

CITY OF SAN LEANDRO
ENVIRONMENTAL SERVICES DIVISION
835 EAST 14th STREET
SAN LEANDRO, CA 94577
Tel.: (510) 577-3401 ? Fax: (510) 577-6019

HAZARDOUS MATERIALS BUSINESS PLAN (HMBP)

INFORMATIONAL FORMS

- ☞ Hazardous Material Business Plan Applicability
- ☞ Hazard Classes
- ☞ Non-Waste Hazardous Materials Inventory Statement Example
- ☞ Hazardous Waste Inventory Statement Example

FORMS TO BE COMPLETED

The following forms, when completed, will comprise your HMBP:

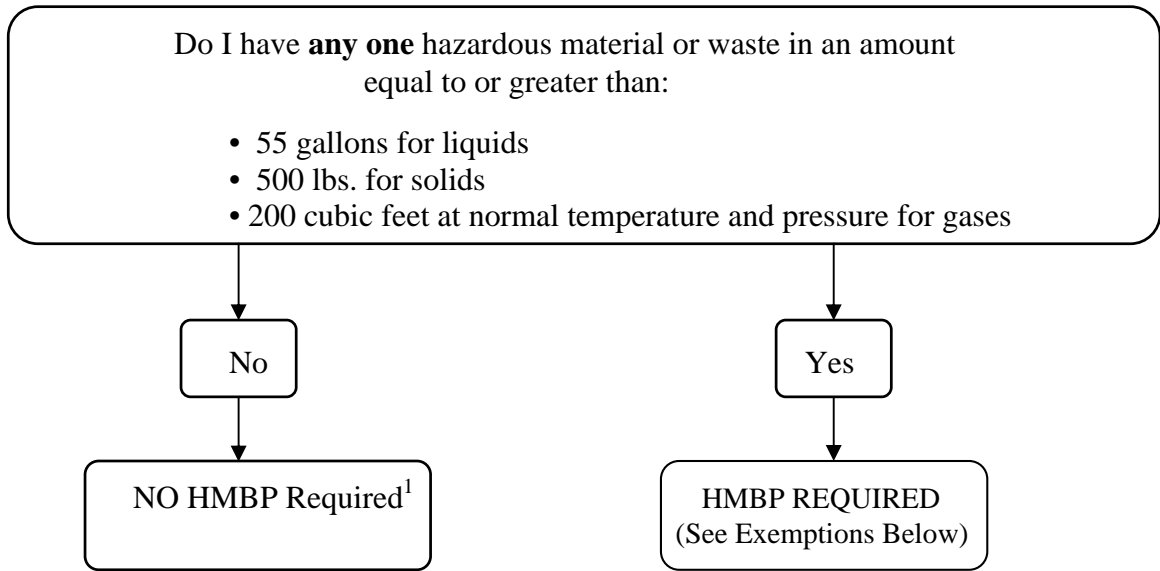
- ☞ CUPA Programs Registration*
(Complete one for your facility)
- ☞ Business Owner/Operator Identification*
(Complete one for your facility)
- ☞ Non-Waste Hazardous Materials Inventory Statement*
(Complete for all non-waste hazardous materials)
- ☞ Hazardous Waste Inventory Statement*
(Complete for all hazardous wastes)
- ☞ Facility Site Map/Storage Plan*
(Large facilities should complete a Facility Site Map and a separate page for each Storage Plan. Small Facilities may combine the two into one drawing.)
- ☞ Emergency Response /Contingency Plan
(Complete one for your facility)
- ☞ Employee Training Plan
(Complete one for your facility)

* Directions are on the back of the form

This form was developed by the CUPA as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulations. The CUPA or Participating Agency (PA) must accept the state UPCF and cannot require a business to use the alternative version developed by the CUPA. The CUPA and PA can require businesses to provide additional information on either the UPCF or a supplemental page to that document.

HAZARDOUS MATERIALS BUSINESS PLAN APPLICABILITY

Do I need to file a Hazardous Materials Business Plan?



