

ADDENDUM NO. 2

C19123 - Cerone Division Boiler & Propane Tank Replacement

ISSUED DATE: NOVEMBER 16, 2020

Notice is hereby given that the following revisions, additions, and modifications are hereby incorporated into the **Invitation For Bid** documents.

Approved By



Kiet Vu
Construction Contracts Administrator

Approved for Release:



Daren Gee, P.E.
Construction Contracts Administration Manager

THIS ADDENDUM CONTAINS **54** PAGES
(Including attachments)

1. ADDENDUM NO. 1 CORRECTION

REVISE the first sentence in Addendum No. 1 as shown below.

Notice is hereby given that the following revisions, additions, and modifications are hereby incorporated into the ~~Pre-Qualification Requirements~~ **Invitation For Bid documents**.

2. APPENDIX G – ENVIRONMENT COORDINATION AND COOPERATION

- **REVISE** section numbers to match Page G-1 and **ADD** Section 1.11, as shown in ATTACHMENT 1.

3. APPENDIX M – QUALITY ASSURANCE AND QUALITY CONTROL REQUIREMENTS

- **REPLACE** Appendix M in its entity with document shown in ATTACHMENT 2.

4. APPENDIX N – PERMIT APPLICATIONS

- **REPLACE** Appendix N in its entity with document shown in ATTACHMENT 3.

APPENDIX G
ENVIRONMENTAL COORDINATION AND COOPERATION

The following requirements of this Appendix G apply to this Project if the box next to the requirement is checked:

- 1.1 Tree Removal
- 1.2 Archaeological Sensitive Area
- 1.3 Archaeological/Historical Discoveries
- 1.4 Environmentally Sensitive Areas
- 1.5 Mitigation Measures
- 1.6 Migratory Nesting Birds and Roosting Wildlife
- 1.7 Sudden Oak Death
- 1.8 Storm Water Pollution Prevention Plan (SWPPP)
- 1.9 Erosion and Sedimentation Control Action Plan Element (ESCAPE)
- 1.10 Water Pollution Control Program (WPCP)
- 1.11 Construction Water Conservation

Attachments to this Appendix are included if the box next to the listed attachment is checked:

- Attachment G1 Sample regulatory agency permits *or* Regulatory agency permits
- Attachment G2 ESCAPE Template

1.3 Archeological/Historical Discoveries

1.3.1 Should any archaeological or historical artifacts or skeletal material be discovered or unearthed during construction activities, all work within ten meters of the find shall be halted. Contractor, Subcontractor, Engineer or inspector as appropriate, shall immediately notify VTA, and VTA will initiate procedures in accordance with 36 CFR 800.11, California Public Resources Code Section 5097.98, and Santa Clara County Ordinance Code Sections B6-16 through B6-23. Construction activities within ten meters of the find shall remain halted until authorization is obtained from VTA that construction in the vicinity of the find may resume.

1.3.2 In the event of work suspension pursuant to this section, Contractor shall, within 24 hours, notify VTA of the costs involved resulting from said work stoppage. Contractor shall maintain a log of each such stoppage of work, setting forth the date and time of notification of work stoppage, date and time of actual cessation of operations in the area, and date and time of commencement of operations and costs incurred herein. Contractor shall submit a claim for reimbursement of such costs within 72 hours thereof and shall notify VTA of the anticipated amount of claim within 24 hours of said work suspension. In the event of work suspension hereunder, Contractor shall exert all reasonable efforts to otherwise utilize labor and equipment affected by the suspension in other portions of the project.

1.9 Erosion and Sedimentation Control Action Plan Element (ESCAPE)

1.9.1 VTA, being the owner of the site where the subject construction activity is to occur, is responsible for preventing and/or mitigating potential chemical releases, erosion and sedimentation impacts associated with stormwater runoff. VTA has established an Erosion and Sedimentation Control Action Plan Element (ESCAPE) for storm water discharge associated with construction activity.

1.9.2 Using the template provided and included in this Appendix G, Contractor shall prepare and submit an ESCAPE for the subject site to VTA for review and approval **within five (5) working days following Notice of Award of Contract**.

- (a) Contractor shall clearly identify its construction activities and those of its subcontractors and the manner in which Contractor will ensure their compliance with VTA approved ESCAPE.
- (b) The ESCAPE shall be prepared consistent with the provisions of the National Pollution Discharge Elimination System (NPDES), General Permit No. CAS000002 for Storm Water Discharges Associated with Construction And Land Disturbance Activities adopted by the State Water Resources Control Board on September 2, 2009 as Order No. 2009-0009-DWQ. In that the area on which the Work shall be conducted plus the construction laydown/staging area(s) are **less than one acre in size**, a Notice of Intent is not required for submission by VTA to the Regional Water Quality Control Board.
- (c) VTA will provide review comments to Contractor **within five (5) working days** after receipt of the ESCAPE for any necessary revision and preparation of the final document.
- (d) Contractor shall return a final ESCAPE document to VTA **within two (2) working days** of receipt of VTA comments.

1.9.3 At a minimum, the ESCAPE must address the following Best Management Practices (BMPs) in the **California Storm Water Best Management Practice Handbook for Construction Activity** prepared by the California Storm Water Quality Association (“CASQA”) for the California State Water Resources Control Board. This is available online at CASQA’s website. Contractor must be a member or subscriber of CASQA to access this handbook.

- WM-1, Material Delivery and Storage
- WM-2, Material Use
- WM-3, Stockpile Management
- WM-4, Spill Prevention and Control
- WM-5, Solid Waste Management
- WM-7, Contaminated Soil Management
- NS-3 Paving and Grinding Operations
- WM-8, Concrete Waste Management
- NS-8 & 9, Vehicle and Equipment Fueling, Cleaning and Maintenance
- SS-2, Preservation of Existing Vegetation
- WE-1, Wind Erosion Control
- SE-1, Silt Fence
- SE-5, Fiber Rolls
- SE-9, Straw Bale Barriers
- SE-10, Storm Drain Inlet Protection

1.9.4 Contractor shall provide copies of the approved ESCAPE to its subcontractors and shall keep a copy available at the subject site. Contractor shall provide amendments to the ESCAPE whenever there is a change in construction, operations, or where storm water run-off conditions which may affect the discharge of significant quantities of pollutants to surface waters, groundwater, or separate municipal storm sewer systems. The amended ESCAPE shall be submitted to VTA for review and approval as soon as practical and Contractor shall retain the amended ESCAPE onsite.

1.9.5 Contractor is advised that preparation and implementation of a VTA approved ESCAPE does not relieve Contractor or its subcontractor(s) of their responsibilities to comply with other state, county, and local governmental requirements, including those for storm water management or non-point source runoff controls.

1.9.6 Full compensation for conforming to the requirements of this section shall be paid for as described in the Schedule of Quantities and Prices (SQP).

1.11 Construction Water Conservation

Contractor must, whenever possible and not in conflict with other requirements of the Contract, minimize the use of water during construction of the project. Watering equipment must be kept in good working order; water leaks must be repaired promptly; and washing of equipment, except when necessary for safety or for the protection of equipment, will be discouraged. All water used for construction purposes such as dust control, compaction, cleaning streets, etc., may be reclaimed water.

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APPENDIX M

QUALITY ASSURANCE AND QUALITY CONTROL REQUIREMENTS

➔ Refer to **Section 6.26, Quality Assurance Program** and make the following change: Replace the section in its entirety with the following:

Contractor shall, at its own expense, arrange, submit for VTA's review and approval, and implement a quality assurance program consistent with the requirements of VTA's Quality Assurance Program specified herein.

Contractor must include all cost associated with compliance with this section as part of their lump sum bid item. Contractor's Schedule of Values must include a separate pay item for their QA Program, not to exceed \$25,000.00, consistent with the requirements of Section 7.59.1 Schedule of Values, and Technical Specifications Section 01 12 92 – Schedule of Values.

1.1 Contractor's Quality Assurance Program

Contractor shall establish and maintain an effective Quality Assurance Program to manage, control, document and assure that the Work complies with the requirements of the Contract Documents. The Quality Assurance Program shall consist of programs, procedures and the organization necessary to assure a high standard of quality for materials, equipment, workmanship, fabrication and operations covering both on-site and off-site Work by the Contractor, and its subcontractors, suppliers, and consultants of every tier.

1.2 Contractor Quality Control Plan (CQCP)

Contractor will provide written Quality Control ("QC") guidelines for:

- Management Responsibility including QC Organization
- Submittal Management and Document Control
- Subcontractor and Supplier Control
- Process Control and Control of Special Processes (i.e. welding, coating, etc.)
- Inspection and Testing
- Control of Inspection, Measuring and Test Equipment
- Identification, Control and Correction of Nonconformances
- Training and Qualifications

1.3 Submittal of CQCP.

Contractor shall, within **20 calendar days** after the date of the Notice of Award, furnish a CQCP, by which Contractor proposes to implement the requirements of this Section, for VTA's approval. If Contractor fails to submit an acceptable CQCP within the prescribed time, VTA may choose to not allow the Work to continue until Contractor submits an acceptable interim plan which addresses all of the requirements of VTA's Quality Assurance Program that are specified herein. No schedule relief will be allowed for such delay.

1.4 Acceptance of CQCP

VTA's acceptance of the CQCP is conditional and will be predicated on satisfactory performance of Work during the life of the Contract. As the Work progresses, VTA may require Contractor to make

changes to the CQCP as considered necessary to obtain the quality required in the Contract Documents. The approved CQCP will be subject to audit by VTA.

1.5 Changes to CQCP

Contractor shall notify VTA in writing of any proposed changes to the approved CQCP. All proposed changes to the CQCP are subject to prior approval by VTA.

1.6 Management Responsibility including QC organization

Contractor, and its subcontractors, consultants, and sub-consultants of every tier are responsible for the quality of Work under their control. However, Contractor is ultimately responsible for the overall quality of all Work which includes the performance and documentation of all required quality control activities under this Contract.

Subject to VTA's approval, such approval not to be unreasonably withheld, Contractor shall assign a QC Inspector who shall inspect the quality of Work (except his/her own Work) and sign/date the inspection and testing reports and checklist. A brief resume of Contractor's QC Inspector must be submitted with the CQCP and must include a description of the duties, responsibilities and assignments which establishes his/her experiences and qualifications.

The Contractor shall submit a Monthly QA Report to VTA which will include, but not be limited to daily reports of activities (with photographs), and quality issues related to the management of the project. The Monthly QA Report shall be transmitted to VTA within the first full business week of the following month.

1.7 Submittal Management and Document Control.

The CQCP shall contain provisions for scheduling and managing submittals. A Submittal List of required submittals from Contractor, subcontractors and suppliers must be developed using the Contract Document's Technical Submittal List, Technical Specifications, and other applicable sources. The Submittal List shall be incorporated into the CQCP for initial review, with revisions/updates to this list including due dates submitted as part of the Monthly QA Reports.

The CQCP must also contain provisions for document control which define the responsibility and authority for controlling project documents. The document control provisions must include, but not be limited to, control of correspondence, criteria, plans/drawings, quality records, specifications and procedures. Documents shall be properly maintained at the Worksite to prevent damage, deterioration or loss, and a duplicate set shall be maintained at another location.

Changes to project documents shall be processed in writing and records maintained as they are made. Documents approved by VTA shall not be changed or altered without VTA's prior written approval.

1.8 Subcontractor and Supplier Control.

The CQCP must assure that materials, products, equipment and services are procured from subcontractors, suppliers or manufacturers (of every tier) capable of meeting all requirements of the Contract Documents. All subcontractors, suppliers or manufacturers of every tier shall comply with the approved CQCP as applicable. The subcontractors, suppliers, or manufacturers may use their own QC Plan provided they submit their plan for approval by VTA's Quality Assurance Manager. Contractor shall ensure its subcontractor, supplier or manufacturer's agreements include the quality assurance requirements specified in this appendix.

