



## Sonoma County Agricultural Commissioner's Office

### CUPA Uniform Program Consolidated Reporting Forms

New hazardous materials business plans must be completed and returned to this address **within 30 days**.

**Return to:** Sonoma County Agricultural Commissioner's Office  
133 Aviation Blvd., Suite 110  
Santa Rosa, CA 95403

You are required to keep a copy of this information in your files and have it available for our inspector's review during routine inspections.

If you have questions, or if you need help completing the forms you may call this office at (707) 565-2371 during normal work hours. Instructions are on the reverse side of each form. **NOTE:** There are Hazardous Materials/Hazardous Waste Inventory - Chemical Description pages included in this packet. Please make additional pages as needed.

Please go online to [www.sonoma-county.org](http://www.sonoma-county.org), if you prefer to complete this form in an electronic document. Under departments choose Sonoma County Agricultural Commissioner's Office and then choose Agricultural Division ► Forms ► Hazardous Materials Program. Look for the *Business Plans* listing.

# HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET

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

*Authority Cited: Ch. 6.95 H&SC; Title 22, Div. 4.5, CCR*

All facilities in Unidocs member jurisdictions that use or store hazardous materials (*defined as either virgin or waste materials*) in any quantity are required to report such use or storage to the appropriate local agency. The amount of detail required to be reported depends on whether or not a facility is subject to state Hazardous Materials Business Plan (HMBP) reporting requirements. Facilities subject to HMBP reporting requirements must complete and submit to their local agency a HMBP. All other facilities handling hazardous materials, unless specifically exempted by their local agency, must complete and submit a Hazardous Materials/Waste Registration Form.

We recommend you use the attached Hazardous Materials/Hazardous Waste Inventory Statements included in this document. If you wish to use forms other than those included in this document, please contact your local implementing agency for guidance.

## 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 the California Health and Safety Code (H&SC) requires that facilities that use or store such materials at or above reporting thresholds (*see below*) submit this information.

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

The intent of the Business Plan 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 all hazardous materials records maintained by the facility.

This Hazardous Materials Business Plan has been developed to assist you in complying with the State requirements and to provide the fire department adequate information about the type, quantity of (and management practices regarding) hazardous materials that are stored at your facility. Along with applicable modules and appendices, it is intended to additionally satisfy some or all of the reporting requirements for the following programs: Hazardous Materials Storage; CalARP Program Registration; Toxic Gas Ordinance; Underground Storage Tank; Hazardous Waste Generator Registration; Hazardous Waste Contingency Plan; Hazardous Waste Tiered Permitting; Urban Runoff; and aboveground storage tank Spill Prevention Control and Countermeasure Plan.

## Who must complete a Hazardous Materials Business Plan?

The owner of a facility must complete a HMBP and submit a copy to the local agency for each site that handles any individual hazardous material or mixture containing a hazardous material which has a quantity at any time during the reporting year equal to or greater than:

1. 500 pounds for **solid hazardous materials**. [H&SC §25503.5(a)]
2. The following amounts for **liquid hazardous materials**:
  - a. Lubricating oil as defined by H&SC §25503.5(b)(2)(B): 55 gallons of any type or 275 gallons aggregate quantity on site. H&SC §25503.5(b)(2)(A)]
  - b. All others, including waste oil: 55 gallons. [H&SC §25503.5(a)]
3. The following amounts of **hazardous material gases**:
  - a. 200 cubic feet. [H&SC §25503.5(a)]
4. Applicable federal threshold planning quantities for **extremely hazardous substances** listed in 40 CFR Part 355, Appendix A.

