

Department of Toxic Substances Control

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CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CALARP) CALARP – STATIONARY SOURCE REGISTRATION FORM

Date: _____

1. REGISTRATION INFORMATION:

Stationary Source Name and Address:

Name: _____

Street: _____

City: _____

County: _____ State: _____ Zip: _____

EPA Facility Identifier (if applicable):

Dun and Bradstreet Numbers (if available):

Stationary Source: _____

Parent Company: _____

Stationary Source Latitude and Longitude:

Latitude: _____ Longitude: _____

Method used to obtain latitude/longitude: _____

Description of latitude/longitude location: _____

Owner or Operator Information/Mailing Address:

Name: _____

Street: _____

City: _____ State: ___ Zip: _____

Telephone: _____

Name/Title of Person or Position Responsible for the RMP Implementation:

Name: _____

Title/Position: _____

Email Address: _____

Emergency Contact:

Name: _____

Title: _____

Telephone: _____

24-Hour Telephone: _____

Email Address: _____

Number of Full Time Employees on Site:

Stationary Source Subject to: (Please circle Yes or No)

OSHA PSM: Yes or No

EPCRA 302: Yes or No

CAA Title IV: Yes or No

If yes, operating permit number: _____

Date of Last Safety Inspection Conducted by an Outside Agency:

Name of Inspecting Agency:

Contractor who prepared the RMP (if any):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

2. PROCESS(ES):

Process ID: _____ Program Level: _____ NAICS Code: _____

Chemical ID: _____ CAS Number: _____ Max. Qty (Lbs.): _____

Process ID: _____ Program Level: _____ NAICS Code: _____

Chemical ID: _____ CAS Number: _____ Max. Qty (Lbs.): _____

Process ID: _____ Program Level: _____ NAICS Code: _____

Chemical ID: _____ CAS Number: _____ Max. Qty (Lbs.): _____

Process ID: _____ Program Level: _____ NAICS Code: _____

Chemical ID: _____ CAS Number: _____ Max. Qty (Lbs.): _____

3. **WORST CASE SCENARIO:**

Chemical Name: _____

Percent Weight (if mixture): _____

Physical State: _____

Model Used: _____

Scenario: _____

Quantity Released (Lbs): _____

Release Rate (Lbs/Min): _____

Release Duration (Mins): _____

Wind Speed (m/sec): _____

Atmospheric Stability Class: _____

Topography: _____

Distance to Endpoint (mi): _____

Passive Mitigation (Yes/No): _____

If yes, describe: _____

Estimated Population to Endpoint: _____

Public Receptors (Please circle Yes or No):

School: Yes or No

Residences: Yes or No

Hospitals: Yes or No

Prisons/Corrections: Yes or No

Recreation Areas: Yes or No

Commercial/Office/Industrial areas: _____

Other: _____

4. **ALTERNATIVE RELEASE SCENARIO:**

Chemical Name: _____

Percent Weight (if mixture): _____

Physical State: _____

Model Used: _____

Scenario: _____

Quantity Released (Lbs): _____

Release Rate (Lbs/Min): _____

Release Duration (Mins): _____

Wind Speed (m/sec): _____

Atmospheric Stability Class: _____

Topography: _____

Distance to Endpoint (mi): _____

Estimated Population to Endpoint: _____

Public Receptors (Please circle Yes or No)

Schools: Yes or No

Residences: Yes or No

Hospitals: Yes or No

Prisons/Corrections: Yes or No

Recreation Areas: Yes or No

Commercial/Office/Industrial Areas: Yes or No

Other: Yes or No

IF PROG. LEVEL 1 & NO ACCIDENTS – GO TO EMERGENCY RESPONSE (Item 7)

5. **ACCIDENT HISTORY (Describe):** _____

6. **PREVENTION PROGRAM:**

Program 3 (only):

Process ID/Chemical Name: _____

Date on which the safety information was last reviewed or revised: _____

Process Hazard Analysis (PHA): _____

Date of last PHA or PHA update: _____

The technique used (Please circle Yes or No):

What if: Yes or No

Checklist: Yes or No

What if/Checklist: Yes or No

HAZOP: Yes or No

Failure mode and effects analysis: Yes or No

Fault tree analysis: Yes or No

Other: Yes or No

Expected or actual date of completion of all changes from last PHA or PHA update: _____