1.9 Process Control and Control of Special Processes.

To ensure accuracy and consistency in production and construction processes, Contractor and its subcontractors, suppliers, manufacturers, consultants and subconsultants of every tier shall submit written procedures, instructions, drawings, checklists, or other appropriate documents, as a supplement to the CQCP. These documents must identify equipment to be used as well as describe their means to control special and controlled processes including, but not be limited to, welding, heat treatment, grinding, cleaning, plating, nondestructive examination, and testing.

Contractor shall assure that the Work is performed in accordance with the applicable codes, standards, specifications, or other special contractual requirements using qualified/certified personnel and equipment.

1.10 Inspection and Testing

The CQCP must describe the method by which the inspection and testing of material, product or Work is properly performed and documented, and status identified to assure that only items which have passed and been accepted are used or installed on the project. Copies of quality records (inspection/test reports and associated checklists, certificate of compliance, etc.) shall be submitted to VTA as soon as they are available.

The CQCP must include "Inspection and Testing Plan" with associated procedures and checklists, and laboratory and personnel licenses/certifications subject to VTA's review and acceptance. The completed Inspection and Testing Reports and Checklists must be provided to VTA, as part of quality records, confirming that all Work, products, equipment, and systems conform to the requirements of Contract Documents. The Inspection and Testing Plan, at a minimum, must include a final installation checklist, spreadsheet listing all required inspection and testing to be conducted, plan/drawing number as applicable, criteria and result, and signature/stamp of qualified/certified inspector or tester. As a condition to acceptance of the completed Work, VTA will verify Contractors' completed Inspection and Testing Reports and Checklists during the final inspection/walk through to determine compliance with inspection and testing requirements.

1.11 Control of Inspection, Measuring and Test Equipment

Contractor shall establish the guidelines and responsibilities for the calibration, storage, use, handling, and control of inspection, measuring and test equipment.

1.12 Identification, Control and Correction of Nonconformances.

The CQCP shall contain provisions for identifying, documenting, controlling and correcting nonconforming items or conditions. Nonconforming items shall be promptly identified and corrected or segregated to prevent inadvertent use. Contractor shall document nonconformances through a nonconformance report (NCR) and establish methods and responsibilities for identifying and implementing corrective actions (CAR) to correct and prevent future recurrence.

1.13 Training and Qualifications

Contractor shall ensure that its project team members are fully qualified to perform their portions of the Work and are informed of safety requirements associated with their Work. Personnel performing inspection, test, or approval of Work shall be qualified through appropriate training and/or experience. Personnel license, certification, or special qualification and supporting training records, as applicable, must be submitted to VTA as part of the CQCP.

1.14 Payment Provisions

Administration of Pay Item. For the Contract's Quality Assurance Program pay item, that pay item will be administered as follows:

- (a) Contractor may invoice up to 20% of the total amount allocated for the Contractor's QA Program upon VTA's approval of the CQCP.
- (b) Contractor may invoice up to 15% of the total amount allocated for the Contractor's QA Program upon VTA's acceptance of the Inspection and Testing Plan.
- (c) Contractor may invoice the remaining amount in equal monthly installments for each approved monthly report. The equal monthly invoice amounts shall be determined by dividing the remaining pay item amount by the number of months from the first charged day through contract completion. The final installment shall not be invoiced until after final acceptance of the Contract.
- (d) There will be no separate payment for any other submittal required by this appendix.

APPENDIX N PERMIT APPLICATIONS

Bay Area Air Quality Management District (BAAQMD)

- **Form P-101B – Authority to Construct / Permit to Operate**
- **Instruction P-101B – Application Instructions**
- **Form P – Emission Point**
- **Form HRA – Health Risk Assessment**

For additional guidance, Contractor is directed to the following resources on the BAAQMD website:

- BAAQMD Permit Handbook: <http://www.baaqmd.gov/permits/permitting-manuals>
- BAAQMD Current Fee Schedule: <http://www.baaqmd.gov/rules-and-compliance/current-rules/regulation-3-2019-archive>

County of Santa Clara Hazardous Materials Compliance Division (HMCD)

1. **HMCD-004 – Plan Submittal Requirements for Hazardous Materials Systems**
2. **HMCD-017 – Aboveground Tank Closure Guidelines**
3. **HMCD-018 – Aboveground Tank Closure Permit Application & Plan**
4. **HMCD-024A – Equipment List for Aboveground Storage Tank Systems**
5. **HMCD-028 – Hazardous Materials Clearance Form**
6. **HMCD-111 – Guidelines for On-Site Cleaning of Hazardous Materials Storage Tank Systems**
7. **HMCD-112 – Hazardous Materials Storage System – Cleaning / Cutting Plan**
8. **HMCD-116 – Hazardous Materials Construction Permit**
9. **HMCD-UN-020 – Hazardous Materials Business Plan**

For additional guidance, Contractor is directed to the following HMCD resources:

- HMCD Website: <https://www.sccgov.org/sites/hazmat/Pages/hmp.aspx>
- HMCD Current Fee Schedule: <https://www.sccgov.org/sites/hazmat/fees/Pages/home.aspx>

CA Department of Industrial Relations – Division of Occupational Safety & health – Pressure Vessel Unit

1. **Pressure Vessel Permit to Operate Application**

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BAY AREA AIR QUALITY MANAGEMENT DISTRICT
 375 Beale Street, Suite 600, San Francisco, CA 94105
 Engineering Division (415) 749-4990
 www.baaqmd.gov fax (415) 749-5030

Form P-101B
 Authority to Construct/
 Permit to Operate

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1. Application Information

BAAQMD Plant No. _____ Company Name _____
 Equipment/Project Description _____

2. Plant Information *If you have not previously been assigned a Plant Number by the District or if you want to update any plant data that you have previously supplied to the District, please complete this section.*

Equipment Location _____
 City _____ Zip Code _____
 Mail Address _____
 City _____ State _____ Zip Code _____
 Plant Contact _____ Title _____
 Telephone () _____ Fax () _____ Email _____
 NAICS (North American Industry Classification System) see www.census.gov/eos/www/naics/ _____

3. Proximity to a School (K-12)

The sources in this permit application (check one) Are Are not within 1,000 ft of the outer boundary of the nearest school.

4. Application Contact Information *All correspondence from the District regarding this application will be sent to the plant contact unless you wish to designate a different contact for this application.*

Application Contact _____ Title _____
 Mail Address _____
 City _____ State _____ Zip Code _____
 Telephone () _____ Fax () _____ Email _____

5. Additional Information *The following additional information is required for all permit applications and should be included with your submittal. Failure to provide this information may delay the review of your application. Please indicate that each item has been addressed by checking the box. Contact the Engineering Division if you need assistance.*

- If a new Plant, a local street map showing the location of your business
- A facility map, drawn roughly to scale, that locates the equipment and its emission points
- Completed data form(s) and a pollutant flow diagram for each piece of equipment.
 (See www.baaqmd.gov/forms/permits)
- Project/equipment description, manufacturer's data
- Discussion and/or calculations of the emissions of air pollutants from the equipment

6. Trade Secrets *Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items separate as specified in Regulation 2, Rule 1, Section 2-1-402.7, please complete the following steps.*

- Each page containing trade secret information must be labeled "trade secret" with the trade secret information clearly marked.
- A second copy, with trade secret information blanked out, marked "public copy" must be provided.
- For each item asserted to be trade secret, you must provide a statement which provides the basis for your claim.

7. Small Business Certification *You are entitled to a reduced permit fee if you qualify as a small business as defined in Regulation 3. In order to qualify, you must certify that your business meets all of the following criteria:*

- The business does not employ more than 10 persons and its gross annual income does not exceed \$750,000.
- And the business is not an affiliate of a non-small business. (Note: a non-small business employs more than 10 persons and/or its gross income exceeds \$750,000.)

8. Green Business Certification *You are entitled to a reduced permit fee if you qualify as a green business as defined in Regulation 3. In order to qualify, you must certify that your business meets all of the following criteria:*

- The business has been certified under the Bay Area Green Business Program coordinated by the Association of Bay Area Governments and implemented by participating counties.
- A copy of the certification is included.

9. Accelerated Permitting *The Accelerated Permitting Program entitles you to install and operate qualifying sources of air pollution and abatement equipment **without waiting for the District to issue a Permit to Operate.** To participate in this program you must certify that your project will meet all of the following criteria. Please acknowledge each item by checking each box.*

- Uncontrolled emissions of any single pollutant are each less than 10 lb/highest day, or the equipment has been precertified by the BAAQMD.
- Emissions of toxic compounds do not exceed the trigger levels identified in Table 2-5-1 (see Regulation 2, Rule 5).
- The source is not a diesel engine.
- The project is not subject to public notice requirements (the source is either more than 1000 ft. from the nearest school, or the source does not emit any toxic compound in Table 2-5-1).
- For replacement of abatement equipment, the new equipment must have an equal or greater overall abatement efficiency for all pollutants than the equipment being replaced.
- For alterations of existing sources, for all pollutants the alteration does not result in an increase in emissions.
- Payment of applicable fees (the minimum permit fee to install and operate each source). See Regulation 3 or contact the Engineering Division for help in determining your fees.

10. CEQA *Please answer the following questions pertaining to CEQA (California Environmental Quality Act).*

- A. Has another public agency prepared, required preparation of, or issued a notice regarding preparation of a California Environmental Quality Act (CEQA) document (initial study, negative declaration, environmental impact report, or other CEQA document) that analyzes impacts of this project or another project of which it is a part or to which it is related? YES NO If no, go to section 10B.

Describe the document or notice, preparer, and date of document or expected date of completion:

- B. List and describe any other permits or agency approvals required for this project by city, regional, state or federal agencies:

- C. List and describe all other prior or current projects for which either of the following statements is true: (1) the project that is the subject of this application could not be undertaken without the project listed below, (2) the project listed below could not be undertaken without the project that is the subject of this application:

11. Certification *I hereby certify that all information contained herein is true and correct. (Please sign and date this form)*

Name of person certifying (print)

Title of person certifying

Signature of person certifying

Date

Send all application materials to the **BAAQMD Engineering Division, 375 Beale Street, Suite 600, San Francisco, CA 94105.**

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

375 Beale Street, Suite 600 . . . San Francisco, CA 94105 . . . (415) 749-4990 . . . FAX (415) 749-5030
 WEBSITE: WWW.BAAQMD.GOV

Procedures for Completing Permit Application Package

1. Provide basic information about your plant on Form P-101B.
2. On a plot plan of your facility, drawn roughly to scale, locate and clearly mark every operation for which you are applying for a permit. These will be referred to as Sources. Label each Source on the plot plan with "S" followed by an identifying **SOURCE NUMBER**. Sequentially number the sources starting with one (1); for example, S1, S2, S3, S4, etc.
3. On the same plot plan, locate and clearly mark every operation whose primary purpose is to reduce or abate air pollutants. These will be referred to as **ABATEMENT DEVICES**. Label them as above, but with "A" rather than "S" designations; e.g., A1, A2, A3, A4.

Similarly, mark on the plot plan every stack chimney, or other well-defined point where air pollutants enter the atmosphere. These will be referred to as **EMISSION POINTS**. Label them with "P"; e.g., P1, P2, etc.

On the same plot plan, or on a sketch using the same identifications described above, show the relationship between the various Sources, Abatement Devices, and Emission Points by drawing arrows between them to indicate the flow of air pollutants.