Pesticide common names from the ***ACUTELY/EXTREMELY HAZARDOUS MATERIALS LIST***. This list is an extract to assist you in identifying pesticides that you might have in storage. It references pesticides that are required to be listed on your inventory statement if you have ***any amount*** stored. (The ***ACUTELY/EXTREMELY HAZARDOUS MATERIALS*** registration form in the Business Plan must be filled out ***only*** if you store over a specific threshold amount set by state regulations.)

|  |  |
|--|--|
| Aldicarb - Temik                           | Formaldehyde - Formalin                      |
| Aldrin                                     | Formetanate Hydrochloride - Dicarzol, Carzol |
| Aluminum Phosphide - Phostoxin, Fumitoxin, | Lindane                                      |
| Phosphine                                  | Methamidophos - Monitor                      |
| Azinphos - Methyl - Guthion                | Methidathion - Supracide                     |
| Bromadiolone - MAKI, Rotox                 | Methiocarb - Mesurool                        |
| Carbofuran - Furadan                       | Methomyl - Lannate , Nudrin                  |
| Chlordane                                  | Methyl Bromide                               |
| Chlorine                                   | Mevinphos - Phosdrin                         |
| Chlormequat Chloride - Cycocel             | Oxamyl - Vydate                              |
| Chlorophacinone - Rozol                    | Paraquat- Gramoxone                          |
| Coumaphos - Co-Ral                         | Parathion - Ethyl Parathion                  |
| Demeton - Systox                           | Parathion - Methyl - Methyl Parathion        |
| Dichloruos - DDVP. Vapona                  | Phorate - Thimet                             |
| Dicrotophos - Bidrin                       | Phosmet - Imidan                             |
| Dimethoate - Cygon                         | Phosphamidon - Dimecron                      |
| Dinoseb                                    | Sodium Arsenite                              |
| Diphacinone - Diphacin, Ramik              | Strychnine                                   |
| Endosulfan - Thiodan                       | Sulfotep - Plantfume 103                     |
| Endrin                                     | Toxaphene                                    |
| Ethion                                     | Warfarin                                     |
| Fenamiphos - Namacur                       | Zinc Phosphide                               |

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

The HMBP must contain the following elements:

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

## **What information is required to be on site?**

- Copy of HMBP
- MSDS sheets for materials stored
- Employee Training Plan (*Sample form and instructions attached*)
- Recordkeeping (*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 shall 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 the aforementioned HMBP amounts; (3) The facility changes address; (4) Ownership of the facility changes; or (5) There is a change of business name. [H&SC §25510]

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

Without regard to the above events, the owner, operator, or officially designated representative of the facility must complete and submit to the local agency a Hazardous Materials Business Plan Certification Form [or a copy of your current HMBP with an updated certification signature and date at the bottom of OES Form 2730, the Business Owner/Operator Identification form (i.e. page 5 of this packet)] annually. [H&SC §25503.3(c)] Hazardous Materials Business Plan Certification Forms are available from your local agency or on the Internet at [www.sonoma-county.org](http://www.sonoma-county.org), Sonoma County Agricultural Commissioner's Office.

## Who enforces Uniform Fire Code in my area?

Emergency Services is responsible for performing UFC inspections for all areas in the county *not covered by a fire protection district (FPD) or the cities noted above*. **Exceptions:** Emergency Services is responsible for performing UFC inspections for three fire protection districts: *Occidental (57), Schell-Vista (38) and Graton (84)*.

### **Emergency Services is responsible for the following fire protection districts/volunteer fire companies:**

#### **Zone 3**

Mayacamas  
Schell-Vista  
Sonoma  
Eldridge

#### **Zone 5**

Camp Meeker  
Occidental  
Cazadero

#### **Zone 8**

Graton  
Bloomfield  
Valley Ford  
Bodega

#### **Zone 4**

Jenner  
Annapolis  
Fort Ross  
Sea Ranch

#### **Zone 6**

Knights Valley  
Sotoyome

#### **Zone 9**

Wilmar  
San Antonio  
Two Rock  
Lakeville

#### **Zone 7**

Mountain

### **Below are the fire protection districts that enforce the Uniform Fire Code in their respective zones:**

Bennett Valley  
Bodega Bay  
Cloverdale  
Forestville  
Geyserville  
Glen Ellen  
Gold Ridge  
Kenwood