Exemptions from HMBP requirements:

- A. You are **exempt** from filing an HMBP if you are a physician, dentist, podiatrist, veterinarian, and or pharmacist and you store up to 1,000 cubic feet of oxygen, nitrogen, or nitrous oxide (you may have 1,000 cubic feet of each and still claim the exemption). If you are a new business, you must still notify the City of San Leandro Environmental Services Division and complete the forms one time only [H&SC, 25503.5(A)(1)].
- B. Up to 275 gallons of lubricating oils and related materials (e.g. hydraulic fluids, crankcase oils, or transmission fluid) are **exempt** if you do not have more than 55-gallons of one type of product. Waste oil is not exempt and must be reported at or above 55-gallons even if you qualify for the lubricating oil exemption [H&SC, 25503.5(A)]. Report all quantities if you have over 55-gallons of waste oil or over 55-gallons of one type of lubricating oil.
- C. Hazardous materials contained solely in a consumer product for direct distribution to, and use by the general public is **exempt** [H&SC, 25503.5(c)(1)]. Warehouse quantities are not exempt.

What is considered a Hazardous Material or Waste?

The definition used for Hazardous Materials in state law is very broad. It covers any material which when released can cause significant harm to human life or the environment. It includes very dangerous materials such as toxic gases, strong acids and bases, explosives, etc. It also covers less dangerous materials such as oil, compressed oxygen, antifreeze, cleaning solvents, etc. Hazardous wastes are those materials that require a hazardous waste manifest and a registered hazardous waste hauler for off-site shipment, and they must be shipped to a licensed storage or disposal site. Please call the City of San Leandro Environmental Services Division at (510) 577-3401 with any questions regarding whether a material needs to be reported in an HMBP.

¹ Small Quantity Hazardous Materials & Waste Registration form may be required, see page two.

If my quantities are below the reporting thresholds listed above, do any other requirements apply?

If your facility handles or uses hazardous materials or wastes and none of the individual hazardous materials quantities equal or exceed 55-gallons for liquids, 500 pounds for solids, or 200 cubic feet for gases, then the Small Quantity Hazardous Materials and Waste Registration Form may be used.

When must an HMBP be updated?

1. The Inventory Statement must be reviewed at the beginning of each year. If no changes are needed, you may submit a certification (attached for future use) stating the inventory statement is still current. If changes are needed, you must submit a new inventory.
2. Every three years the entire HMBP must be reviewed. If no changes are needed, you may submit a certification stating the HMBP is still current. If changes are needed, you must submit a new HMBP.
3. In addition to the above annual requirements, the HMBP must be updated and re-submitted within 30 days of any of the following changes:
 - Business Name
 - Owner or Operator Name
 - Business location
 - 100% increase of any previously reported hazardous material or waste
 - Any previously undisclosed hazardous material or waste at or above reporting quantities
 - Substantial change in structure or layout of the facility as shown on the site map

How do I submit my HMBP

Send one hard copy to:

**City of San Leandro
Environmental Services Division
835 East 14th Street
San Leandro, CA 94577**

HAZARD CLASSES

SAN LEANDRO HAZARD CLASS	DOT HAZARD CLASS	DOT LABEL***	DOT PLACARD***	FIRE CODE HAZARD CLASS	EXAMPLES
Combustible Liquid*	3	None	Combustible**	Combustible Liquid	diesel, kerosene
Corrosive	8	Corrosive	Corrosive	Corrosive	acids and bases
Explosive	1.1 - 1.4 1.5	Explosives Blasting Agent	Explosives Blasting agents	High or Low Explosives Blasting Agents	dynamite, black powder
Flammable Gas	2.1	Flammable Gas	Flammable Gas	Flammable Gas	acetylene, propane
Flammable Liquid*	3	Flammable	Flammable	Flammable Liquid	gasoline, alcohol
Flammable Solid	4.1 4.2 4.3	Flammable Solid Spontaneously Combustible Dangerous When Wet	Flammable Solid Spontaneously Combustible Dangerous When Wet	Flammable Solid Pyrophoric Water Reactive	naphthalene, magnesium silane calcium carbide
Miscellaneous Hazardous Material	9	White with black stripes	White with black stripes	Other Health Hazard Carcinogens Irritants	lubricating oils used oil antifreeze
Nonflammable Gas	2.2	Non-Flammable Gas	Non-Flammable Gas	Inert Compressed Gas	nitrogen, helium, argon
Organic Peroxide	5.2	Organic Peroxide	Organic Peroxide	Organic Peroxide	benzoyl peroxide
Oxidizer	5.1	Oxidizer	Oxidizer	Oxidizer	oxygen, perchloric acid
Poisonous Gas	2.3	Inhalation Hazard	Inhalation Hazard	Highly Toxic or Toxic Gas	chlorine, arsine
Poisonous Material	6.1	Poison Inhalation Hazard	Poison Inhalation Hazard	Highly Toxic or Toxic Material	sodium cyanide, acrolein
Radioactive	7	Radioactive	Radioactive	Radioactive	