Major hazards identified: Yes or No

Toxic release: Yes or No

Fire: Yes or No

Explosion: Yes or No

Runaway reaction: Yes or No

Polymerization: Yes or No

Over pressurization: Yes or No

Corrosion: Yes or No

Overfilling: Yes or No

Contamination: Yes or No

Equipment failure: Yes or No

Loss of cooling, heating, electricity, instrument air: Yes or No

Earthquake: Yes or No

Floods (flood plain): Yes or No

Tornado: Yes or No

Hurricane: Yes or No

Other: _____

Monitoring/Detection systems in use: (Please circle Yes or No)

Process area detectors: Yes or No

Perimeter monitors: Yes or No

Changes since last PHA or PHA update Yes or No

Reduction in chemical inventory: Yes or No

Increase in chemical inventory: Yes or No

Change process parameters: Yes or No

Installation of process controls: Yes or No

Installation of process detection systems: Yes or No

Installation of perimeter monitoring system: Yes or No

Installation of mitigation systems: Yes or No

None recommended: _____

None: _____

Other: _____

Date of most recent review or revision of operating procedures: _____

Training:

The date of the most recent review or revision of training programs:

The type of training provided (Please circle Yes or No):

Classroom: Yes or No

On the Job: Yes or No

Other: Yes or No

The type of competency testing used (Please circle Yes or No):

Written test: Yes or No

Oral test: Yes or No

Demonstration: Yes or No

Observation: Yes or No

Other: _____

Maintenance:

The date of the most recent review or revision of maintenance procedures: _____

The date of the most recent equipment inspection or test: _____

Equipment most recently inspected or tested: _____

Management of Change:

The date of the most recent change that triggered management of change procedures: _____

The date of the most recent review or revision of management of change procedure: _____

The date of the most recent pre-startup review: _____

Compliance Audits:

The date of the most recent compliance audit: _____

Expected date of completion of all changes resulting from the compliance audit:

Incident Investigation:

The date of the most recent incident investigation (if any):

Expected or actual date of completion of all changes resulting from the Investigation:

The date of the most recent review or revision of employee participation plans:

The date of the most recent review or revision of hot work permit procedures:

The date of the most recent review or revision of contractor safety procedures:

The date of the most recent evaluation of contractor safety performance:

Program 2 (only):

Hazard Review:

Date of completion of most recent hazard review or update: _____

The expected or actual date of completion of all changes resulting from the hazard review: _____

Major Hazards Identified: _____

Monitoring/Detection systems in use: _____

Changes since last hazard review or update: _____

Reduction in chemical inventory: _____

Increase in chemical inventory: _____

Change process parameters: _____

Installation of process controls: _____

Installation of process detection systems: _____

The date of most recent review or revision of operating procedures: _____

Training:

The date of the most recent review or revision of operating procedures:

The type of training provided (Please circle Yes or No):

Classroom: Yes or No

On the Job: Yes or No

Other: Yes or No

The type of competency testing used (Please circle Yes or No)

Written tests: Yes or No

Oral tests: Yes or No

Demonstration: Yes or No

Observation: Yes or No

Other: Yes or No

Maintenance:

The date of most recent review or revision of maintenance procedures: _____

The date of most recent equipment inspection or test: _____

Equipment most recently inspected or tested: _____

Compliance Audits:

The date of most recent compliance audit: _____

Expected or actual date of completion of all changes resulting from the compliance audit: _____

Incident Investigation:

The date of most recent incident investigation: _____

Expected or actual date of completion of all changes resulting from the investigation: _____

The date of the most recent change that triggered a review or revision of safety information, the hazard review, operation or maintenance procedures, or training:

7. EMERGENCY RESPONSE:

Written Emergency Response Plan:

Is facility included in written community emergency response plan? _____

Does facility have its own written emergency response plan? _____

Does facility's ER Plan include specific actions to be taken in response to accidental releases of regulated substance(s)? _____

Does facility's ER plan include procedures for informing the public and local agencies responding to accidental releases? _____

Does facility's ER plan include information on emergency health care?

Date of most recent review or update of facility's ER plan: _____

Date of most recent ER training for facility's employees: _____