Monte Rio-Jenner  
Rancho Adobe  
Rincon Valley  
Rohnert Park  
Russian River  
Timber Cove  
Valley of the Moon  
Windsor

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**FACILITY INFORMATION**  
**BUSINESS ACTIVITIES**

Page 1 of \_\_\_\_

**I. FACILITY IDENTIFICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    |    |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|----|
| FACILITY ID #<br><i>(Agency Use Only)</i>                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1. EPA ID # (Hazardous Waste Only) | 2. |
| BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                    | 3. |

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page (OES Form 2730).**

| Does your facility...  |                          |                                     | If Yes, please complete these pages of the UPCF...  |   |
|--|--------------------------|-------------------------------------|---|---|
| <b>A. HAZARDOUS MATERIALS</b><br>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? |                          |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO 4.   | HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731) |
| <b>B. UNDERGROUND STORAGE TANKS (USTs)</b>   |                          |                                     |   |   |
| 1. Own or operate underground storage tanks?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 5.  | UST FACILITY (Formerly SWRCB Form A)<br>UST TANK (one page per tank) (Formerly Form B)  |   |
| 2. Intend to upgrade existing or install new USTs?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 6.  | UST FACILITY<br>UST TANK (one per tank)<br>UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)<br>UST TANK (closure portion – one page per tank) |   |
| 3. Need to report closing a UST?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 7.  |   |   |
| <b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b><br>Own or operate ASTs above these thresholds:<br>---any tank capacity is greater than 660 gallons, or<br>---the total capacity for the facility is greater than 1,320 gallons?  |                          |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO 8.   | NO FORM REQUIRED TO CUPAs                                       |
| <b>D. HAZARDOUS WASTE</b>  |                          |                                     |   |   |
| 1. Generate hazardous waste?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 9.  | EPA ID NUMBER – provide at the top of this page   |   |
| 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&SC §25143.2)?  | <input type="checkbox"/> | YES <input type="checkbox"/> NO 10. | RECYCLABLE MATERIALS REPORT (one per recycler)  |   |
| 3. Treat hazardous waste on site?  | <input type="checkbox"/> | YES <input type="checkbox"/> NO 11. | ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)  |   |
|  |                          |                                     | ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)  |   |
| 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 12. | CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)  |   |
| 5. Consolidate hazardous waste generated at a remote site?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 13. | REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)   |   |
| 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?   | <input type="checkbox"/> | YES <input type="checkbox"/> NO 14. | HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)  |   |
| <b>E. LOCAL REQUIREMENTS</b>   |                          |                                     |   |   |

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

15.

## Business Activities Page Instructions

You must submit the Business Activities page with all submittals. [Note: Numbering of these instructions follows the Unified Program Consolidated Form (UPCF) data element numbers on the Business Activities page. These data element numbers are used for electronic submittal and are the same as the numbering used in 27 CCR, Appendix C, the Unified Program Data Dictionary.] 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 (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA." If you do not have an ID number, contact the Department of Toxic Substances Control (DTSC) at 1-800- 618-6942 to obtain one.
3. BUSINESS NAME - Enter the complete Facility Name.
4. HAZARDOUS MATERIALS ONSITE - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the above Hazardous Materials Business Plan Information Sheet).
5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (H&SC) §25316. If "YES", and you do not already have on file with your local agency a UST Facility page, UST Tank page for each tank, written UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (There are no UPCF pages for the monitoring and response plans.)
6. UST INSTALLATION/UPGRADE - Check the appropriate box to indicate whether you have installed or upgraded USTs containing hazardous substances as defined in H&SC §25316. If "YES," then you must submit to your local agency a UST Installation - Certificate of Compliance page for each tank in addition to the UST Facility and Tank pages.
7. UST CLOSURE - Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank page for each tank.
8. OWN/OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST) - Check the appropriate box to indicate whether your facility stores petroleum aboveground in any tank greater than 660 gallons capacity or has aggregate aboveground petroleum storage greater than 1,320 gallons. (There is no UPCF page for ASTs.) The following are exempt from this requirement:
  - Pressure vessels or boilers subject to Division 5 of the Labor Code;
  - Tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC;
  - Aboveground oil production tanks regulated by the Division of Oil and Gas;
  - Certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to H&SC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per H&SC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with your Certified Unified Program Agency (CUPA), then you must also submit that report to the CUPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit documents on file with your CUPA, then you must submit those forms to the CUPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with your CUPA, then you must submit that form to the CUPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with your CUPA, then you must submit that form to the CUPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to your local agency.
15. LOCAL REQUIREMENTS - Check with your local agency before submitting this document to determine if any supplemental information is required.

