency coordinator or designee determines that the facility has had a release, fire or explosion which could threaten human health or the environment outside the facility, thus requiring (in his/her opinion) an evacuation of local areas, he/she must notify appropriate local authorities. The emergency coordinator or designee must be available to help appropriate officials if requested. He/She must notify one or more of the agencies listed under "Notification Procedures" on the Emergency Response Plan and/or the National Response Center (800) 424-8802, depending on the nature of the incident. The report must include the following information:

- Name and telephone number of the reporter.
- Name and address of the facility.
- Type and quantity of material(s) involved to the extent known.
- The extent of injuries, if any.
- The possible hazards to human health and/or the environment outside the facility.

EMERGENCY PROCEDURES GUIDE

The business must have a set of procedures, which include instructions or guidelines to be followed by employees, supervisors and the emergency coordinator during emergencies at the facility. These procedures are basic to a complete Business Plan. The guidelines and checklists can be short and simple and tailored to your facility but must be in written form and available during an emergency.

It is an employer's legal responsibility to provide staff with written procedures covering the proper use, handling, storage and disposal of hazardous materials and waste at the facility. Additionally, procedures for using personal protective clothing and chemical cleanup equipment must be available to employees who must manage hazardous materials during emergencies.

The Emergency Procedures Guide is an example of written instructions that outline the information reporting duties that might be required of employees and supervisors should an emergency occur at a facility. **The duties listed for the emergency coordinator are required by present state and federal regulations and must be followed by your emergency coordinator during an emergency.**

EMPLOYEE TRAINING

The owner or operator of a facility must ensure through classroom instruction or on-the-job training that each employee is taught to perform their duties in a manner consistent with all written emergency policies in such a way that the facility meets all the requirements in the Employee Training section.

CERTIFIED UNIFIED PROGRAM AGENCY
COUNTY OF IMPERIAL

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	1	EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)			3
BUSINESS SITE ADDRESS			103
BUSINESS SITE CITY	104	CA	ZIP CODE 105

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility…	If Yes, please complete these pages of the UPCF….	
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs 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?	☐ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	☐ YES ☐ NO 4a	Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	☐ YES ☐ NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	☐ YES ☐ NO 8	NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE		
Generate hazardous waste?	☐ YES ☐ NO 9	EPA ID NUMBER – provide at the top of this page
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☐ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on-site?	☐ YES ☐ NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☐ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
Consolidate hazardous waste generated at a remote site?	☐ YES ☐ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	☐ YES ☐ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☐ NO 14a	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Household Hazardous Waste (HHW) Collection site?	☐ YES ☐ NO 14b	See CUPA for required forms.

F. LOCAL REQUIREMENTS *15*

(You may also be required to provide additional information by your CUPA or local agency.)

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory - Chemical Description pages for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information). Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
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. For facilities in California, the number usually starts with the letters □CA□. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms □Facility Name□ or □DBA - Doing Business As□ that might have been used in the past.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.

104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.

105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.

4. HAZARDOUS MATERIALS –

Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:

- It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
- It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
- Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page and the Hazardous Materials Inventory - Chemical Description page, as well as an Emergency Response Plan and Training Plan.

Do not answer □YES□ to this question if you exceed only a local threshold, but do not exceed the state threshold.

4a. REGULATED SUBSTANCES – Refer to 19 CCR 2770.5 for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.

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. If □YES□, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC □25270.2 (g)). The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):

   An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC □25270.2 (k)) is not subject to this act and is exempt:
   - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
   - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
   - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
   - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC □25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC □25143.2. Check □YES□ and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check □NO□ if you only send recyclable materials to an offsite recycler. You do not need to report.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of □treatment□ for certain processes under specific, limited conditions. Refer to HSC □25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC □25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR □67450.13 (b) and HSC □25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer □YES□ if 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. You must be eligible pursuant to the conditions in HSC □25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
   - Your knowledge of the tank and its contents
   - Testing of the tank
   - Inability to remove hazardous materials stored in the tank.
   - The mixture rule
   - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.

   If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.

14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.

14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.

15. LOCAL REQUIREMENTS - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

UPCF Rev. (12/2007)

FACILITY INFORMATION

CERTIFIED UNIFIED PROGRAM AGENCY
COUNTY OF IMPERIAL

BUSINESS OWNER/OPERATOR IDENTIFICATION

SAMPLE

I. IDENTIFICATION

FACILITY ID # 1	BEGINNING DATE 100 **01/15/2000**	ENDING DATE 101 **12/31/00**	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 **Jones Automotive Repair**		BUSINESS PHONE 102 **(760)555-1212**	
BUSINESS SITE ADDRESS 103 **1000 First Ave**			
CITY **Any City** 104	CA	ZIP **92000** 105	
DUN & BRADSTREET 106		SIC CODE (4 digit #) **7538** 107	
COUNTY **Any County** 108			
BUSINESS OPERATOR NAME **Robert Jones** 109		BUSINESS OPERATOR PHONE **(760) 555-1212** 110	

II. BUSINESS OWNER

OWNER NAME **Robert Jones** 111		OWNER PHONE **(760) 555-1212** 112	
OWNER MAILING ADDRESS **1111 Your Street** 113			
CITY **Any City** 114	STATE CA 115	ZIP **92000** 116	