* DOT defines a flammable liquid as having a flash point of not more than 141° F. In San Leandro, the following Uniform Fire Code definitions prevail:

Combustible Liquid – A liquid having a flash point at or above 100° F; **Flammable Liquid** – A liquid having a flash point below 100° F

** No placard required for containers 118.9 gallons (450 liters) or less. The Combustible placard is only used for domestic transportation.

*** Primary hazard class labels and placards also include the DOT Hazard Class number. Subsidiary labels and placards do not have the DOT Hazard Class number

Non-Waste Hazardous Materials Inventory Statement EXAMPLE

3 Business Name: Acme Chemical Company			Business Address: 4500 Davis Street			206 Trade Secret <input checked="" type="checkbox"/> <input type="checkbox"/> <u>no</u>			202 Chemical Location Confidential <input checked="" type="checkbox"/> <input type="checkbox"/> <u>no</u>			200 Add <input type="checkbox"/>		Revise <input type="checkbox"/>		Delete <input type="checkbox"/>	
210 Haz Class	201 203 204 CL	208 EHS	205, 207, 226, 227, 228 Chemical & Common Name Chemical Names of Hazardous Components and % Weight	209 229 CAS #	212 213 RAD	211, 214 Physical State	215, 217, 218 Quantity Stored			221 Units	222 Days On Site	223 224 225 Storage Codes			216 SARA Hazard Class(es)		
							Lgst. Cont.	Average	Max.			Cont. Type(s)	Pressure	Temp.			
FL	Bldg. 10 #3 A-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gasoline: Petroleum Hydrocarbons 100% 228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	8006-61-9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	8,000	4,000	8,000	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	UST	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input checked="" type="checkbox"/> immediate <input type="checkbox"/> delayed		
MISC	Bldg. 10 #3 A-5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Motor Oil, SAE 30 wt: Petroleum Hydrocarbons 100% 228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	1,000	500	1,000	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	AGT	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed		
FG	Bldg. 10 #3 A-6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Propane: Propane 100% 228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	74-98-6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	500	250	500	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input checked="" type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	CYL	<input type="checkbox"/> amb. <input checked="" type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed		
OXY	Bldg. 10 #3 H-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxygen: Oxygen 100% 228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	7782-44-7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	350	1750	3500	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input checked="" type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	CYL	<input type="checkbox"/> amb. <input checked="" type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed		
FG	Bldg. 10 #3 H-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Acetylene: Acetylene 85% Acetone 15% 228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	74-86-2 67-64-1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	350	1750	3500	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input checked="" type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	CYL	<input type="checkbox"/> amb. <input checked="" type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed		
NFG	Bldg. 10 #3 H-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nitrogen: Nitrogen 100% 228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	7727-37-9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	300	3,000	6,000	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input checked="" type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	CYL	<input type="checkbox"/> amb. <input checked="" type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed		
MISC	Bldg. 10 #3 A-5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antifreeze: Ethylene Glycol 50% Water 50% 228 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	107-21-1 N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No μ cur.	<input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	55	27	55	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	SD	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed		