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**FACILITY INFORMATION**  
**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page of

**I. IDENTIFICATION**

|  |      |                      |                |                         |             |      |      |
|--|------|----------------------|----------------|-------------------------|-------------|------|------|
| FACILITY ID #<br><i>(Agency Use Only)</i>                        |      | 1.                   | BEGINNING DATE | 100.                    | ENDING DATE | 101. |      |
| BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) |      |                      | 3.             | BUSINESS PHONE          |             |      | 102. |
| BUSINESS SITE ADDRESS  |      |                      |                |                         |             |      | 103. |
| CITY   | 104. | CA                   | ZIP CODE       |                         | 105.        |      |      |
| DUN & BRADSTREET   | 106. | SIC CODE (4 digit #) |                | 107.                    |             |      |      |
| COUNTY   |      |                      |                |                         |             |      | 108. |
| BUSINESS OPERATOR NAME   |      |                      | 109.           | BUSINESS OPERATOR PHONE |             |      | 110. |

**II. BUSINESS OWNER**

|                       |      |             |      |          |      |
|-----------------------|------|-------------|------|----------|------|
| OWNER NAME            | 111. | OWNER PHONE | 112. |          |      |
| OWNER MAILING ADDRESS |      |             |      | 113.     |      |
| CITY                  | 114. | STATE       | 115. | ZIP CODE | 116. |

**III. ENVIRONMENTAL CONTACT**

|                         |      |               |      |          |      |
|-------------------------|------|---------------|------|----------|------|
| CONTACT NAME            | 117. | CONTACT PHONE | 118. |          |      |
| CONTACT MAILING ADDRESS |      |               |      | 119.     |      |
| CITY                    | 120. | STATE         | 121. | ZIP CODE | 122. |

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

|                |      |                |      |
|----------------|------|----------------|------|
| NAME           | 123. | NAME           | 128. |
| TITLE          | 124. | TITLE          | 129. |
| BUSINESS PHONE | 125. | BUSINESS PHONE | 130. |
| 24-HOUR PHONE* | 126. | 24-HOUR PHONE* | 131. |
| PAGER #        | 127. | PAGER #        | 132. |

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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. |

\* See Instructions on next page.

## Business Owner/Operator Identification Page (OES Form 2730) Instructions

Except when using the Hazardous Materials Business Plan Certification Form, you must submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages with all hazardous materials inventory submittals. (Note: Numbering of these instructions follows the UPCF data element numbers on the Owner/Operator page.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
  3. BUSINESS NAME - Enter the complete Facility Name.
  100. BEGINNING DATE - Enter the beginning year and date of the report.
  101. ENDING DATE - Enter the ending year and date of the report.
  102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
  103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
  104. CITY - Enter the city or unincorporated area in which the facility is located.
  105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
  106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
  107. SIC CODE - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
  108. COUNTY - Enter the name of the county in which the facility is located.
  109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
  110. BUSINESS OPERATOR PHONE - Enter the operator's phone number, 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 CITY - Enter the name of the city for the owner's mailing address.
  115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
  116. OWNER ZIP CODE - Enter the 5 or 9 digit zip code for the owner's mailing address.
  117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, 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.
  119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
  120. CITY - Enter the name of the city for the environmental contact's mailing address.
  121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
  122. ZIP CODE - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
  123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e. Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
  124. TITLE - Enter the title of the primary Emergency Coordinator.
  125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
  126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.
  127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
  128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator is not available. The contact shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
  129. TITLE - Enter the title of the secondary Emergency Coordinator.
  130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.
  131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator. See instructions for item 123, above.
  132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.
  133. ADDITIONAL LOCALLY COLLECTED INFORMATION - Enter the name and phone number for the property owner. Enter the complete mailing address to which bills for permit fees should be sent, if different from items 119-122, above.
- 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: \_\_\_/\_\_\_/\_\_\_