4. If two or more sources are process-related (one supplies feedstock to the other, etc.), prepare another plot plan or sketch using the same Source Numbers described above, label it **PROCESS FLOW**, and show with arrows the flow of process materials.
5. For each Source, fill out an appropriate Data Form. There are many different Data Forms for Sources, including:

Form C	Combustion of Fuels
Form ICE	Internal Combustion Engines
Form D	Dry Cleaner
Form F	Semiconductor Fabrication Area
Form G	General
Form S	Surface Coating and Solvent Use
Form SC	Solvent Cleaning Operations
Form SS	Form S supplement for printers
Form T	Tankage, Loading and Handling of Organic Liquids
Form HRSA	Health Risk Screening Analysis

One source may require several Data Forms if it involves several different processes, each generating air pollutants. A dryer, for example, would require two Data Forms if it burned fuel for heat (Data Form C), and the material being dried produced dust (Data Form G).

Each Source Data Form asks for the Plant Number the BAAQMD has assigned to your plant *if you have previously permitted equipment*. Please supply this number if known. Some of the forms also ask for the Standard Industrial Classification (SIC) number most appropriate to your source.

6. For each Abatement Device, fill out Form A.
7. For each Emission Point, fill out Form P.
8. Mail completed materials to the above address.

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

375 Beale Street, Suite 600, San Francisco, CA 94105 . . . (415) 749-4990 . . . Fax (415) 749-5030

Form P is for well-defined emission points such as stacks or chimneys only; do not use for windows, room vents, etc.

Business Name: _____ Plant No: _____

Emission Point No: P- _____

With regard to air pollutant flow into this emission point, what source(s) and/or abatement device(s) are **immediately** upstream?

S- _____ **S-** _____ **S-** _____ **S-** _____ **S-** _____
S- _____ **A-** _____ **A-** _____ **A-** _____ **A-** _____ **A-** _____

Exit cross-section area: _____ sq. ft. Height above grade: _____ ft.

Effluent Flow from Stack

	<i>Typical Operating Condition</i>	<i>Maximum Operating Condition</i>
<i>Actual Wet Gas Flowrate</i>	cfm	cfm
<i>Percent Water Vapor</i>	Vol %	Vol %
<i>Temperature</i>	°F	°F

If this stack is equipped to measure (monitor) the emission of any air pollutants,

Is monitoring continuous? yes no

What pollutants are monitored? _____

Person completing this form _____ Date _____

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

375 Beale Street, Suite 600, San Francisco, CA 94105. . . (415) 749-4990 . . . FAX (415) 749-5030 OR 4949

WEBSITE: WWW.BAAQMD.GOV

Health Risk Assessment

IMPORTANT: For any permit application that requires a Health Risk Assessment, fill out one form for each source that emits a Toxic Air Contaminant(s) [or for a group of sources that exhaust through a common stack]. Emissions can be from a discrete point source (with stack) or a source with fugitive emissions (area or volume source). You must provide a plot plan (drawn to scale, if possible) and a local map (aerial photos are recommended), which clearly demonstrate the location of your site, the source(s), property lines, and any surrounding buildings [see attached example]. Label streets, schools, residences, and other businesses. List major dimensions of all buildings surrounding the source in Section C.

Plant Name: _____ Plant No.: _____
Source Description: _____
Source No.: S-_____ Emission Point No.: P-_____
(if known) (if known)

SECTION A (Point Source)

- 1. Does the source exhaust at clearly defined emission point; i.e., a stack or exhaust pipe? YES OR NO
2. Does the stack (or exhaust pipe) stand alone or is it located on the roof of a building? alone OR on roof
3. What is the height of the stack outlet above ground level? feet OR meters?
4. What is the inside diameter of the stack outlet? inches OR feet OR meters
5. What is the direction of the exhaust from the stack outlet? horizontal OR vertical
6. Is the stack outlet: open or hinged rain flap OR rain capped (deflects exhaust downward or horizontally)
7. What is the exhaust flowrate during normal operation? cfm (cubic feet/min) OR meters3/second
8. What is the typical temperature of the exhaust gas? degrees Fahrenheit OR degrees Celsius

SECTION B (Area/Volume Source)

This section applies to fugitive emissions that are NOT captured by a collection system nor directly emitted through a stack or other emission point. Volume sources have fugitive emissions generally released within a building or other defined space (e.g., dry cleaner, gasoline station canopy). Area sources are generally flat areas of release (e.g., landfill, quarry).

- 1. Is the emission source located within a building? YES (go to #2) OR NO (go to #3)
2. If YES (source inside building), provide building dimensions on line B1 in Section C
a. Does the building have a ventilation system that is vented to the outside? YES OR NO
b. If NO (ventilation), are the building's doors & windows kept open during hours of operation? YES OR NO
3. If NO (source not inside building), provide a description of the source, dimensions, & indicate location on plot plan.

(Go on to Section C)

SECTION C (Building Dimensions)

Provide building dimensions. Use Line B1 only for building with source/stack on the roof or with fugitive emissions inside building. Use Lines B2-B9 for buildings surrounding the source (within 300 feet). Distance and direction are optional if map and/or aerial photo are adequately labeled with locations of buildings. Check one for units: feet OR meters

B#	Building name or description	Height	Width	Length	Distance To Source	Direction To Source
B1	Building with source:				n/a	n/a
B2						
B3						
B4						
B5						
B6						
B7						
B8						
B9						

NOTE: Label buildings by B# on plot plan, map and/or aerial photo. Provide comments below for any details that need additional clarification (e.g., list buildings that are co-occupied by your employees and other workers, residents, students, etc).

(Go on to Section D)

SECTION D (Receptor Locations)

NOTE: Indicate on maps or aerial photos the residential and nonresidential areas surrounding your facility.

1. Indicate the area where the source is located (check one):

<input type="checkbox"/> zoned for residential use	<input type="checkbox"/> zoned for mixed residential and commercial/industrial use
<input type="checkbox"/> zoned for commercial and/or industrial use	<input type="checkbox"/> zoned for agricultural use
2. Distance from source (stack or building) to nearest facility property line = _____ feet OR _____ meters
3. Distance from source (stack or building) to the property line of the nearest residence = _____ feet OR _____ meters
4. Describe the nearest nonresidential property (check one): Industrial/Commercial OR Other _____
5. Distance from source (stack or building) to property line of nearest nonresidential site = _____ feet OR _____ meters
6. Distance from source to property line of nearest school* (or school site) = _____ feet OR Greater than 1,000 feet

[Note: Helpful website with California Dept. of Education data: www.greatschools.net]

Provide the names and addresses of all schools* that have property line(s) within 1,000 feet of the source:

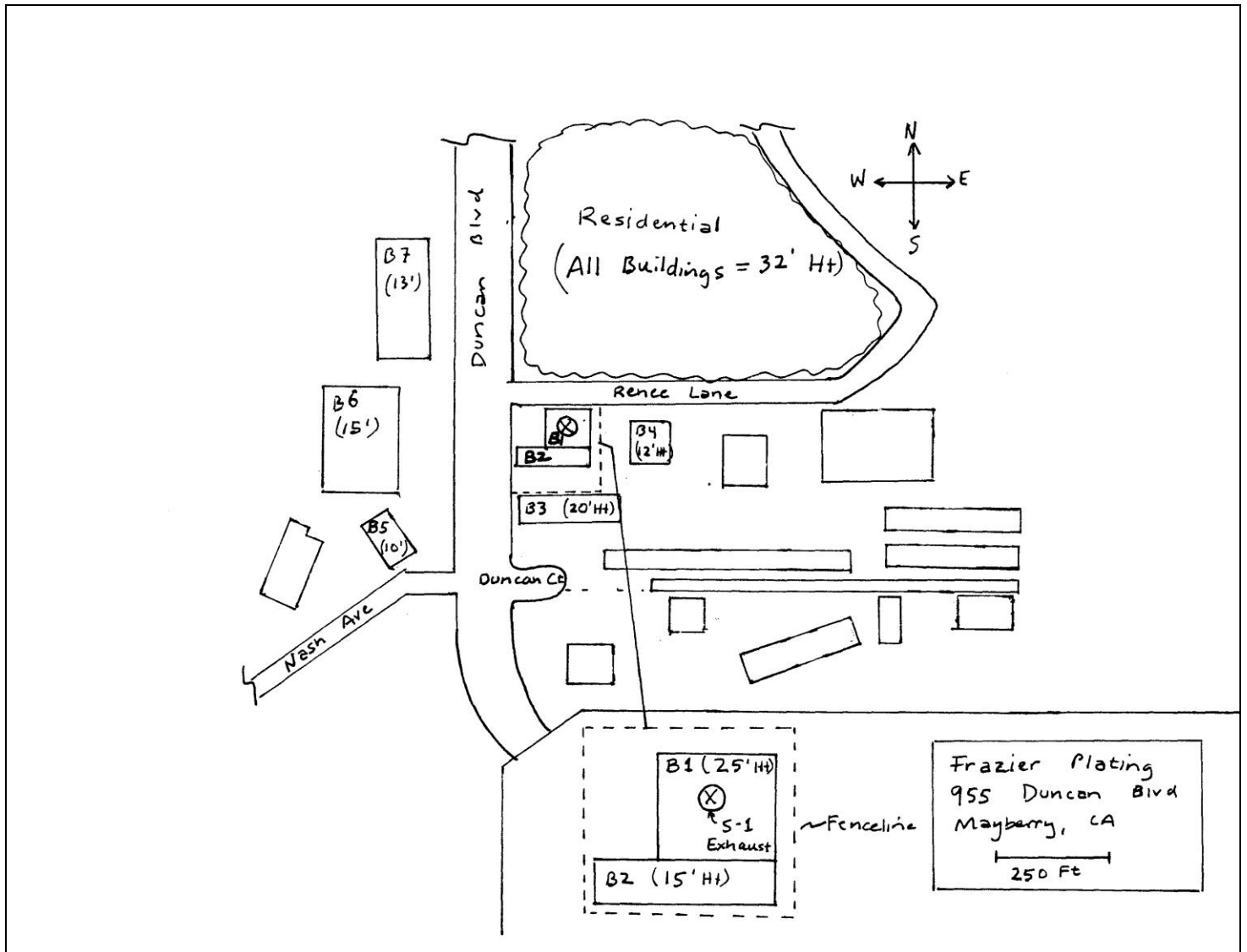
*K-12 and more than twelve children only