III. ENVIRONMENTAL CONTACT

CONTACT NAME **John Smith** 117		CONTACT PHONE **(760) 555-1212** 118	
CONTACT MAILING ADDRESS **1234 Main Street** 119			
CITY **Any City** 120	STATE **CA** 121	ZIP **92000** 122	

IV. EMERGENCY CONTACTS

- PRIMARY -	- SECONDARY -
NAME **John Smith** 123	NAME **John Smith** 128
TITLE **Owner/Operator** 124	TITLE **Employee** 129
BUSINESS PHONE **(760) 555-1212** 125	BUSINESS PHONE **(760) 555-1212** 130
24-HOUR PHONE **(760) 555-1255** 126	24-HOUR PHONE **(760) 555-4321** 131
PAGER# **(760) 999-9999** 127	PAGER # **(760) 111-1111** 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 **Signature**	DATE 134 **Date**	NAME OF DOCUMENT PREPARER 135 **John Smith**
NAME OF SIGNER *(print)* 136 **Print Name**	TITLE OF SIGNER 137 **Title**	

OES FORM 2730 (1/99)

APPENDIX B
INSTRUCTIONS TO COMPLETE THE CALIFORNIA HAZARDOUS MATERIALS INVENTORY REPORTING FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

There are minimum hazardous material inventory reporting and data management requirements in Chapter 6.95 of Division 20 of the California Health and Safety Code, Section 11022 of Title 42 of the United States Code (1989), and 1991 Uniform Fire Code, Section 80.103, subsection(c).

DATA ELEMENT BOXES		INFORMATION REQUIRED
1	Facility ID Number	This number is assigned by the DTSC IMPERIAL CUPA. This is the unique number which identifies your facility.
3	Business Name	Enter the full legal name of the business. This is the same as the terms "Facility ***Name***" or "DBA-Doing Business As" that might have been used in the past.
100	Beginning Date	Enter the beginning year and date of the report. (YYYYMMDD)
101	Ending Date	Enter the ending year and date of the report. (YYYYMMDD)
102	Business Phone	Enter the phone number, area code first, and any extension.
103	Business Site Address	Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City	Enter the city or unincorporated area in which business site is located.
105	Zip Code	Enter the zip code of the business site. The extra 4-digit zip may also be added.
106	Dun & Bradstreet	Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610)822-7748 or by Internet.
107	SIC Code	Enter the primary Standard Industrial Classification number for primary business activity. **NOTE: If code is more than 4 digits, report only the first four.**
108	County	Enter the county in which the business site is located.

DATA ELEMENT BOXES		INFORMATION REQUIRED
109	Business Operator Name	Enter the name of the business operator.
110	Business Operator Phone	Enter business operator phone number, if different from business phone (area code first) and any extension.
111	Owner Name	Enter name of business owner, if different from business operator.
112	Owner Phone	Enter the business owner's phone number if different from business phone (area code first) and any extension.
113	Owner Mailing Address	Enter the owner's mailing address if different from business 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 zip code for the owner's address. The extra 4-digit zip may also be added.
117	Environmental Contact Name	Enter the name of the person, if different from the Business Owner or Operator who receives all environmental correspondence and will respond to enforcement activity.
118	Contact Phone	Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted (area code first) and any extension.
119	Mailing Address	Enter the 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	Enter the zip code for the environmental contact's mailing address. The extra 4-digit zip may also be added.

DATA ELEMENT BOXES		INFORMATION REQUIRED
123	Primary Emergency Contact Name	Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact 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 contact.
125	Business Phone	Enter the business number for the primary emergency contact (area code first) and any extension.
126	24-Hour Phone	Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not contact's home phone number, then the service answering the phone must be able to immediately contact the individual, stated above.
127	Pager Number	Enter the pager number for the primary emergency contact, if available.
128	Secondary Emergency Contact Name	Enter the name of the secondary representative that can be contacted in the event that the primary emergency contact 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 contact.
130	Business Phone	Enter the business telephone number for the secondary emergency contact (are code first) and any extension.
131	24-Hour Phone	Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132	Pager Number	Enter the pager number for the secondary emergency contact, if available.

DATA ELEMENT BOXES		INFORMATION REQUIRED
133	Additional Locally Collected Information	This space may be used for DTSC IMPERIAL CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134	Date	Enter the date that the form was signed. (YYYYMMDD)
135	Name of Document Preparer	Enter the full name of the person who prepared the inventory submittal information.
136	Name of Signer	Enter the full printed name of the person signing the form. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
	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 their inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
137	Title of Signer	Enter the title of the person signing the form.