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

- |                                   |                                 |                                 |                                 |                                 |                                 |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| * <b>Code</b> <u>Storage Type</u> | <b>Code</b> <u>Storage Type</u> | <b>Code</b> <u>Storage Type</u> | <b>Code</b> <u>Storage Type</u> | <b>Code</b> <u>Storage Type</u> | <b>Code</b> <u>Storage Type</u> |
| 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](http://www.unidocs.org))]. 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 Information Sheet). The completed inventory must reflect **all** hazardous materials 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 materials must be listed on separate pages. Where the aggregate quantities of some hazardous materials are below the Business Plan threshold reporting quantity, report the general hazard class of the materials (e.g. "Misc. Flammable Liquids"), rather than the Common Name, and the aggregate quantity of all hazardous materials having this hazard class which individually are below the threshold reporting quantity. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. 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.
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.
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 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  |
|--|---|
| <b>Fire:</b> Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers | <b>Acute Health (Immediate):</b> Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure |
| <b>Reactive:</b> Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives  |   |
| <b>Pressure Release:</b> Explosives, Compressed Gases, Blasting Agents                 | <b>Chronic Health (Delayed):</b> Carcinogens, other chemicals with an adverse effect with long-term exposure  |

# Hazardous Waste Inventory Statement

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

Date: \_\_\_/\_\_\_/\_\_\_

| <b>Business Name:</b><br>(Same as Facility Name or DBA) |                               |   |                      |   |             |   |                                    |   |                            | <b>Type of Report on This Page:</b><br><input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise |   |  |  | <b>Page</b> ___ <b>of</b> ___<br>(One page per building or area)  |  |
|---|-------------------------------|---|----------------------|---|-------------|---|------------------------------------|---|----------------------------|---|---|--|--|---|--|
| <b>Chemical Location:</b><br>(Building/Storage Area)    |                               |   |                      | <b>EPCRA Confidential Location?</b> <input type="checkbox"/> Yes; <input type="checkbox"/> No<br><b>Trade Secret Information?</b> <input type="checkbox"/> Yes; <input type="checkbox"/> No |             |   |                                    | <b>Facility ID #</b><br>(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<br><input type="checkbox"/> pounds<br><input type="checkbox"/> cu. feet<br><input type="checkbox"/> tons | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb. | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb.<br><input type="checkbox"/> cryogenic | <input type="checkbox"/> fire<br><input type="checkbox"/> reactive<br><input type="checkbox"/> pressure release<br><input type="checkbox"/> acute health<br><input type="checkbox"/> chronic health<br><input type="checkbox"/> radioactive |  |
|   |                               | <b>Management Method:</b><br><input type="checkbox"/> Shipped Off-site<br><input type="checkbox"/> Recycled On-site<br><input type="checkbox"/> Treated On-site |                      | <input type="checkbox"/>  |             | <input type="checkbox"/> solid<br><input type="checkbox"/> liquid<br><input type="checkbox"/> gas | <b>Curies:</b><br>(If radioactive) | <b>Days On-Site:</b>                      | <b>Storage Container:*</b> | <b>State Waste Code:</b>  |   |  |  |   |  |
|   |                               |   |                      | <input type="checkbox"/>  |             | <input checked="" type="checkbox"/> waste   |                                    |   |                            |   | <input type="checkbox"/> gallons<br><input type="checkbox"/> pounds<br><input type="checkbox"/> cu. feet<br><input type="checkbox"/> tons | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb. | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb.<br><input type="checkbox"/> cryogenic | <input type="checkbox"/> fire<br><input type="checkbox"/> reactive<br><input type="checkbox"/> pressure release<br><input type="checkbox"/> acute health<br><input type="checkbox"/> chronic health<br><input type="checkbox"/> radioactive |  |