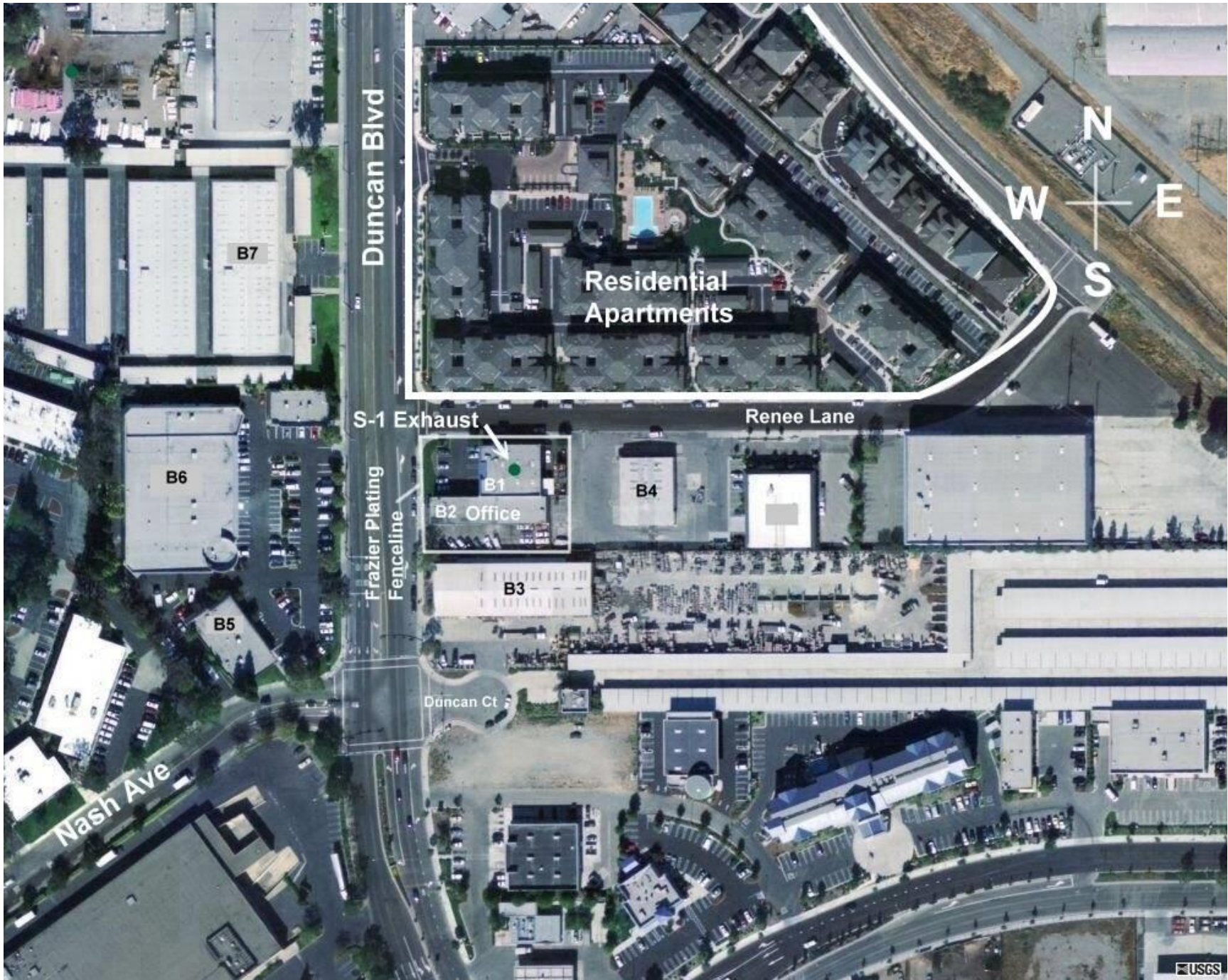
EXAMPLE:

Check one for units: feet OR meters

B#	Building or Description	Height	Width	Length	Distance to Source	Direction to Source
B1	Building with source: Frazier Plating, shop	25	100	100	N/a	N/a
B2	Frazier Plating, office	15	50	175	40	N
B3	7-Eleven	20	50	225	100	N
B4	Ye Old Oak Cooper	12	63	225	100	W
B5	Floyd's Barber Shop	10	69	112	225	NE
B6	Goober's Car Care	15	175	225	220	E
B7	Exito Enterprises	13	115	275	220	SE
B8	Residential (9 Apartment Bldgs)	32	60	130	Various	S

Frazier Plating, 955 Duncan Blvd, Mayberry, CA







PLAN SUBMITTAL REQUIREMENTS FOR HAZARDOUS MATERIALS SYSTEMS

For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Morgan Hill, Palo Alto, San Jose, Saratoga, and in Unincorporated Areas of Santa Clara County, Including Moffett Field, San Martin, and Stanford.
Authority Cited: Santa Clara County Ordinance Code; Title 23, Division 3, Chapter 16 California Code of Regulations (23 CCR) §§2661(b) and 2662(a)

A permit is required to install or retrofit underground storage tank (UST) systems and aboveground hazardous materials storage/handling systems (tanks, buildings, labs) located in areas regulated by HMCD.¹ This document describes plan submittal requirements for obtaining such a permit. If you have any questions regarding this information, please contact HMCD at (408) 918-3400 and ask to speak to the Hazardous Materials Program Phone Duty Officer. HMCD forms and guidance are available at www.EHinfo.org/hazmat.

A. Required Submittals

Plan review will not be performed until all required information is submitted.

1. Hazardous Materials Construction permit Application (form HMCD-116) [Required for projects involving installation, retrofit, or repair of hazardous materials storage/handling systems.]
2. Equipment List for Aboveground Storage Tank Systems (form HMCD-024A) [Required for projects involving installation, retrofit, or repair of aboveground tank systems.]
3. Equipment List for Underground Storage Tank Systems (form HMCD-024U) [Required for projects involving installation, retrofit, or repair of UST systems (other than monitoring system “cold starts”).]
4. Hazardous Materials Clearance Form (form HMCD-028) [Required for projects in unincorporated areas.]
5. Drawings [2 sets required for facility construction/remodel and installation/retrofits involving hazardous materials tank system piping, sumps, or under dispenser containment.] All drawings must be drawn in a professional manner at a legible scale and include a vicinity map showing nearby streets and buildings, electrical lines, and other significant details.
6. Manufacturers' Cut Sheets/Specifications [1 set required for projects other than monitoring system “cold starts.”] *If more than one equipment model is shown on a cut sheet, highlight, circle, underline, or otherwise clearly indicate the specific model(s) intended for use.*
7. ICC UST Installation/Retrofitting certification, ICC California UST Service Technician certification, and equipment manufacturers' training certifications for person(s) who will oversee installation and/or testing of UST system components [1 copy required for underground storage tank projects.]
8. If hazardous material or waste storage tanks will be removed as part of this project, a tank system closure permit must be obtained from HMCD. Submit a completed aboveground or underground Tank

¹ Installation/retrofitting of LPG tanks is regulated by Building and Fire authorities, but does not require a permit from HMCD.]

Closure Permit Application form and appropriate fees along with the plans. Refer to the tank closure guidance documents available at www.EHinfo.org/hazmat. *[Note: The HMCD closure permit requirement does not apply to aboveground tanks within Los Altos, Morgan Hill, San Jose, or Palo Alto city limits. Check with the local fire department regarding their requirements for tank closure.]*

9. Local ordinance requires that a Hazardous Materials Storage Permit be obtained from HMCD prior to bringing hazardous materials on-site in Los Altos Hills, Monte Sereno, and Saratoga and in unincorporated areas of Santa Clara County such as Moffett Field, Redwood Estates, San Martin, and Stanford). Submit a “Temporary Hazardous Materials Storage Permit Application” (form HMCD-109) to HMCD prior to bringing 10 gallons or more of any hazardous material onsite for temporary use (e.g., fuel for generator, compressor, etc.). Temporary use is limited to 90 consecutive days. Other storage requires a full-term permit. Contact HMCD regarding temporary permit quantity limits for solids and compressed gases.
10. A new/revised Hazardous Materials Business Plan (HMBP) for the facility must be electronically submitted to the California Environmental Reporting System (CERS) website (<http://cers.calepa.ca.gov/>) or Santa Clara County CUPA Front Counter electronic reporting portal (<https://frontcounter.sccgov.org/scc/frontcounter.html>) prior to final inspection sign-off.
11. An Underground Storage Tank Certification of Installation/Modification must be electronically submitted to the California Environmental Reporting System (CERS) website within 30 days of final inspection sign-off if the project involves the installation of new a new UST or replacement of product/waste piping (including sumps and under dispenser containment) associated with a UST.

B. Fees

Payment of the appropriate hazardous materials plan review fee must be included with your submittal. This fee will cover plan review, consultations, and on-site inspections. Minor retrofit/repair projects are limited to 2 hours total project time, including plan review, consultation, and one inspection. HMCD staff time associated with re-inspections or in excess of pre-paid minimums will be billed on an hourly basis (one hour minimum). All fees must be paid before final project sign-off will be granted. Make checks payable to Santa Clara County DEH. Fees may be paid electronically (by credit card or electronic check) at our front counter, or online at www.EHinfo.org if you provide billing contact information and request that an invoice be emailed to you. Fees are posted at www.EHinfo.org/hazmat.

C. Additional Information

1. A copy of the plan check approval letter and approved drawings must be kept at the project location until final project sign-off by HMCD.
2. Inspections must be scheduled at least two (2) working days in advance.
3. In the cities of Los Altos, Morgan Hill, Palo Alto, and San Jose, these requirements apply only to projects involving underground storage tanks.
4. Plan check approval may also be required from the applicable Fire Marshal Office and the County of Santa Clara's Office of Development Services or applicable City Building Department.



ABOVEGROUND TANK CLOSURE GUIDELINES

For Use Within the Cities of Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County
Authority Cited: Hazardous Materials Storage Ordinance

These guidelines have been prepared to assist owners/operators of aboveground hazardous materials storage tanks in properly closing and removing tanks from their facility or property.

A. General Information

1. Aboveground storage tanks (AST) that have contained a hazardous material and which are no longer in service must be closed according to these guidelines. Re-use of a tank is permitted only if the re-use is compatible with the tank and is approved by the Santa Clara County Hazardous Materials Compliance Division (HMCD). (Re-use of a flammable/combustible liquid storage tank for water storage, fire suppression, or irrigation is not allowed.) If re-use of the tank requires moving the tank to another location in or out of the county, the local hazardous materials compliance agency in that area must approve the use of the tank and notify HMCD in writing of the intended relocation of the tank. (Check with the California Highway Patrol regarding transportation requirements before moving any tank.)
2. A completed Aboveground Tank Closure Permit Application and tank closure permit fee must be submitted to HMCD **at least 14 days prior to closure** of the tank(s). Approval of the closure plan by HMCD will satisfy the requirement that a closure permit be obtained. Closure plans expire 90 days from the date of closure plan approval.
3. Payment of the aboveground tank closure permit fee must be submitted with the closure permit application. This fee will cover plan review, consultations, and on-site inspections. HMCD staff time associated with re-inspections or in excess of pre-paid minimums will be billed on an hourly basis (one hour minimum). All fees must be paid before final closure sign-off will be granted. Make checks payable to Santa Clara County DEH. Fees may be paid electronically (by credit card or electronic check at our front counter. Fees are posted at www.EHinfo.org/hazmat.
4. As part of the closure process, a site inspection must be scheduled with a representative of HMCD. The purpose of this inspection is to identify possible areas of contamination which may require sampling. **Inspections must be scheduled at least two (2) working days in advance.** Call (408) 918-3400 to make necessary arrangements.
5. The tank owner or authorized representative (applicant or contractor) of the tank owner shall submit a new or revised Hazardous Materials Business Plan, if appropriate. Forms are available at www.EHinfo.org/hazmat.

B. Tank Removal

1. Upon approval of the closure permit, the tank owner/operator shall carry out the proposed actions. Tank removal and sampling activities must be witnessed by a representative of HMCD.