CERTIFIED UNIFIED PROGRAM AGENCY
COUNTY OF IMPERIAL

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR INDENTIFICATION

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 105	
DUN & BRADSTREET 106		SIC CODE (4 digit #) 107	
COUNTY 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 116

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

- PRIMARY -	- 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	

CERTIFIED UNIFIED PROGRAM AGENCY
COUNTY OF IMPERIAL

HAZARDOUS MATERIALS

SAMPLE

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one form per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE 200 Page 2 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3
JONES AUTOMOTIVE

CHEMICAL LOCATION 201
NORTHEAST CORNER OF STORAGE SHED

CHEMICAL LOCATION - EPCRA 202 [X] YES [ ] NO

FACILITY ID # 1 1 1 1 1 1 1 1 1 1 1 1 1

MAP # *(optionnel)* 203
PAGE 17

GRID # *(optional)* 204
B-8

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
PETROLEUM HYDROCARBON

TRADE SECRET 206 [ ] YES [X] NO
If Subject to EPCRA, refer to instructions

COMMON NAME 207
WASTE OIL

EHS* 208 [ ] YES [X] NO

CAS # 209
NA

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

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

HAZARDOUS MATERIAL TYPE 211
(Check one item only)
[ ] a. PURE [X] b. MIXTURE [ ] c. WASTE

RADIOACTIVE 212 [ ] YES [X] NO

CURIES 213

PHYSICAL STATE 214
(Check one item only)
[ ] a. SOLID [X] b. LIQUID [ ] c. GAS

LARGEST CONTAINER 215
500

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

AVERAGE DAILY AMOUNT 250 217

MAXIMUM DAILY AMOUNT 500 218

ANNUAL WASTE AMOUNT 2500 219

STATE WASTE CODE 221 220

UNITS* 221
(Check one item only)
*If EHD amounts must be pounds
[ ] a. GAL [ ] b. CU FT [ ] c. LBS [X] d. TONS

DAYS ON SITE 222

STORAGE CONTAINER 223
(Check all that apply)

[ ] a. ABOVEGROUND 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
[X] c. TANK INSIDE BUILDING	[ ] g. CARBOY	[ ] k. BOX	[ ] o. TOTE BIN	
[ ] d. STEEL DRUM	[ ] h. SILO	[ ] j. CYLINDER	[ ] p. TANK WAGON	

STORAGE PRESSURE 224
[ ] a. AMBIENT [X] b. ABOVE AMBIENT [ ] c. BELOW AMBIENT

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

	% WT	HAZARDOUS COMPONENT *(for mixture or waste only)*		CAS #
1	226 50-66	227 HYDROTREATED HEAVY PARAFFINIC DISTILLATE	228 [ ] YES [X] NO	229 64742-54-7
2	230 20-25	231 HYDROTREATED RESIDUAL OIL	232 [ ] YES [X] NO	233 64742-57-0
3	234 1-2	235 ZINC DIALKYL DITHIOPHOSPHATE	236 [ ] YES [X] NO	237 68649-42-3
4	238	239	240 [ ] YES [ ] NO	241
5	242	243	244 [ ] YES [ ] NO	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 COLLECTETD INFORMATION: 246

If EPCRA please sign here

APPENDIX D
INSTRUCTIONS TO COMPLETE CALIFORNIA HAZARDOUS MATERIALS INVENTORY REPORTING FORM

CHEMICAL DESCRIPTION PAGE

You must complete a separate Chemical Description for each hazardous material (which consists of hazardous substances and hazardous waste) that you handle at your facility in amounts equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) of the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. First determine 9if you meet the reporting threshold by basing inventory on the aggregate amount of hazardous materials handled at your facility. Then report the materials based on what is handled in each building or adjacent/outside area of the facility, with separate pages for unique occurrences of physical state, storage temperature and storage pressure.

DATA ELEMENT BOXES		INFORMATION DESCRIPTION
1	Facility ID Number	This number is assigned by the DTSC IMPERIAL CUPA. This is the unique number which identifies your facility.
3	Business Name	Enter the full legal name of the business as entered on the Business Owner/Operator identification page.
200	Add/Delete / Revise	Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. **NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.**
201	Chemical Location	Enter the building or outside/adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. **NOTE: This information is not subject to public disclosure pursuant to Section 25506 of the Health and Safety Code.**
202	Chemical Location Confidential – EPCRA	All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check “Yes” to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check “No”.
203	Map Number	If a map is included, enter the map number on the map on which the location of the hazardous material is shown.

DATA ELEMENT BOXES		INFORMATION DESCRIPTION
204	Grid Number	If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205	Chemical Name	Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). **NOTE: If the chemical is a mixture, do not complete this field; complete the "common name" field instead.**
206	Trade Secret	Check "Y" for yes if the information in this section is declared a trade secret or "N for no, if it is not. State requirements: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by Health and Safety Code, Section 25511. Federal Requirements: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by Title 40 Code of Federal Regulations (CFR) and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207	Common Name	Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208	EHS	Check "Y" for 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 the EHS, leave this section blank and complete the section of 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	Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the DTSC IMPERIAL CUPA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact the DTSC IMPERIAL CUPA for guidance.
211	Hazardous Material Type	Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.

DATA ELEMENT BOXES		INFORMATION DESCRIPTION
212	Radioactive	Check “Y” for yes if the hazardous material is radioactive or “N” for no, if it is not.
213	Curies	If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214	Physical State	Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
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. PHYSICAL HAZARDS **Fire:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers **Reactive:** Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive **Pressure Release:** Explosives, Compressed Gases, Blasting Agents HEALTH HAZARDS **Acute Health (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure. **Chronic Health (Delayed):** Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.
217	Average Daily Amount	Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/outside area. Calculations shall be based on the previous year’s inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218	Maximum Daily Amount	Enter the maximum amount of each hazardous material or mixture containing a hazardous material which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year’s inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.