223 Container Codes: AGT – Above ground tank; B – Bag; BX – Box; C – Carboy; CYL – Cylinder; FD – Fiber Drum; GB – Glass Bottle; PB – Plastic Bottle; PD – Plastic/Nonmetallic Drum; SD – Steel Drum; S – Silo; TB – Tote Bin; TW – Tank Wagon; UST – Underground Tank; O – Other

210 Hazard Classes: CL – Combustible Liquid; COR – Corrosive; EXP – Explosive; FG – Flammable Gas; FL – Flammable Liquid; FS – Flammable Solid; OPX – Organic Peroxide; OXY – Oxidizer; PG – Poisonous Gas; Misc – Miscellaneous Hazardous Materials; NFG – Nonflammable Gas; PM – Poisonous Material; RAD – Radioactive Material

Hazardous Waste Inventory Statement EXAMPLE

3 Business Name: Acme Chemical Company			Business Address: 4500 Davis Street				206 Trade Secret <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		202 Chemical Location Confidential <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			200 Add <input type="checkbox"/> Revise <input type="checkbox"/> Delete <input type="checkbox"/>			
210 Haz Class	201 203 204 CL	208 EHS	205, 207, 226, 227, 228 Chemical & Common Name Chemical Names of Hazardous Components and % Weight	209 229 CAS #	220 CA Waste Code	211, 214 Physical State	219 Annual Waste Amount	215, 217, 218 Quantity Stored Lgst. Cont. Average Max.			221 Units	222 Days On Site	223, 224, 225 Storage Codes Cont. Type(s) Pressure Temp.		216 SARA Hazard Class(es)
COR	Bldg. 10 #2 D-3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Lead Acid Batteries: Sulfuric Acid 75% Lead 25%	228 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9 7439-92-1	792 <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	1,000	50	125	250	<input type="checkbox"/> gal. <input checked="" type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365 200 days	BX <input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input checked="" type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed
MISC	Bldg. 10 #2 D-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Used Motor Oil: Petroleum Hydrocarbons 100%	228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	221 <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	2000	500	250	500	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	AGT <input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
MISC	Bldg. 10 #2 D-4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used Antifreeze: Ethylene Glycol 50% Water 50%	228 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	107-21-1 N/A	343 <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	220	55	27	55	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	SD <input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed
PM	Bldg. 10 #2 D-4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Waste Perchloroethylene: Perchloroethylene 100%	228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	127-18-4	211 <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	150	55	27	55	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input checked="" type="checkbox"/> 365	SD <input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input checked="" type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed
		<input type="checkbox"/> Yes <input type="checkbox"/> No		228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
		<input type="checkbox"/> Yes <input type="checkbox"/> No		228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
		<input type="checkbox"/> Yes <input type="checkbox"/> No		228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed

223 Container Codes: AGT – Above ground tank; B – Bag; BX – Box; C – Carboy; CYL – Cylinder; FD – Fiber Drum; GB – Glass Bottle; PB – Plastic Bottle; PD – Plastic/Nonmetallic Drum; SD – Steel Drum; S – Silo; TB – Tote Bin;
 TW – Tank Wagon; UST – Underground Tank; O – Other
210 Hazard Classes: CL – Combustible Liquid; COR – Corrosive; EXP – Explosive; FG – Flammable Gas; FL – Flammable Liquid; FS – Flammable Solid; OPX – Organic Peroxide; OXY – Oxidizer; PG – Poisonous Gas;
 MISC – Miscellaneous Hazardous Materials; NFG – Nonflammable Gas; PM – Poisonous Material; RAD – Radioactive Material

Date: _____

Page _____ of _____

Date Received _____

City of San Leandro
Environmental Services Section
835 East 14th Street
San Leandro, CA 94577
(510) 577-3401