2. Tank removal or relocation may commence only after the HMCD inspector has given approval.
3. Hazardous materials shall be removed from tanks and piping prior to tank removal and must be properly managed. Materials generated as the result of the rinsing or decontamination of tanks shall be managed as hazardous wastes.
4. Pumps and associated piping shall be removed.
5. The person closing the tank(s) shall provide tank removal/lifting equipment of a size adequate to safely lift tanks onto the transport vehicle without dragging them or otherwise causing an unsafe condition.
6. For tanks previously containing flammable/combustible materials, the person closing the tank(s) shall provide, on-site and readily accessible, at least one 40BC rated portable fire extinguisher and a calibrated meter capable of measuring LEL (Lower Explosive Limit) and oxygen levels.
7. Tanks previously containing flammable/combustible materials shall be made safe for removal by the addition of dry ice (carbon dioxide) or other methods approved by HMCD sufficient to achieve an atmosphere of either less than 10% oxygen or less than 20% LEL. *(Note: A general rule-of-thumb is to add 15 pounds of dry ice per each 1,000 gallons of tank volume; however, highly volatile materials may require more.)*
8. The person closing the tank(s) shall be responsible for ensuring that conditions at the site provide for workplace safety, protection of the environment, and maintenance of integrity of nearby structures.
9. All tanks and piping shall be manifested and hauled by a licensed hazardous waste transporter to a permitted hazardous waste facility, whether or not they have been rinsed on site. *[Exception: Tanks cleaned on-site in accordance with California Code of Regulations Title 22, Division 4.5, Chapter 32 may be managed as non-hazardous. Refer to the Guidelines for On-Site Cleaning of Hazardous Materials Tank Systems available at www.EHinfo.org/hazmat for details.]*
10. If soil sampling is required (determined by HMCD staff), sampling must be completed by an approved third party. Soil samples shall be analyzed by a laboratory state-certified for the required analyses and handled under a chain-of-custody form. Sample results without a chain-of-custody form shall be considered invalid and re-sampling will be required. All stockpiles of contaminated soil shall be stored on bermed plastic and covered.
11. If contamination of any detectable concentration is found, further soil and groundwater investigation may be required. The site may be referred to the Santa Clara County Local Oversight Program [phone no. (408) 918-3400] and/or the California Department of Toxic Substances Control [phone no. (916) 323-3576] for oversight of remedial action.
12. The following information shall be submitted to HMCD within 60 days of tank removal: Analytical results from samples; copy of completed sample chain(s)-of-custody; site drawing(s) showing tank location(s), pipeline runs, sampling locations, and sampling depths; and a photocopy of the TSDF-signed copy of each hazardous waste manifest used to transport tanks, piping, tank contents (if managed as hazardous waste), and rinsate.

County of Santa Clara
Environmental Resources Agency
Department of Environmental Health
Hazardous Materials Compliance Division
1555 Berger Drive, Suite 300
San Jose, CA 95112-2716
(408) 918-3400; Fax (408) 280-6479
www.EHinfo.org

<i>Agency Use Only</i> <input type="checkbox"/> Approved; <input type="checkbox"/> Disapproved. Staff: _____; Date: _____ Fee Received: \$ _____; Date: _____ Invoice No.: _____; SR No.: _____; PE: 2338

ABOVEGROUND TANK CLOSURE PERMIT APPLICATION/CLOSURE PLAN

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County
Authority Cited: Hazardous Materials Storage Ordinance*

1. Facility Name (Tank Site): _____ Bldg. No.: _____
Address: _____ City: _____ Zip: _____
EPA ID No.: _____ Contact Person: _____ Phone No.: (____) _____
2. Applicant's Name: _____
Address: _____ City: _____ Zip: _____
Contact Person: _____ Phone No.: (____) _____
3. Firm that will take soil/water samples: _____ Phone No.: (____) _____
(If required)
4. State-certified lab that will analyze samples: _____ Phone No.: (____) _____
(If required)
5. Name of Licensed Transporter of Tanks: _____
6. Destination of Tanks and Piping (e.g. Erickson): _____
7. Tank System: Size (gallons) Substance(s) Previously Contained
Tank 1 _____
Tank 2 _____
Tank 3 _____
8. Proposed date of tank closure: _____

If the tank owner/operator does not have a current Hazardous Materials Business Plan/HMMP which includes these tanks on file with HMCD, provide an 8-1/2" x 11" plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, and location(s) of tanks to be closed.

I certify that I have read the tank closure guidelines and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county ordinances and state laws relating to hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

Applicant/Agent's Name (Print) Applicant/Agent's Signature Date



HMCD Use Only

PLAN REVIEW

- Approved for HazMat Compliance
- Disapproved
- Approved With Revisions Noted

BY: _____ DATE: _____
 FA: _____ SR: _____

EQUIPMENT LIST FOR ABOVEGROUND STORAGE TANK SYSTEMS

For Use Within the Cities of Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County.

I. General Information

One completed copy of this form must be submitted to the Hazardous Materials Compliance Division (HMCD) along with the Hazardous Materials Construction Permit Application, cut sheets/specifications, and drawings.

II. Project Location

Facility Name: _____
 Site Address: _____ City: _____

III. Equipment Information

In the table below, *provide the manufacturer name and specific model number* for each type of equipment to be installed. If an item is existing or not applicable *to this project*, check the appropriate box in the “Name of Equipment Manufacturer” column. Manufacturers’ cut sheets/specifications showing listings (e.g., UL) and other applicable technical information for *all equipment to be installed* shall be submitted with this form.

Equipment Type	Name of Equipment Manufacturer	Specific Model No(s).	HMCD Use Only
Vaulted Aboveground Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Generator Belly Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Day Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Fire Pump Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Other Aboveground Tank	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Tank Fill Spill Bucket or Containment Basin	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Mechanical Overfill Prevention Valve	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Overfill Prevention Audible & Visual Alarm Unit* (<i>near tank fill</i>)	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Overfill Prevention (High Liquid) Sensor or Probe	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Primary Product Pipe	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Secondary Product Pipe	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>
Piping Flex Connectors	<input type="checkbox"/> Existing; <input type="checkbox"/> N/A		<input type="checkbox"/>



HAZARDOUS MATERIALS CLEARANCE FORM

This form must be completed and submitted to the Hazardous Materials Compliance Division (HMCD) when applying for a building permit for any facility where hazardous materials will be present during or after construction. Questions concerning this form should be addressed to HMCD at (408) 918-3400 or via eMail at hmcd.cers@deh.sccgov.org.

I. Business Information

Business Name (DBA): _____

Mailing Address: _____ City: _____ Zip: _____

Project Contact Name: _____ Office Phone: (____) _____ ext. _____

Cell Phone: (____) _____ Fax: (____) _____ eMail: _____

II. Project Site Information Construction of new facility; Remodel/retrofit.

Site Name/Site No. (if different from Business Name): _____

Site Address: _____ City: _____

Plan Check No.: _____ Parcel No. (APN): _____

Briefly describe the project and what hazardous materials will be used during construction or stored after completion:

1. Will the applicant or future building occupant store or handle hazardous materials? Yes; No.
2. Will the applicant or future building occupant handle any individual hazardous material on-site in a quantity subject to State Hazardous Materials Business Plan (HMBP) reporting requirements (i.e., generally 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases)? Yes; No.
3. Will construction activities result in any individual hazardous material (e.g., temporary generator/compressor fuel, welding gas) being on-site in a quantity subject to Hazardous Materials Business Plan (HMBP) reporting requirements? Yes; No.
4. Will the applicant or future building occupant use equipment or devices that emit hazardous air contaminants as defined by the Bay Area Air Quality Management District? Yes; No. **If "Yes," contact BAAQMD: (415) 749-4990 / www.baaqmd.gov**

III. Certification

I understand that if the building does not currently have a tenant, that it is my responsibility to notify the occupant of the requirements that must be met prior to issuance of a certificate of occupancy, and maintained thereafter. I declare that the above information is true, accurate, and complete.

Owner Name (print): _____ Signature: _____ Date: _____

Hazardous Materials Clearance Form

HMCD Use Only

- HazMat Plan Check will be required; HazMat Plan Check will not be required
- Inspection sign-off by HMCD is required prior to final occupancy clearance; Inspection sign-off by HMCD is not required
- The following documents must be submitted to HMCD:
- Hazardous Materials Business Plan; Cal/ARP Risk Management Plan; Spill Prevention Control and Countermeasure Plan

Sign-Off By Name (print): _____ Signature: _____ Date: _____

County/City Plan Check No.: _____ HMCD SR No.: _____

Comments/Conditions: _____

Hazardous Materials Clearance Questions and Answers

Q. When is Hazardous Materials Clearance Required?

- A. Hazardous Materials Clearance is required any time a facility or site will be constructed or modified in a manner that requires a building permit and where any of the following conditions are met:
- Hazardous materials will be manufactured, used, or stored in any quantity at a new facility;
 - New hazardous materials storage or handling systems (e.g., tanks) will be installed at an existing facility;
 - Existing hazardous materials storage or handling systems will be removed or modified;
 - Temporary hazardous materials storage will be required as part of the construction project (e.g., temporary fuel storage for generators or vehicles).

Q. What are Hazardous Materials?

- A. Hazardous Materials include, but are not limited to: Fuels (e.g., diesel, gasoline, propane); Battery Electrolyte (liquid or gel type); Drycleaning Chemicals, Compressed gases; Materials classified as hazardous by the Department of Transportation, California Fire Code, or any other federal, state, or local legal authority. *[Note: A list of common hazardous materials is available at www.EHinfo.org/hazmat.]*

Q. How Does the Hazardous Materials Clearance and HazMat Plan Check Process Work?

- A. The County Office of Development Services or City Building Department will give you the Hazardous Materials Clearance Form. You must provide all information requested and submit the completed form for sign-off by HMCD. You may submit the Clearance Form to HMCD at the address or fax number printed at the top of the form, or submit it via eMail at hmcd.cers@deh.sccgov.org. Forms may also be dropped-off at HMCD's front counter between 8:00 a.m. and 5:00 p.m., Monday through Friday. The HMCD official who reviews and signs the form will indicate in the shaded box whether or not a hazardous materials plan check review and inspection by HMCD will be required, and whether specific additional documents will be required. Refer to HMCD's [Plan Submittal Requirements For Hazardous Materials Systems](#) (available at www.EHinfo.org/hazmat) for detailed guidance regarding the plan check process. After the Hazardous Materials Clearance Form is signed, you will receive a copy and an additional copy will be forwarded to the building authority so that a building permit can be issued. It is your responsibility to satisfy any additional requirements by other agencies (e.g., local Fire Authority, BAAQMD). Inspections by HMCD must be scheduled at least two (2) working days in advance.

Q. Does HMCD Charge a Fee for Hazardous Materials Clearance?

- A. HMCD does not charge a fee to review or sign-off Hazardous Materials Clearance Forms. However, if a HazMat plan check is required, the applicable fees must be paid. HMCD's fee schedule is available at www.EHinfo.org/hazmat.

If you have any additional questions regarding this information, please contact the Department of Environmental Health, Hazardous Materials Compliance Division (HMCD) at (408) 918-3400 and ask to speak to the HMCD Phone Duty Officer, or contact us via eMail at hmcd.cers@deh.sccgov.org.



GUIDELINES FOR ON-SITE CLEANING OF HAZARDOUS MATERIALS STORAGE TANK SYSTEMS

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County
Authority Cited: California Code of Regulations, Title 22, Div. 4.5, Ch. 32*

This document has been prepared to describe requirements for on-site cutting and/or cleaning of aboveground and underground tank systems that previously held hazardous materials/wastes. If you have any questions regarding this information, please contact the Hazardous Materials Compliance Division (HMCD) at (408) 918-3400 and ask to speak to the HMCD Phone Duty Officer.

A. General Information

1. These guidelines apply to all on-site cleaning of hazardous material storage tank systems (tanks and piping). They serve as a supplement to requirements specified in the "Underground Storage Tank System and Sump Closure Guidelines" (UST closure guidelines) and the "Aboveground Tank Closure Guidelines" (AGT closure guidelines). If these cleaning guidelines are followed, Sections B-2, B-3, and B-5 of the UST closure guidelines and Section B-9 of the AGT closure guidelines do not apply. Other than those exceptions, all requirements of the tank closure guidelines must be met.
2. The following documents, along with payment of applicable tank closure permit fees, shall be submitted to and approved by HMCD before tank cleaning begins:
 - a. A completed Hazardous Materials Storage Tank System Cleaning/Cutting Application;¹ and
 - b. A completed Underground Storage Tank System Closure Permit Application or Aboveground Tank Closure Permit Application, depending on the type of tank, along with any required attachments (see tank closure guidelines and permit application forms for details); and
 - c. A copy of the Site-Specific Health and Safety Plan.
3. Unless the requirements of Section C, below, are met, the cutting of tanks on-site is prohibited.
4. Unless shipped under manifest, via licensed hazardous waste hauler, to a TSDF permitted by the State of California to engage in such operations, tanks shall not be cleaned off-site.
5. All atmosphere testing, cleaning, cutting, and visual inspection activities must be witnessed by HMCD.