|   |                               | <b>Management Method:</b><br><input type="checkbox"/> Shipped Off-site<br><input type="checkbox"/> Recycled On-site<br><input type="checkbox"/> Treated On-site |                      | <input type="checkbox"/>  |             | <input type="checkbox"/> solid<br><input type="checkbox"/> liquid<br><input type="checkbox"/> gas | <b>Curies:</b><br>(If radioactive) | <b>Days On-Site:</b>                      | <b>Storage Container:*</b> | <b>State Waste Code:</b>  |   |  |  |   |  |
|   |                               |   |                      | <input type="checkbox"/>  |             | <input checked="" type="checkbox"/> waste   |                                    |   |                            |   | <input type="checkbox"/> gallons<br><input type="checkbox"/> pounds<br><input type="checkbox"/> cu. feet<br><input type="checkbox"/> tons | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb. | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb.<br><input type="checkbox"/> cryogenic | <input type="checkbox"/> fire<br><input type="checkbox"/> reactive<br><input type="checkbox"/> pressure release<br><input type="checkbox"/> acute health<br><input type="checkbox"/> chronic health<br><input type="checkbox"/> radioactive |  |
|   |                               | <b>Management Method:</b><br><input type="checkbox"/> Shipped Off-site<br><input type="checkbox"/> Recycled On-site<br><input type="checkbox"/> Treated On-site |                      | <input type="checkbox"/>  |             | <input type="checkbox"/> solid<br><input type="checkbox"/> liquid<br><input type="checkbox"/> gas | <b>Curies:</b><br>(If radioactive) | <b>Days On-Site:</b>                      | <b>Storage Container:*</b> | <b>State Waste Code:</b>  |   |  |  |   |  |
|   |                               |   |                      | <input type="checkbox"/>  |             | <input checked="" type="checkbox"/> waste   |                                    |   |                            |   | <input type="checkbox"/> gallons<br><input type="checkbox"/> pounds<br><input type="checkbox"/> cu. feet<br><input type="checkbox"/> tons | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb. | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb.<br><input type="checkbox"/> cryogenic | <input type="checkbox"/> fire<br><input type="checkbox"/> reactive<br><input type="checkbox"/> pressure release<br><input type="checkbox"/> acute health<br><input type="checkbox"/> chronic health<br><input type="checkbox"/> radioactive |  |
|   |                               | <b>Management Method:</b><br><input type="checkbox"/> Shipped Off-site<br><input type="checkbox"/> Recycled On-site<br><input type="checkbox"/> Treated On-site |                      | <input type="checkbox"/>  |             | <input type="checkbox"/> solid<br><input type="checkbox"/> liquid<br><input type="checkbox"/> gas | <b>Curies:</b><br>(If radioactive) | <b>Days On-Site:</b>                      | <b>Storage Container:*</b> | <b>State Waste Code:</b>  |   |  |  |   |  |
|   |                               |   |                      | <input type="checkbox"/>  |             | <input checked="" type="checkbox"/> waste   |                                    |   |                            |   | <input type="checkbox"/> gallons<br><input type="checkbox"/> pounds<br><input type="checkbox"/> cu. feet<br><input type="checkbox"/> tons | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb. | <input type="checkbox"/> ambient<br><input type="checkbox"/> > amb.<br><input type="checkbox"/> < amb.<br><input type="checkbox"/> cryogenic | <input type="checkbox"/> fire<br><input type="checkbox"/> reactive<br><input type="checkbox"/> pressure release<br><input type="checkbox"/> acute health<br><input type="checkbox"/> chronic health<br><input type="checkbox"/> radioactive |  |
|   |                               | <b>Management Method:</b><br><input type="checkbox"/> Shipped Off-site<br><input type="checkbox"/> Recycled On-site<br><input type="checkbox"/> Treated On-site |                      | <input type="checkbox"/>  |             | <input type="checkbox"/> solid<br><input type="checkbox"/> liquid<br><input type="checkbox"/> gas | <b>Curies:</b><br>(If radioactive) | <b>Days On-Site:</b>                      | <b>Storage Container:*</b> | <b>State Waste Code:</b>  |   |  |  |   |  |