DATA ELEMENT BOXES		INFORMATION DESCRIPTION
219	Annual Waste Amount	If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220	State Waste Code	If the hazardous material is a 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 that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. **NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If the material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).**
222	Days on Site	List the total number of days during the year that the material is on site.
223	Storage Container	Check all boxes that describe the type of storage containers in which the hazardous material is stored. **NOTE: If appropriate, you may choose more than one.**
224	Storage Pressure	Check the one box that best describes the pressure at which the hazardous material is stored.
225	Storage Temperature	Check the one box that best describes the temperature at which the hazardous material is stored.
226, 230, 234, 238, 242	Hazardous Components 1-5 (% by weight)	Enter the percentage weight of the hazardous component in a mixture. If a range of percentage is available, report the highest percentage in that range.
227, 231, 235, 239, 243	Hazardous Component (1 – 5) Name	When reporting hazardous material that is a mixture, list up to five chemical names of hazardous components in a mixture by percent weight (refer to MSDS) or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed.

DATA ELEMENT BOXES		INFORMATION DESCRIPTION
228, 232, 236, 240, 244	Hazardous Component 1 – 5 EHS	Check “Y” for yes if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or “N” for no, if it is not.
229, 233, 237, 241, 245	Hazardous Component 1 – 5 CAS	List the Chemical Abstract Service (CAS) numbers as related to the hazardous component in the mixture.
246	Additional Locally Collected Information	This space may be used by the DTSC IMPERIAL CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact the DTSC IMPERIAL CUPA for guidance.

CERTIFIED UNIFIED PROGRAM AGENCY
COUNTY OF IMPERIAL

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one form 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 - EPCRA ☐ YES ☐ NO 202

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* (Check one item only) *If EHD amounts must be pounds ☐ a. GAL ☐ b. CU FT ☐ c. LBS ☐ d. TONS 221 | DAYS ON SITE 222

STORAGE CONTAINER (Check all that apply) 223

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

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)*		CAS #
1	226	227	228 ☐ YES ☐ NO	229
2	230	231	232 ☐ YES ☐ NO	233
3	234	235	236 ☐ YES ☐ NO	237
4	238	239	240 ☐ YES ☐ NO	241
5	242	243	244 ☐ YES ☐ NO	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 COLLECTETD INFORMATION: 246

If EPCRA please sign here

BUSINESS PLAN ANNOTATED SITE MAP - INSTRUCTIONS

Please provide a plot plan of the property and building(s) at the facility in question. The presence of all hazardous materials referenced in the Hazardous Material Inventory Form(s) should be indicated in the plot plan. In addition, please use the Site Map symbols provided below when ever they are applicable. All of the following specific information must be included:

a. Orientation of building(s) on the property.
b. Streets immediately adjacent to the site (include alleys).
c. Entrances.
d. Emergency exits, evacuation routes, and staging areas.
e. Storm drain inlets or drainage culverts.
f. Sewer inlets, sumps, and drains on-site.
g. Fire hydrants, fire extinguisher, outside sprinkler system connections, internal fire sprinkler system, wet and/or dry.
h. Hazardous Waste storage areas categorize materials by hazard class. F = flammable, R = reactive, C = corrosive P = poisons, O = oxidizer, E = explosive - and note on plan i. Hazardous Materials storage areas (see h for instructions).
j. Above ground storage tanks. (Note the capacity of the tank on the symbols in gallons).
k. Dip or process tanks (identify hazardous contents by hazard class, i.e., C = corrosive, F = flammable, etc.).l. Below ground storage tanks (Note the capacity of the tank on the symbols in gallons).
m. Utility emergency shut off, gas, water, electric.
n. Storage location for the Material Safety Data Sheets.

Site Map Symbols:

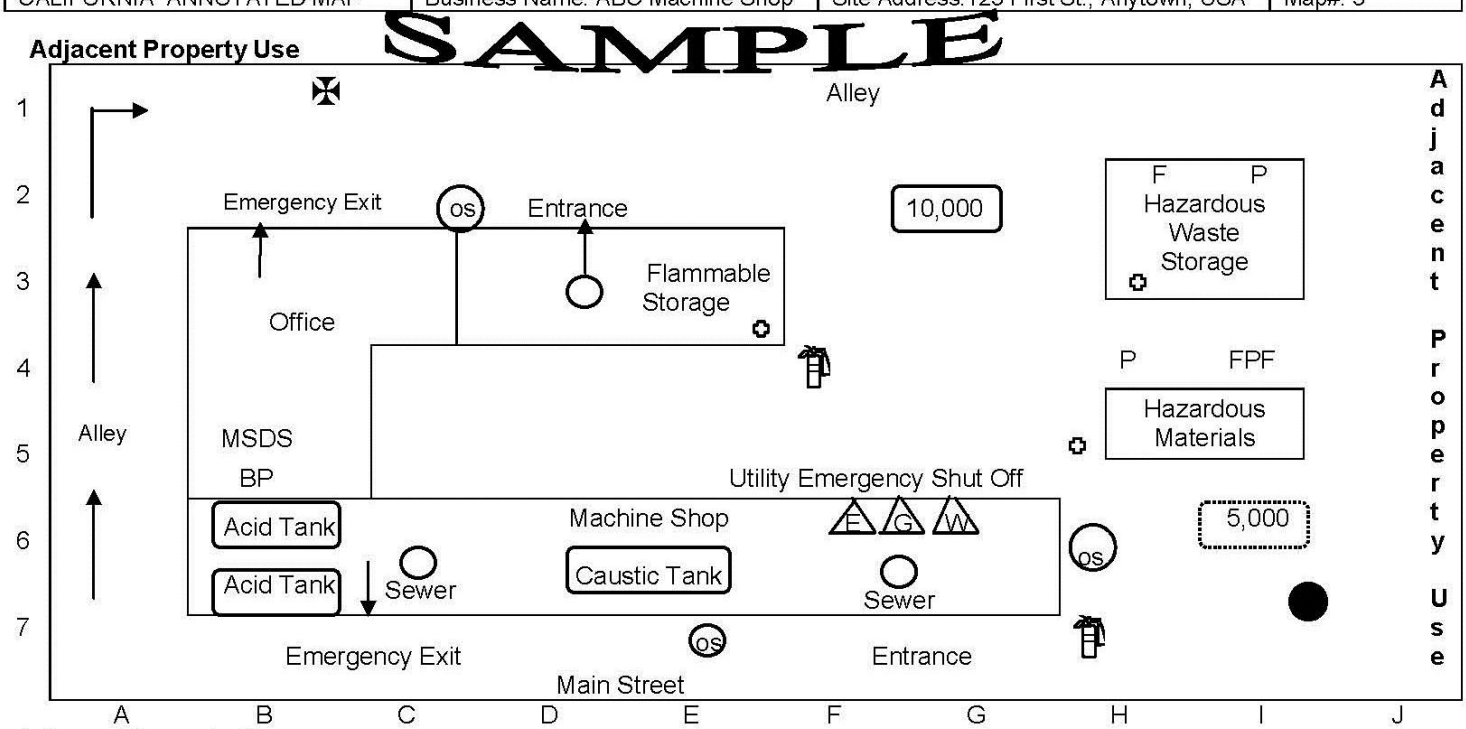
Entrances
Emergency Exits — E
Evacuation Route
Staging Area
Storm Drain Inlet
Sewer Inlet
Fire Hydrant
Fence

Outside Sprinkler System Connect — OS
Automatic Fire Sprinkler System — AS
Hazardous Materials/Waste Storage:
Flammables = F
Reactives = R
Corrosives = C
Oxidizer = O
Poisons = P
Explosive = E
Material Safety Data Sheets — MSDS
Business Plan Location — BP

Above Ground Storage Tank — 10,000
Below Ground Storage Tank — 5,000
Dip or Process Tank — C
Utility Emergency Shut Off:
Electric — E
Gas — G
Water — W
First Aid Kit
Fire Extinguisher

SAMPLE SITE MAP:

CALIFORNIA ANNOTATED MAP	Business Name: ABC Machine Shop	Site Address:123 First St., Anytown, USA	Map#: 3



CALIFORNIA ANNOTATED MAP	Business Name:	Site Address:	Map#:

A B C D E F G H I J

1

2

3

4

5

6

7

For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- First Aid Kits
- Fire Extinguishers

.

For Sub-Site Map

- Scale of Map
- Locations of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment
- First Aid Kit
- Fire Extinguishers

↑ North

Scale:
1” =_____

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.

CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)

CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

FACILITY ID # 1.	CERS ID A1.	DATE OF PLAN PREPARATION/REVISION A2.
FA0000001	10100001	12/31/00

BUSINESS NAME *(Same as Facility Name or DBA - Doing Business As)* 3.
Jones Automotive Repair

BUSINESS SITE ADDRESS 103.
1000 First Avenue

BUSINESS SITE CITY 104.		ZIP CODE 105.
Any City	CA	92000

TYPE OF BUSINESS (e.g., Painting Contractor) A3.	INCIDENTAL OPERATIONS (e.g., Fleet Maintenance) A4.
Automotive Repair	Vehicle Maintenance

THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply) A5.

☒ 1. HAZARDOUS MATERIALS ☒ 2. HAZARDOUS WASTES

SAMPLE

B. INTERNAL RESPONSE

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply) B1.

☒ 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1)
☒ 2. CALLING HAZARDOUS WASTE CONTRACTOR
☐ 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

☒ 1. VERBAL WARNINGS; ☐ 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; ☐ 3. TELEPHONE;
☐ 4. PAGERS; ☒ 5. ALARM SYSTEM; ☐ 6. PORTABLE RADIO

NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply) C2.
2. PUBLIC ADDRESS OR INTERCOM SYSTEM; 3. TELEPHONE; 4. PAGERS; 5. ALARM SYSTEM; 6. PORTABLE RADIO

☒ 1. VERBAL WARNINGS; ☐ 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; ☒ 3. TELEPHONE;
☐ 4. PAGERS; ☒ 5. ALARM SYSTEM; ☐ 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)	(760) 352-0381
OTHER (Specify):	

NEAREST MEDICAL FACILITY / HOSPITAL NAME: ABC Regional Hospital of South California

AGENCY NOTIFICATION PHONE NUMBERS:

CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC)	(916) 255-3545
REGIONAL WATER QUALITY CONTROL BOARD	
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): D2

SAMPLE

E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY): E1. E2.