¹ If the tank operator is unable to certify the identity of the material(s) last contained in the tank system(s), submit with the application a report from a certified analytical laboratory that identifies remaining product/waste residues. [22 CCR §67383.3(a)(1)(D)]

B. Cleaning Requirements

1. Tanks shall be cleaned by a vacuum system, along with an appropriate cleaning agent, to remove sludge, loose scale, debris, and rinseate in accordance with one of the following methods: [22 CCR §67383.3(b)]
 - a. Recommended Practice for the Closure of Underground Petroleum Storage Tanks, API Publication 1604, Third Edition (March, 1996). American Petroleum Institute, 1220 L Street N.W., Washington DC 20005;
 - b. Safe Entry and Cleaning of Petroleum Storage Tanks, API Publication 2015, (May, 1994). American Petroleum Institute, 1220 L Street N.W., Washington DC 20005;
 - c. Standard Procedures for Cleaning or Safeguarding Small Tanks and Containers Without Entry, NFPA 327, 1993 Edition. National Fire Protection Association.
 - d. Procedures approved by HMCD.
2. All sludge, loose scale, residue, rinseate, and debris generated during the tank cleaning process shall be managed as hazardous waste. [22 CCR §67383.3(d)]
3. After cleaning, the tank systems shall meet all of the following requirements: [22 CCR §67383.3(e)]
 - a. All tanks, piping, and appurtenances shall be free of product, sludge, rinseate, and debris to the extent that no material can be poured or drained from them when held in any orientation (e.g. tilted, inverted, etc.);
 - b. Tanks shall be free of product, sludge, scale, rinseate, and debris, except that residual staining (i.e. light shadows, slight streaks, or minor discolorations) caused by soil or waste, or small amounts of waste in cracks, crevices, and pits may be present. A thorough visual inspection of the tank interior and exterior shall be performed to confirm this;
 - c. If the tank(s) previously contained flammable/combustible material having the potential to generate flammable vapors, the cleaning standard shall be zero percent of the Lower Explosive Limit (LEL) for the material(s) previously held and oxygen concentration equal to that of ambient air (i.e. approximately 20.8%). To confirm this, oxygen and LEL readings, measured at the top, center, and bottom of the tank shall be taken with a properly calibrated combustible gas indicator (CGI). These readings shall be recorded in the Tank Closure Certification form (see below).
4. One of the following professionals, certified or registered in California, shall prepare a separate Tank Closure Certification form for each tank cleaned: [22 CCR §67383.3(f)]
 - a. Certified Industrial Hygienist (CIH);
 - b. Certified Safety Professional;
 - c. Certified Marine Chemist;
 - d. Registered Environmental Health Specialist (REHS);
 - e. Registered Professional Engineer (PE);
 - f. Registered Environmental Assessor (REA), Class II;
 - g. Contractor licensed by the Contractor's State License Board (CSLB) who holds a Hazardous Substance Removal Certificate issued by the CSLB.
5. Completed Unified Program Consolidated Form (UPCF) Business Activities, Business Owner/Operator Identification, and Hazardous Waste Tank Closure Certification forms shall be used to document cleaning of each tank system. These forms are available on the Internet at www.unidocs.org. [22 CCR §67383.3(g)]

6. Copies of the UPCF forms listed above shall accompany the tank(s) to the recycling or disposal facility. [22 CCR §67383.3(i)]
7. Copies of the UPCF forms listed above shall be provided to the following parties within ten (10) days of tank cleaning: [22 CCR §67383.3(h)]
 - a. HMCD;
 - b. The owner and/or operator of the tank system(s);
 - c. The contractor responsible for removal of the tank system(s).

C. Additional Requirements for Activities Involving Cutting

The following requirements apply to tanks that previously contained flammable or combustible materials.

1. All cutting activities shall be approved by the local Fire Marshal.
2. The tank cleaning contractor shall provide, on-site and readily accessible, at least one 40BC rated portable fire extinguisher and a combustible gas indicator (CGI) meter, capable of measuring LEL and oxygen levels, which is properly calibrated on-site.
3. Only non-sparking cold-cutting tools or a non-sparking cold-cutting process shall be used in cutting. [22 CCR §67383.3(c)]
4. Prior to cutting, the interior atmosphere of the tank shall be made safe by the addition of dry ice (carbon dioxide) or other methods approved by HMCD sufficient to achieve an atmosphere of either less than 5% oxygen or less than 20% LEL, measured at the top, center, and bottom of the tank by the CGI meter.

D. Transportation of Uncut Tanks

The following requirements apply to tanks that previously contained flammable or combustible materials.

1. Any cleaned tank that has not been cut on-site, is intended for transportation off-site, and has the potential to generate flammable vapors shall be inerted with a minimum one pound of dry ice per each 45 gallons of tank capacity (i.e. 22.2 pounds per 1,000 gallons). [22 CCR §67383.5(a)(1)]
2. Before the tank(s) is/are loaded onto the transport vehicle, oxygen and LEL readings, measured at the top, center, and bottom of the tank shall be taken with a properly calibrated CGI meter. Readings shall be less than 10% oxygen or less than 20% LEL. [22 CCR §67383.5(a)(2)]
3. All openings in the tank shall be plugged except for a 1/8" vent. [22 CCR §67383.5(b)]
4. All cracks, holes, and other damaged sections of the tank(s)/piping shall be plugged. If a release of hazardous material could occur, the tank(s), piping, and appurtenances shall be wrapped in plastic sheeting or another appropriate barrier compatible with and capable of containing a release. If the barrier becomes contaminated, it shall be managed as hazardous waste. [22 CCR §67383.5(c)]

County of Santa Clara
Environmental Resources Agency
Department of Environmental Health
Hazardous Materials Compliance Division
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400; Fax (408) 280-6479
 www.EHinfo.org

<p><i>Agency Use Only</i> <input type="checkbox"/> Approved; <input type="checkbox"/> Disapproved.</p> <p>SR No.: _____</p> <p>Staff: _____; Date: _____</p> <p>Comment: _____</p>
--

HAZARDOUS MATERIALS STORAGE TANK SYSTEM CLEANING/CUTTING APPLICATION

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County
 Authority Cited: California Code of Regulations, Title 22, Section 67383.3(a)(1)*

This form, and a Tank System Closure Permit Application/Closure Plan, must be completed and submitted to the Hazardous Materials Compliance Division (HMCD) prior to on-site cleaning of any aboveground or underground storage tank system that stored a hazardous material/waste.

1. Facility Name (Tank Site): _____ Bldg. No.: _____
 Address: _____ City: _____ Zip: _____

2. Proposed Date of Tank System Cleaning: _____

3. The following individual will directly supervise cutting and/or cleaning activities and prepare the Hazardous Waste Tank Closure Certification form:*

Name: _____ Phone No.: (____) _____
 Address: _____ City: _____ Zip: _____

* Attach to this application a copy of this person's professional credentials (e.g. state license or registration) demonstrating that he/she is qualified to legally certify tank cleaning activities:

4. Will cutting of the tank(s) be necessary? Yes; No. *(If yes, Fire Marshal approval is required.)*

5. The following procedures will be used for the onsite cleaning and closure of these tank systems (check one box only):

- Recommended Practice for the Closure of Underground Petroleum Storage Tanks, API Publication 1604, Third Edition (March, 1996).
- Safe Entry and Cleaning of Petroleum Storage Tanks, API Publication 2015, (May, 1994).
- Standard Procedures for Cleaning or Safeguarding Small Tanks and Containers Without Entry, NFPA 327, 1993 Edition.
- The following procedures [Describe the specific tools and techniques proposed for cleaning, cutting (if applicable), and inspection of tank systems]:

6. Remaining product/waste in the tank(s) was/will be shipped to the following destination:

Facility Name: _____ EPA ID No. (If applicable): _____

Name of Transporter: _____ EPA ID No. (If applicable): _____

Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use.

7. Intended Disposition and Destination of Tank System(s) [Describe where the tank system(s) will be sent after cleaning and how they will be managed]:

8. Rinseate and any other hazardous wastes will be shipped to the following recycling/disposal facility:

TSDF Name: _____ EPA ID No.: _____

Name of Licensed Waste Transporter: _____ EPA ID No.: _____

Applicant Certification

I certify that I have read the Guidelines for On-Site Cleaning of Hazardous Materials Storage Tank Systems and California Code of Regulations, Title 22, Div. 4.5, Chapter 32, and declare that the above information is correct to the best of my knowledge.

Applicant/Agent's Name (Print)

Applicant/Agent's Signature

Date

Tank Operator Certification

[Note: This certification must be completed by the operator of the tank system, not the contractor or agent. If the most recent hazardous contents of the tank(s) are unknown, and residuals remain in the tank(s) in sufficient quantity to be collected and analyzed, a report of chemical analysis may be attached to this application in place of the Operator's certification.]

I am the operator of the tank system(s) covered by this application. I hereby certify that the tank(s) last held the following hazardous material(s)/waste(s):

Identity of Material(s) or Waste(s): _____

Tank Operator's Name (Print)

Tank Operator's Signature

Date

County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
Hazardous Materials Program
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400; www.EHinfo.org/hazmat

HMCD Use Only

PLAN REVIEW

- Approved for HazMat Compliance
- Disapproved
- Approved With Revisions Noted

BY: _____ DATE: _____
 FA: _____ SR: _____

Date/Time Received Stamp

HAZARDOUS MATERIALS CONSTRUCTION PERMIT APPLICATION

For Aboveground Projects Within the Cities of Los Altos Hills, Monte Sereno, or Saratoga, or in Unincorporated Areas of Santa Clara County; and for Underground Storage Tank System Projects In Those Areas or Within the Cities of Los Altos, Morgan Hill, Palo Alto, or San Jose.*

I. General Information

HMCD plan review and approval for regulatory compliance is required before installing or modifying hazardous materials storage or handling systems. One completed copy of this form is required with each plan review submittal. When completing Section V, limit the description to work that directly involves or impacts hazardous materials storage or handling systems (e.g., backup power battery systems for communications sites; dry cleaning machines; fuel tanks, piping and dispensing systems; leak detection systems; etc.).

II. Project Location

Facility Name: _____ CERS ID: _____
 Site Address: _____ City: _____ Zip: _____
 County Plan Check No. (if applicable): _____ Assessor's Parcel No. (APN): _____

III. Contractor *[Must be licensed by the Contractor State License Board (CSLB)]*

Business Name as Registered with CSLB: _____ Lic. No.: _____
 Mailing Address: _____ City: _____ Zip: _____
 Project Contact Name: _____ Office Phone: _____ ext. _____
 Cell Phone: _____ eMail: _____

IV. Applicant *[Plan approval letter will be sent to this contact]*

Same as III, above

Business Name: _____ Lic. No.: _____
 Mailing Address: _____ City: _____ Zip: _____
 Project Contact Name: _____ Office Phone: _____ ext. _____
 Cell Phone: _____ eMail: _____

V. Project Type and Scope of Work

Check one box: Underground Tank; Aboveground Tank/Facility; Toxic Gas; Communications Site; Other

Check one box: New Facility/Equipment; Repair/Retrofit; Minor Repair/Retrofit**

* Unincorporated areas are locations not within any city limits, including Coyote, Moffett Field, San Martin, and Stanford.

** Minor retrofit/repair projects are limited to 2 hours total project time, including plan review, consultation, and one inspection.

HAZARDOUS MATERIALS BUSINESS PLAN

*For use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Ch. 6.95 HSC; Title 19, Div. 2, CCR; Title 22, Div. 4.5, CCR*

All facilities that handle virgin or waste hazardous materials in quantities subject to the State Hazardous Materials Business Plan (HMBP) reporting requirements described below are required to prepare and submit a HMBP to the local Unified Program Agency that administers the HMBP Program. If that local agency does not routinely forward first-responder HMBP copies to the local first-responder fire agency, you must also submit a copy of the HMBP to the local fire agency (see www.unidocs.org for details).