- |                                   |                                   |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| * <b>Code</b> <b>Storage Type</b> | * <b>Code</b> <b>Storage Type</b> | * <b>Code</b> <b>Storage Type</b> | * <b>Code</b> <b>Storage Type</b> | * <b>Code</b> <b>Storage Type</b> | * <b>Code</b> <b>Storage Type</b> |
| 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)

All hazardous wastes handled at the facility must be listed on the Hazardous Waste Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at [www.unidocs.org](http://www.unidocs.org))]. 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 in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). 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 be capable of accepting electronic reporting of this information. 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.
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.
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 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  |
|--|---|
| <b>Fire:</b> Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers | <b>Acute Health (Immediate):</b> Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure |
| <b>Reactive:</b> Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives  |   |
| <b>Pressure Release:</b> Explosives, Compressed Gases, Blasting Agents                 | <b>Chronic Health (Delayed):</b> Carcinogens, other chemicals with an adverse effect with long-term exposure  |

**Facility Site Plan/Storage Map**  
**(Hazardous Materials Business Plan Module)**

Site Address: \_\_\_\_\_

Date Map Drawn: \_\_\_\_/\_\_\_\_/\_\_\_\_

Map Scale: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

|    | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 12 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 13 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 14 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 15 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 16 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 17 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 18 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 19 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 20 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 21 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 22 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 23 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 24 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 25 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 26 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 27 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 28 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Instructions are printed on the following page.**

## 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 previous 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.*).

# Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

*Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR*

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a 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.** However, 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**

**State Office of Emergency Services** ..... Phone No. **(800) 852-7550**

### b. Post-Incident Contacts\*:

**Sonoma County Hazardous Materials Division** ..... Phone No. **(707) 565-1152**

**California EPA Department of Toxic Substances Control** ..... Phone No. **(510) 540-3739**

**Cal-OSHA Division of Occupational Safety and Health** ..... Phone No. **(408) 452-7288**

**Bay Area Air Quality Management District** ..... Phone No. **(415) 771-6000**

*or*

**Northern Sonoma County Air Pollution Control District** ..... Phone No. **(707) 433-5911**

**Regional Water Quality Control Board (Oakland)** ..... Phone No. **(510) 622-2300**

**Regional Water Quality Control Board (Santa Rosa)** ..... Phone No. **(707) 576-2220**

*\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

### 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 real 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 State Office of Emergency Services at 1-800-852-7550.
  - 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 a 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 Environmental Protection Agency's Department of Toxic Substances Control, the County of Sonoma Department of Emergency Services 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 Environmental Protection Agency's Department of Toxic Substances Control, the County of Sonoma Department of Emergency Services 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(s) 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)]

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:



# Employee Training Plan

## (Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page \_\_\_ of \_\_\_

All facilities that handle hazardous materials 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 if you do not already have such a plan.

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 (specify) _____ (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.e. inhalation, ingestion, absorption) *   |
| <input type="checkbox"/> <b>Hazardous Waste Handlers/Managers</b> are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) * |

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

|   |
|---|
| <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 (specify) _____ (e.g. "Quarterly", etc.) |

Person Responsible for the Emergency Response Training Plan:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Record Keeping**  
**(Hazardous Materials Business Plan Module)**

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the 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.

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"/> 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.*