☐ 1. BELLS;
☒ 2. HORNS/SIRENS;
☒ 3. VERBAL (I.E., SHOUTING);
☐ 4. OTHER (Specify):

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.) E3.

Front of building in parking lot

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

E4

☒ EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

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

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)

F1F2.

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

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)*
Safety and First Aid	☐ 1. CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS	G2.	G3.
	☐ 2. CHEMICAL PROTECTIVE GLOVES	G4.	G5.
	☐ 3. CHEMICAL PROTECTIVE BOOTS	G6.	G7.
	☐ 4. SAFETY GLASSES / GOGGLES / SHIELDS	G8.	G9.
	☐ 5. HARD HATS	G10.	G11.
	☐ 6. CARTRIDGE RESPIRATORS	G12.	G13.
	☐ 7. SELF-CONTAINED BREATHING APPARATUS (SCBA)	G14.	G15.
	☒ 8. FIRST AID KITS / STATIONS	G16. In main lobby and kitchen	G17.
	☐ 9. PLUMBED EYEWASH FOUNTAIN / SHOWER	G18.	G19.
	☒ 10. PORTABLE EYEWASH KITS	G20. In First Aid Kits	G21.
	☐ 11. OTHER	G22.	G23.
	☐ 12. OTHER	G24.	G25.
Fire Fighting	☒ 13. PORTABLE FIRE EXTINGUISHERS	G26. North of Shop next to door	G27.
	☐ 14. FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES	G28.	G29.
	☐ 15. FIRE ALARM BOXES OR STATIONS	G30.	G31.
	☐ 16. OTHER	G32.	G33.
Spill Control and Clean-Up	☒ 17. ALL-IN-ONE SPILL KIT	G34. Northwest Corner in Shop	G35.
	☒ 18. ABSORBENT MATERIAL	G36. Northwest Corner in Shop	G37.
	☒ 19. CONTAINER FOR USED ABSORBENT	G38. Outside Shop South end	G39. 55 gallon labeled drum
	☐ 20. BERMING / DIKING EQUIPMENT	G40.	G41.
	☒ 21. BROOM	G42. Janitors Closet	G43.
	☒ 22. SHOVEL	G44. Janitors Closet	G45.
	☒ 23. SHOP VAC	G46. Janitors Closet	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	G58.	G59.
Communications and Alarm Systems	☒ 30. TELEPHONES (Includes cellular)	G60. Designated Employee	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. OTHER	G70.	G71.

SAMPLE

H. EARTHQUAKE VULNERABILITY

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

VULNERABLE AREAS: (Check all that apply) H1. LOCATIONS (e.g., shop, outdoor shed, forensic lab) H2. H3. H4. H5.

- [x] 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA LOCATION: North end of shop
- [ ] 2. PROCESS LINES / PIPING LOCATION:
- [ ] 3. LABORATORY LOCATION:
- [ ] 4. WASTE TREATMENT AREA LOCATION:

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) LOCATIONS

- [x] 1. SHELVES, CABINETS AND RACKS LOCATION: West end of shop
- [ ] 2. TANKS (EMERGENCY SHUTOFF) LOCATION:
- [x] 3. PORTABLE GAS CYLINDERS LOCATION: Northwest of Shop
- [x] 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES LOCATION: South of Shop
- [ ] 5. SPRINKLER SYSTEMS LOCATION:
- [ ] 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank) LOCATION:

I. EMPLOYEE TRAINING

SAMPLE

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:

- 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;
- 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)

- [ ] 1. FORMAL CLASSROOM;
- [x] 2. VIDEOS;
- [x] 3. SAFETY / TAILGATE MEETINGS;
- [ ] 4. STUDY GUIDES / MANUALS (Specify):
- [ ] 5. OTHER (Specify):
- [ ] 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES

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

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

J. LIST OF ATTACHMENTS

(Check one of the following) J1

- [x] 1. NO ATTACHMENTS ARE REQUIRED; *or*
- [ ] 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:

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 *John Smith*	DATE SIGNED K1. 12/31/00
NAME OF SIGNER (print) K2. John Smith	TITLE OF SIGNER K3. Owner/Operator

MANDATORY

TO

COMPLETE

CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)

CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

FACILITY ID # 1.	CERS ID A1.	DATE OF PLAN PREPARATION/REVISION A2.

BUSINESS NAME *(Same as Facility Name or DBA - Doing Business As)* 3.

BUSINESS SITE ADDRESS 103.

BUSINESS SITE CITY 104.	CA	ZIP CODE 105.

TYPE OF BUSINESS (e.g., Painting Contractor) A3.	INCIDENTAL OPERATIONS (e.g., Fleet Maintenance) A4.

THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply) A5.

1. HAZARDOUS MATERIALS; ☐ 2. HAZARDOUS WASTES

B. INTERNAL RESPONSE

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply) B1.