This **Matrix Inventory Format Hazardous Materials Business Plan** is the preferred format for HMBP reporting in Unidocs member agency jurisdictions. *[This form was developed by the Certified Unified Program Agency (CUPA) as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use the UPCF adopted in state regulations. The CUPA may require businesses to provide additional information.]* Adobe PDF and Microsoft Word template versions of this HMBP and a HMBP which includes the standard One-Chemical-Per-Page inventory format are available at www.unidocs.org. You may complete your HMBP on-line using the California Environmental Reporting System (CERS) at <https://cers.calepa.ca.gov/cers/>. If you wish to use forms other than those included in this document or the Unidocs One-Chemical-Per-Page inventory Hazardous Materials Business Plan, please contact your local agency for guidance. Depending upon the nature of storage/handling of hazardous materials at the facility and whether or not this is a first-time submittal, other documents may be required to be submitted in addition to the HMBP [e.g., Onsite Hazardous Waste Treatment Forms, Underground Storage Tank (UST) Operating Permit Application pages, etc.].

What is a Hazardous Materials Business Plan?

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

What is the purpose of the Hazardous Materials Business Plan?

The intent of the HMBP is to satisfy federal and state Community Right-To-Know laws and provide detailed information for use by emergency responders. All persons at the facility qualified to serve as emergency coordinators must be thoroughly familiar with the contents and use of the HMBP, with the operations and activities of the facility, and with the locations of hazardous materials records maintained by the facility.

This HMBP has been developed to assist you in complying with the State requirements and to provide the fire department with adequate information about the type, quantity of—and management practices regarding—hazardous materials that are stored at your facility. It is intended to additionally satisfy some or all of the reporting requirements for the following programs: CalARP Program Registration; Hazardous Waste Generator Registration; and Hazardous Waste Contingency Plan.

Who must complete a Hazardous Materials Business Plan?

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

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

Hazardous Materials Business Plan (continued)

5. Applicable federal threshold planning quantities for **extremely hazardous substances** listed in 40 CFR Part 355, Appendix A.

Note: **Retail (Consumer) Products** packaged for direct distribution to, and use by, the general public are exempt from HMBP requirements except where the local agency determines otherwise pursuant to HSC §25503.5(c)(1). *[Unidocs member agency interpretation is that materials qualify for this exemption only if the following requirements are met: (1) The product is not dispensed from containers at the storage facility; (2) The product is stored in a "retail display area" as defined in Section 2802.1 of the California Fire Code (e.g., Quarts of oil sitting in a display area for sale at a service station are exempt, but oil used by a mechanic in the service bay is not exempt.); (3) containers are no larger than 5 gallons (liquids) or 100 pounds (solids); and (4) Handling of the product does not present unacceptable risk to public health, safety, or the environment.]*

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

Facilities that are not required to complete a HMBP may still be required to register their hazardous materials with the local agency. See www.unidocs.org for details. *(Note: The local agencies reserve the right to require a HMBP for any facility upon determination that the manner of use or storage of hazardous materials is such that additional information is necessary for emergency response purposes.)*

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

The HMBP must contain the following elements:

- **Business Activities** page (*Form and instructions attached*)
- **Business Owner/Operator Identification** page (*Form and instructions attached*)
- **Hazardous Materials Inventory Statement** page(s) (*Forms and instructions attached*)
- **Facility Map(s)** (*Sample form and instructions attached*)
- **Emergency Response/Contingency Plan** (*Sample forms and instructions attached*)
- **Employee Training Plan** (*Sample form and instructions attached*)

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

Within 30 days of the occurrence of any of the following events, the HMBP must be revised and the revisions submitted to the local agency: (1) There is a 100% or more increase in the quantity of a previously disclosed material; (2) The facility begins handling a previously undisclosed material at or above HMBP reporting thresholds; (3) The facility changes address; (4) Ownership of the facility changes; or (5) There is a change of business name. [HSC §25510]

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

Without regard to the above events, the owner, operator, or designated representative of the facility must complete and submit to the local agency a Hazardous Materials Business Plan Certification Form [or a copy of the current hazardous materials inventory and an updated certification signature and date at the bottom of the Business Owner/Operator Identification page] annually on or before March 1. [HSC §25503.3(c) and 19 CCR §2729.4(b)]

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

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

The **Hazardous Materials Business Plan Certification Form** is available at www.unidocs.org.

If all of the following conditions are met, facilities with an approved HMBP on file with the local agency are exempt from the requirements for annual inventory certification/submittal and triennial review/certification unless required by federal law or local ordinance. The site must: be an unstaffed remote facility located in an isolated sparsely populated area; be secured and inaccessible to the public; be marked with warning signs in accordance with California Fire Code requirements; and handle no more than: [HSC §25503.5(c)(6)]

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

Who is my local agency?

Unidocs member agency contact information is available on-line at www.unidocs.org/members.html.

Business Activities Page Instructions

You must include the Business Activities Page with all HMBP submittals where the Business Owner/Operator Identification Page and/or hazardous materials inventory page(s) are submitted. [Note: Numbering of the following instructions follows the Unified Program Consolidated Form (UPCF) Data Element numbers on the form. These data element numbers are used for electronic submittal and are the same as the numbering used in the Unified Program Data Dictionary in 27 CCR, Division 3.] Please number all pages of your submittal.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (USEPA) or California Identification number. If your facility generates more than 100 kilograms (kg) of a RCRA (i.e., federally regulated) hazardous waste per year, obtain a federal EPA ID Number by submitting EPA FORM 8700-12 to the USEPA. Otherwise, obtain a California EPA ID Number by submitting DTSC FORM 1358 to the Department of Toxic Substances Control (DTSC). Forms are available at www.dtsc.ca.gov.
3. BUSINESS NAME - Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. BUSINESS SITE 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.
4. HAZARDOUS MATERIALS - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan (HMBP) reporting requirements. (Refer to the HMBP instructions available on the Internet at www.unidocs.org/hazmat/business-plan/index.html). If "YES," you must submit a HMBP.
- 4a. REGULATED SUBSTANCES - Check the appropriate box to indicate whether you have any CalARP regulated substance on site. (Refer to www.calema.ca.gov for CalARP guidance documents regarding regulated substances.)
5. UNDERGROUND STORAGE TANKS (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", and you do not already have on file with your local agency a current UST Operating Permit Application - Facility page, UST Operating Permit Application - Tank page for each tank, UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (Note: There is no UPCF page for the UST Response Plan.)
8. ABOVEGROUND PETROLEUM STORAGE - Check the appropriate box to indicate whether your facility has aggregate aboveground petroleum storage (including used oil) greater than 1,320 gallons in tanks or containers 55 gallons or larger. (There is no UPCF page for ASTs.) The following are exempt from this requirement: 1.) pressure vessels or boilers subject to Division 5 of the Labor Code; 2.) tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC; 3.) aboveground oil production tanks regulated by the Division of Oil and Gas; and 4.) certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to HSC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kg (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with the appropriate local Unified Program Agency (UPA), then you must also submit that report to the UPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit pages on file with the appropriate local UPA, then you must also submit those forms to the UPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with the appropriate local UPA, then you must submit that form to the UPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at a remote site and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with the appropriate local UPA, then you must submit that form to the UPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR with the intention of rendering it non-hazardous. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to the appropriate local UPA.
- 14a. RCRA LARGE QUANTITY GENERATOR - Check the appropriate box to indicate whether your facility is a LQG.
- 14b. HHW COLLECTION SITE - Check the appropriate box to indicate whether your facility is a HHW Collection Site.
15. LOCAL REQUIREMENTS - Check with your local UPA before submitting this document to determine if any supplemental information is required.

**UNIDOCs
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**

Page _____ of _____

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>												1.	BEGINNING DATE ^{100.}	ENDING DATE ^{101.}		
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i>													3.	BUSINESS PHONE ()	102.	
BUSINESS SITE ADDRESS													103.	BUSINESS FAX ()		102a.
BUSINESS SITE CITY ^{104.}										CA	ZIP CODE ^{105.}		COUNTY ^{108.}			
DUN & BRADSTREET ^{106.}										PRIMARY SIC ^{107.}		PRIMARY NAICS ^{107a.}				
BUSINESS MAILING ADDRESS ^{108a.}																
BUSINESS MAILING CITY ^{108b.}										STATE ^{108c.}		ZIP CODE ^{108d.}				
BUSINESS OPERATOR NAME ^{109.}													BUSINESS OPERATOR PHONE ()		110.	

II. BUSINESS OWNER

OWNER NAME ^{111.}	OWNER PHONE ()		112.
OWNER MAILING ADDRESS ^{113.}			
OWNER MAILING CITY ^{114.}		STATE ^{115.}	ZIP CODE ^{116.}

III. ENVIRONMENTAL CONTACT

CONTACT NAME ^{117.}	CONTACT PHONE ()		118.
CONTACT MAILING ADDRESS ^{119.}			CONTACT EMAIL ^{119a.}
CONTACT MAILING CITY ^{120.}		STATE ^{121.}	ZIP CODE ^{122.}

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME ^{123.}	NAME ^{128.}
TITLE ^{124.}	TITLE ^{129.}
BUSINESS PHONE () ^{125.}	BUSINESS PHONE () ^{130.}
24-HOUR PHONE () ^{126.}	24-HOUR PHONE () ^{131.}
PAGER # () ^{127.}	PAGER # () ^{132.}

ADDITIONAL LOCALLY COLLECTED INFORMATION: ^{133.}

Billing Address: _____
 Property Owner: _____ Phone No.: () _____

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.}	

Business Owner/Operator Identification Page Instructions

You must include the Business Owner/Operator Identification Page with all HMBP submittals where the Business Activities Page and/or hazardous materials inventory page(s) are submitted. [Note: Numbering of the following instructions follows the Unified Program Consolidated Form (UPCF) Data Element numbers on the form. These data element numbers are used for electronic submittal and are the same as the numbering used in the Unified Program Data Dictionary in 27 CCR, Division 3.] Please number all pages of your submittal.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
3. BUSINESS NAME - Enter the complete Facility Name.
100. BEGINNING DATE - Enter the beginning year and date of the report.
101. ENDING DATE - Enter the ending year and date of the report.
102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
- 102a. BUSINESS FAX - Enter the fax number, including area code.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY - Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
107. SIC CODE - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
- 107a. NAICS NUMBER - Enter the primary North American Industrial Classification System number.
108. COUNTY - Enter the name of the county in which the facility is located.
- 108a. BUSINESS MAILING ADDRESS - Enter the facility's street or P.O. box mailing address, if different from the site address.
- 108b. BUSINESS MAILING CITY - Enter the name of the city for the facility's mailing address.
- 108c. BUSINESS MAILING STATE - Enter the 2 character state abbreviation for the facility's mailing address.
- 108d. BUSINESS MAILING ZIP CODE - Enter the 5 or 9 digit zip code for the facility's mailing address.
109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
110. BUSINESS OPERATOR PHONE - Enter the operator's phone number, including area code and any extension.
111. OWNER NAME - Enter the name of the facility owner, if different from the operator.
112. OWNER PHONE - Enter the owner's phone number, including area code and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's street or P.O. box mailing address, if different from the site address.
114. OWNER MAILING CITY - Enter the name of the city for the owner's mailing address.
115. OWNER MAILING STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER MAILING ZIP CODE - Enter the 5 or 9 digit zip code for the owner's mailing address.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will receive all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the environmental contact's phone number, including area code and any extension.
- 119a. CONTACT EMAIL ADDRESS - Enter the Environmental Contact's eMail address.
119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
- CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
- CONTACT MAILING STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
- CONTACT MAILING ZIP CODE - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e., Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary Emergency Coordinator.
125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.
127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator is not available. The contact shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary Emergency Coordinator.
130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.
131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator. See instructions for item 126, above.
132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - Enter the complete mailing address to which bills for permit fees should be sent, if different from items 119-122, above. Enter the name and phone number for the property owner.
- SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted, and that based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the submitted information is true, accurate, and complete.
134. DATE - Enter the date that the document was signed.
135. NAME OF DOCUMENT PREPARER - Type or print the full name of the person who prepared the Business Plan information.
136. NAME OF SIGNER - Type or print the full name of the person signing this document.
137. TITLE OF SIGNER - Enter the title of the person signing this document.

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: _____

Business Name: (Same as Facility Name)						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ____ of ____ (One page per building or area)			
Chemical Location: (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # (Agency Use Only)							
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Storage Codes			9. Hazard Categories
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		<u>CAS No.:</u> <input type="checkbox"/> EHS			<input type="checkbox"/>	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	<u>Curies:</u> (If radioactive)	<u>Days On Site:</u>	<u>Storage Container:*</u>				

- | | | | | | | | | | | | |
|---------------|----------------------|-------------|---------------------------|-------------|---------------------|-------------|---------------------|-------------|-----------------------|-------------|---------------------|
| * Code | Storage Type | Code | Storage Type | Code | Storage Type | Code | Storage Type | Code | Storage Type | Code | Storage Type |
| A | Aboveground Tank | D | Steel Drum | G | Carboy | J | Bag | M | Glass Bottle or Jug | P | Tank Wagon |
| B | Belowground Tank | E | Plastic/Non-metallic Drum | H | Silo | K | Box | N | Plastic Bottle or Jug | Q | Rail Car |
| C | Tank Inside Building | F | Can | I | Fiber Drum | L | Cylinder | O | Tote Bin | R | Other |

If EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

All non-waste hazardous materials stored at the facility must be listed on the Non-Waste Hazardous Materials Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org/hazmat/business-plan/index.html)]. This form allows you to report up to six chemicals on a single page. **Do not list hazardous wastes on this form.**

You must complete a separate inventory line for each individual hazardous material that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan instructions). The completed inventory must reflect **all** HMBP-reportable materials at your facility, listed **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret materials must be listed on separate pages. Make additional copies of this form if needed. Your local agency may require reporting of hazardous materials present in quantities below HMBP reporting thresholds. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous materials reported on this page are handled. A chemical stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the material being reported on each line. (Note: If your local agency requires reporting of Fire Code hazard classes rather than DOT classes, report the Fire Code class rather than the DOT class.)
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous material is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map. Report each bulk storage tank on a separate line as a distinct storage location.
11. COMMON NAME, CAS NUMBER, & EHS - In Column 3, enter the following information:
 - COMMON NAME - The Common Name or Trade Name of the hazardous material or mixture (e.g., Gasoline, Acme Super Solvent).
 - EHS - If the material is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A, check the EHS box.
 - CAS NUMBER - 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.
12. HAZARDOUS COMPONENTS - (Note: If the material is not a mixture, skip Column 4 and go directly to Column 5.) In column 4, enter the following information regarding Hazardous Components that make up the material listed in Column 3:
 - CHEMICAL NAME - If the Chemical Name is the same as the Common or Trade Name shown in Column 3, you may leave this space blank. If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the material type and physical state by checking the "pure" or "mixture box and the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the material is handled at the location.
 - CURIES - If the material is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g., 365) during the year that the material is on site.
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the material is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 7.
15. UNITS - In column 7, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the material is a federally defined EHS at or above the Federal threshold planning quantity (TPQ) limit and is not a mixture, all amounts must be reported in pounds.
16. STORAGE CODES - In the appropriate spaces within Column 8, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
17. HAZARD CATEGORIES - In column 9, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure

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

Hazardous Waste Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: _____

Business Name: (Same as Facility Name or DBA)										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ____ of ____ (One page per building or area)			
Chemical Location: (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No				Facility ID # (Agency Use Only)										
1.	2.	3.	4.				5.	6.			7.	8.	9.		10.		
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Hazardous Components				Type and Physical State	Quantities			Annual Waste Amount	Units	Storage Codes		Hazard Categories		
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.			
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:						
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:						
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:						
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:						

- | | | | | | | |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| * Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type | Code Storage Type |
| A Aboveground Tank | D Steel Drum | G Carboy | J Bag | M Glass Bottle or Jug | P Tank Wagon | |
| B Belowground Tank | E Plastic/Nonmetallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car | |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other | |

If EPCRA, sign below:

Hazardous Waste Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

Each hazardous waste handled at the facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements must be listed on the Hazardous Waste Inventory Statement [for the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org/hazmat/business-plan/index.html)](please refer to the Hazardous Materials Business Plan instructions). This form allows you to report up to six wastes on a single page. **Do not list non-waste hazardous materials on this form.**

You must complete a separate inventory line for each individual hazardous waste that you handle at your facility. The completed inventory must reflect **all** hazardous wastes at your facility, reported **separately** for each building or outside storage area, with **separate** inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret wastes must be listed on separate pages. Make additional copies of this form if needed. Your local agency may require reporting of hazardous materials present in quantities below HMBP reporting thresholds. Contact your local agency for details.

1. DATE - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. BUSINESS NAME - Enter the complete Facility Name.
3. TYPE OF REPORT ON THIS PAGE - Indicate whether the waste is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. PAGE NUMBER - Number each page of the inventory appropriately.
5. CHEMICAL LOCATION - Enter the name of the building or outside area where the hazardous wastes reported on this page are handled. A waste stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. EPCRA CONFIDENTIAL LOCATION - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. TRADE SECRET INFORMATION- Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
9. HAZARD CLASS - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the waste being reported on each line. (Note: If your local agency requires reporting of Fire Code hazard classes rather than DOT classes, report the Fire Code class rather than the DOT class.)
10. MAP & GRID OR LOCATION CODE - In Column 2, enter the page number of the Storage Map where the location of the hazardous waste is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous waste. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map. Report each bulk storage tank on a separate line as a distinct storage location.
11. WASTE STREAM NAME & MANAGEMENT METHOD - In Column 3, enter the following information:
 - WASTE STREAM NAME - The Common Name of the hazardous waste (e.g., Used Oil, Spent Solvent).
 - MANAGEMENT METHOD - Check the appropriate box(es) to indicate how you manage the waste.
12. HAZARDOUS COMPONENTS - In column 4, enter the following information regarding Hazardous Components that make up the waste listed in Column 3:
 - CHEMICAL NAME - List the chemical name of each hazardous component in the mixture ranked by percent weight. All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - % BY WEIGHT - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - EHS - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A.
 - CAS NUMBER - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. TYPE & PHYSICAL STATE - In column 5, identify the physical state by checking the "solid", "liquid", or "gas" box.
14. QUANTITIES - In the appropriate spaces within column 6, list:
 - MAXIMUM DAILY AMOUNT* - Enter the maximum amount of the hazardous waste handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - AVERAGE DAILY AMOUNT* - Calculate the average daily amount of the hazardous waste or mixture in this building or outside area. If this is a waste that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - LARGEST CONTAINER* - Enter the volume of the largest container in which the waste is handled at the location.
 - CURIES - If the waste is radioactive, use the space provided to report the activity in curies.
 - DAYS ON SITE - Enter the total number of days (e.g., 365) during the year that the waste is on site. (Note: This does not refer to the accumulation time limit for individual waste containers.)
 - STORAGE CONTAINER - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the waste is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 8.
15. ANNUAL WASTE AMOUNT - Enter the total quantity of this waste generated annually. Use the same unit of measure as that indicated in Column 8.
16. UNITS - In column 8, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the waste is a federally defined EHS at or above the Federal threshold planning quantity (TPQ) limit and is not a mixture, all amounts must be reported in pounds
17. STORAGE CODES - In the appropriate spaces within Column 9, list:
 - STORAGE PRESSURE - Check the box that best describes the pressure at which the waste is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - STORAGE TEMPERATURE - Check the box that best describes the temperature at which the waste is stored.
18. HAZARD CATEGORIES - In column 10, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous waste.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure

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

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

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

Page _____ of _____

All facilities that handle hazardous materials in HMBP quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste (or more than 1 kilogram of acutely hazardous waste or 100 kilograms of debris resulting from the spill of an acutely hazardous waste) per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a hazardous waste contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e., contractual) emergency services arrangements have been made (*see section 3, below*).

1. Evacuation Plan:

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

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

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts:*

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

California Emergency Management Agency Phone No.: **(800) 852-7550**

b. Post-Incident Contacts:*

Certified Unified Program Agency (CUPA) Phone No.: ()

Local Hazardous Materials Program Phone No.: ()

California Department of Toxic Substances Control (DTSC) Phone No.: ()

Cal/OSHA Division of Occupational Safety and Health Phone No.: ()

Air Quality Management District Phone No.: ()

Regional Water Quality Control Board Phone No.: ()

* Phone numbers for agencies in Unidocs Member Agency geographic jurisdictions are available at www.unidocs.org.

c. Emergency Resources:

Poison Control Center* Phone No.: **(800) 876-4766**

Nearest Hospital: Name: _____ Phone No.: ()

Address: _____ City: _____

3. Arrangements With Emergency Responders:

If you have made special (i.e., contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

4. Emergency Procedures:Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (*i.e., call 911*).
 - v. Notify the California Emergency Management Agency at (800) 852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. 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.
 - ii. 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.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

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

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program. The report shall include:

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

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

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

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

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

8. Emergency Equipment:

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

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e., bottle type</i>)		
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	Fire Extinguishing Systems	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)	
<input type="checkbox"/> Other (<i>describe</i>)			
<input type="checkbox"/> Automatic Fire Sprinkler Systems			
<input type="checkbox"/> Fire Alarm Boxes/Stations			
<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)			
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Fire Extinguishers (<i>describe</i>)		
	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Absorbents (<i>describe</i>)		
	<input type="checkbox"/> Berms/Dikes (<i>describe</i>)		
	<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)		
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (<i>describe</i>)		
	<input type="checkbox"/> Neutralizers (<i>describe</i>)		
Communications and Alarm Systems	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (<i>describe</i>)		
	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Tank Leak Detection Systems		
	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Employee Training Plan

(Hazardous Materials Business Plan Module)

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

Page ____ of ____

All facilities that handle hazardous materials in HMBP quantities must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

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

1. Personnel are trained in the following procedures:

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

2. Chemical Handlers are additionally trained in the following:

<input type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/> Spill procedures/emergency procedures
<input type="checkbox"/> Proper use of personal protective equipment *
<input type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (<i>i.e., inhalation, ingestion, absorption</i>) *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>) *

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

Complete this section only if you have an in-house emergency response team

<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/> Refresher training, which is provided at least annually *
<input type="checkbox"/> Emergency response drills, which are conducted at least (<i>specify</i>): (e.g., "Quarterly", etc.)

Record Keeping
(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Unidocs Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (*) are required.]*:

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

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

Note: The following section applies where local agencies require facility owners/operators to perform and document routine facility self-inspections:

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *[Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at www.unidocs.org), you do not need to attach a copy.]*

Check the appropriate box:

<input type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. <i>(A blank copy of each document used must be attached to this HMBP.)</i>

Facility Site Plan and Storage Map Instructions

(Hazardous Materials Business Plan Module)

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the following page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

1. Site Plan (public document): This drawing shall contain, at a minimum, the following information:

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

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

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

Facility Site Plan/Storage Map

(Hazardous Materials Business Plan Module)

Site Address: _____

Date Map Drawn: _____ Map Scale: _____

Page ____ of ____

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