☐ 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1)

☐ 2. CALLING HAZARDOUS WASTE CONTRACTOR

☐ 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

☐ 1. VERBAL WARNINGS; ☐ 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; ☐ 3. TELEPHONE;
☐ 4. PAGERS; ☐ 5. ALARM SYSTEM; ☐ 6. PORTABLE RADIO

NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply) C2.
2. PUBLIC ADDRESS OR INTERCOM SYSTEM; 3. TELEPHONE; 4. PAGERS; 5. ALARM SYSTEM; 6. PORTABLE RADIO

☐ 1. VERBAL WARNINGS; ☐ 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; ☐ 3. TELEPHONE;
☐ 4. PAGERS; ☐ 5. ALARM SYSTEM; ☐ 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) . . . . . (760) 352-0381
OTHER (Specify):……

NEAREST MEDICAL FACILITY / HOSPITAL NAME:

AGENCY NOTIFICATION PHONE NUMBERS:

CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) . . . . (916) 255-3545
REGIONAL WATER QUALITY CONTROL BOARD . . . . . .
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): D2

E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY): E1. E2.

☐ 1. BELLS;
☐ 2. HORNS/SIRENS;
☐ 3. VERBAL (I.E., SHOUTING);
☐ 4. OTHER (Specify):

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.

E4

☐ EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

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

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)
F1F2.

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

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)*
Safety and First Aid	☐ 1. CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS	G2.	G3.
	☐ 2. CHEMICAL PROTECTIVE GLOVES	G4.	G5.
	☐ 3. CHEMICAL PROTECTIVE BOOTS	G6.	G7.
	☐ 4. SAFETY GLASSES / GOGGLES / SHIELDS	G8.	G9.
	☐ 5. HARD HATS	G10.	G11.
	☐ 6. CARTRIDGE RESPIRATORS	G12.	G13.
	☐ 7. SELF-CONTAINED BREATHING APPARATUS (SCBA)	G14.	G15.
	☐ 8. FIRST AID KITS / STATIONS	G16.	G17.
	☐ 9. PLUMBED EYEWASH FOUNTAIN / SHOWER	G18.	G19.
	☐ 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 / FIRE HOSES	G28.	G29.
	☐ 15. FIRE ALARM BOXES OR STATIONS	G30.	G31.
	☐ 16. OTHER	G32.	G33.
Spill Control and Clean-Up	☐ 17. ALL-IN-ONE SPILL KIT	G34.	G35.
	☐ 18. ABSORBENT MATERIAL	G36.	G37.
	☐ 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	G58.	G59.
Communications 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. OTHER	G70.	G71.

H. EARTHQUAKE VULNERABILITY

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

VULNERABLE AREAS: (Check all that apply) H1. LOCATIONS (e.g., shop, outdoor shed, forensic lab) H2. H3. H4. H5.

☐ 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA LOCATION:
☐ 2. PROCESS LINES / PIPING LOCATION:
☐ 3. LABORATORY LOCATION:
☐ 4. WASTE TREATMENT AREA LOCATION:

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) LOCATIONS

☐ 1. SHELVES, CABINETS AND RACKS LOCATION:
☐ 2. TANKS (EMERGENCY SHUTOFF) LOCATION:
☐ 3. PORTABLE GAS CYLINDERS LOCATION:
☐ 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES LOCATION:
☐ 5. SPRINKLER SYSTEMS LOCATION:
☐ 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank) LOCATION:

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:

- 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;
- 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)

☐ 1. FORMAL CLASSROOM;
☐ 2. VIDEOS;
☐ 3. SAFETY / TAILGATE MEETINGS;
☐ 4. STUDY GUIDES / MANUALS (Specify):
☐ 5. OTHER (Specify):
☐ 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES

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

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

J. LIST OF ATTACHMENTS

(Check one of the following) J1

☐ 1. NO ATTACHMENTS ARE REQUIRED; *or*
☐ 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:

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.

EMERGENCY	ORGANIZATION	PHONE	REPORTING REQUIREMENTS	REQUIRED NOTIFICATION
Injury (any):	**Hospital:** El Centro Regional Medical Center – 1415 Ross Avenue, El Centro (760) 339-7100 or Pioneers Memorial Hospital – 207 West Legion Road, Brawley (760)351-8604.	911*	1. Name and telephone	
	Ambulance:	911*	of reporter	Immediately or
Poisoning:	Poison Control Center	(800) 876-4766*		within 24 hours.
Occupational Accident or Exposure (Notification):	Occupational Safety & Health (CAL-OSHA)	(619) 767-2280*	2. Name and address of facility	
Fire/:	Fire:	911*		
Explosion	Police/Sheriff:	911*	3. Time and type of	
Hazardous Material	+Fire:	911*	incident (fire, chemical	Agencies may
Spill/Release	+Imperial County Department of Health, EHS Division	(760) 336-8530	release, etc.).	request a follow-up
Outside Facility:	**+DTSC Imperial CUPA**	**(760) 352-0381**		report in writing.
	+National Response Center (U. S. Coast Guard) **** CA EMERGENCY MANAGEMENT AGENCY***	(800) 424-8802 **(800) 852-7550**	4. Name and quantity of	
In addition to above	Department of Toxic Substances Control, IMPERIAL CUPA	(760) 352-0381	chemical or material.	
Storm Drain/Creeks	Sewer District:		5. The extent of injuries, if any.	Consult each
River/Bays:	Imperial County Air Pollution Control District	(760) 482-4314		agency for their
Sanitary Sewer:	Fire:	911	6. Possible hazards to human	reporting
Gaseous Release into	Imperial County Department of Health, EHS Division (1)	(760) 482-4203	health or the environment,	requirements
Atmosphere: Underground Storage Tank Leak/Spill:	Regional Water Quality Control Board, Colorado River Basin	(760) 346-7491	outside the facility.	
Spill Cleanup (contractor):	Company:		Check with contractor	
Water District	Utility:			As soon as possible
Electrical:	Imperial Irrigation District	(760) 339-0510*	1, 2 and	or as
Gas:	Southern California Gas Company	(800) 427-2200	3 above	situation requires
Chemical Emergency Info.:	Chemtrec, Chlorrep, Pesticide Safety Team	(800) 424-9300		

(1) After business hours use 911 to contact the Imperial County Department of Health Services Division of Environmental Health Services.
***** Denotes 24-Hour Number. + Required notification if hazardous materials emergency extends outside the facility or requires an evacuation of public areas
* Required notification for any hazardous materials or hazardous waste spills.

ROLE OF EMPLOYEE

1. Obtain data concerning the nature of the emergency.

2. Notifies their supervisor and/or the emergency coordinator of the emergency by any communication means available (phone, intercom, shouting, etc...).

3. Aids their supervisor and the emergency coordinator in obtaining additional information necessary for completing the emergency information report form.

4. At the direction of their supervisor and/or the emergency coordinator, initiates control measures to manage and eliminate the release, fire, or explosion, or completes the required emergency shutdown procedures and evacuates the area.

ROLE OF SUPERVISOR

1. Evaluates the information provided by employees and obtains additional emergency information as requested by the coordinator or outside agencies.

2. Initiates and manages facility control or cleanup counter measures.

3. Provides continuous updates on the progress of the emergency and its control to the emergency coordinator.

4. Carries out evacuation procedures at the request of the emergency coordinator.

ROLE OF THE EMERGENCY COORDINATOR (EC)

1. Whenever there is an actual emergency situation, the emergency coordinator (EC) must:

    a. Activate internal facility alarms or communication systems if their help is needed.
    b. Notify appropriate state or local response agencies if their help is needed.

2. Whenever there is a release, fire or explosion, the EC must immediately identify the nature of the problem, exact source, amount and extent of any released materials. This can be done by direct observation or use of records, manifests or material safety data sheets or by chemical analysis if necessary.

3. The EC must assess possible hazards to human health and the environment, resulting from the release, fire or explosion. Examples include toxic gases or hazardous materials running off site when control measures are used.

4. If local areas may need to be evacuated, the EC is responsible for notifying local authorities. The EC must also be available to provide technical information and to assist officials in the decision to evacuate.

5. The EC must notify state or federal agencies if the emergency extends outside the facility.

6. During the emergency the EC must take all reasonable steps to ensure that fires, explosions or releases do not spread to other hazardous materials or wastes stored at the facility. Control measures must include: stopping processes and operations, collecting and containing released hazardous materials or wastes and removing or isolating collected hazardous materials.

7. If the facility stops operation for a fire, explosion or releases the EC must monitor for leaks, pressure buildup or problems with process equipment at the facility.

8. Immediately after the emergency the EC must provide for treating, storing or disposing of the recovered waste, contaminated soils or surface water or any other hazardous material that results from a release, fire, or explosion at the facility.

9. The EC must insure that all required written reports are filled with the appropriate regulator agencies within the required reporting periods.

EMERGENCY RELEASE FOLLOW-UP NOTICE REPORTING FORM

BUSINESS NAME	FACILITY EMERGENCY CONTACT & PHONE NUMBER ( ) -

INCIDENT DATE MO DAY YR	TIME OES NOTIFIED	(use 24 hr time)	OES CONTROL NO.

INCIDENT ADDRESS LOCATION	CITY/COMMUNITY	COUNTY	ZIP

CHEMICAL OR TRADE NAME (print or type)	CAS Number

CHECK IF CHEMICAL IS LISTED IN 40 CFR 355, APPENDIX A ☐	CHECK IF RELEASE REQUIRES NOTIFICATION UNDER 42 U.S.C. Section 9603(a) ☐

PHYSICAL STATE CONTAINED	PHYSICAL STATE RELEASED	QUANTITY RELEASED
☐ SOLID ☐ LIQUID ☐ GAS	☐ SOLID ☐ LIQUID ☐ GAS	

ENVIRONMENTAL CONTAMINATION	TIME OF RELEASE	DURATION OF RELEASE
☐ AIR ☐ WATER ☐ GROUND ☐ OTHER		DAYS HOURS MINUTES

ACTIONS TAKEN

KNOWN OR ANTICIPATED HEALTH EFFECTS (Use the comments section for additional information)

☐ ACUTE OR IMMEDIATE (explain) _____

☐ CHRONIC OR DELAYED (explain) _____

☐ NOT KNOWN (explain) _____

ADVISE REGARDING MEDICAL ATTENTION NECESSARY FOR EXPOSED INDIVIDUALS

COMMENTS (INDICATE SECTION (A - G) AND ITEM WITH COMMENTS OR ADDITIONAL INFORMATION)

CERTIFICATION: I certify under penalty of law that I have personally examined and I am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

REPORTING FACILITY REPRESENTATIVE (print or type) _____

SIGNATURE OF REPORTING FACILITY REPRESENTATIVE _____ DATE: _____

REVISED – 6/10/11