Rev 11/07

Reviewed By _____

Fees Paid _____

Approval Date _____

Date Paid _____

CUPA PROGRAMS REGISTRATION

I. Applicant Information							
Facility Name:				Address:			
Contact Person:				Phone No.:			
Mail permits/bills to (if different from above):							
Type of Application (please check one): <input type="checkbox"/> Initial Registration <input type="checkbox"/> Modification <input type="checkbox"/> Renewal							
II. Hazardous Materials Storage							
Hazard Class	Cu Ft	Gal	Lbs	Hazard Class	Cu Ft	Gal	Lbs
Combustible Liquid				Nonflammable Gas			
Corrosive				Organic Peroxide			
Explosive				Oxidizer			
Flammable Gas				Poisonous Gas			
Flammable Liquid				Poisonous Material			
Flammable Solid							
Miscellaneous H M				Radioactive			
III. Accidental Release Prevention Program				IV. Underground Storage Tank Program			
Do you handle regulated substances? <input type="checkbox"/> Yes <input type="checkbox"/> No				Number of Underground Storage Tanks: _____			
V. Spill Prevention Control and Counter Plan				VI. Hazardous Waste Generator Program			
Must you prepare an SPCC plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of haz waste generated monthly: _____			
VII. Universal Waste		Generator <input type="checkbox"/> Handler <input type="checkbox"/> Transporter <input type="checkbox"/> Destination Facility <input type="checkbox"/>					
VIII. Onsite Hazardous Waste Treatment Program							
Number of on-site hazardous waste treatment units for each tier:							
Permit-by-Rule: _____		Conditional Authorization: _____		Conditional Exemption: _____			
IX. Certification and Signature							
I have used all reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.							
Signature:				Date:			
Printed Name:				Title:			



INSTRUCTIONS

I. Applicant Information

Facility Name - Enter the business name for which the application is being submitted.

Address - Enter the street address of the facility for which the application is being submitted.

Contact Person and Phone No. - Name and phone number of person who will handle permitting activities.

Mail permits/bills to - Enter the name and address where you want all permits and bills sent.

Type of Application - Mark the application as either an initial registration, a modification to an existing registration, or a registration renewal.

II. Hazardous Materials Storage

If you store or handle hazardous materials you are subject to federal, state and local reporting requirements as well as regulation under the San Leandro Fire Code. The most common regulatory threshold quantities that trigger reporting or regulation are 55 gallons, 500 pounds, or 200 cubic feet of hazardous material. Flammable liquids, radioactive materials, poisonous gases, and poisonous materials have lower reporting and regulatory thresholds. If you exceed a reporting threshold you must file a Hazardous Materials Business Plan (HMBP). For more information on hazard classes and the HMBP, please refer to the HMBP package.

On the application, please enter the total quantity of hazardous materials stored, used, or handled at your facility for each hazard class.

III. Accidental Release Prevention Program

If you store or handle regulated substances over specified threshold amounts, you are subject to federal and state risk management requirements. A list of regulated substances is included in the HMBP package. If your facility handles any material on this list in quantities equal to or greater than the threshold quantities indicated on the list, please mark "Yes" on the application. The most common regulated substances and their threshold quantities include: propane (10,000 lbs), ammonia (500 lbs), chlorine (100 lbs), acetylene (10,000 lbs), and hydrochloric acid (15,000 lbs).

IV. Underground Storage Tank Program

If you store hazardous material in underground storage tanks, you must obtain an underground storage tank operating permit from this office. Please indicate the number of underground storage tanks at your facility on the application.

V. Spill Prevention, Control and Countermeasure Plan Program

If you store more than 1,320 gallons of oil aboveground you are subject to federal and state spill prevention, control and countermeasure laws and regulations. Please mark "Yes" on the application. Oil includes petroleum such as lubricating oils, gasoline, and diesel and food and mineral oils under the federal program. You must register your aboveground storage tanks with the state. For further information and all required documentation, please call our office.

VI. Hazardous Waste Generator Program

If you generate hazardous waste at your facility, please indicate the maximum amount of hazardous waste that you generate in any given month.

VII. Universal Waste

If you generate, handle, transport or are a destination facility for a hazardous waste classified as a universal waste check all that apply to your facility.

VIII. On-site Treatment of Hazardous Waste Registration

If you treat hazardous waste on-site, you are subject to federal and state permitting requirements. If you treat hazardous waste on-site, please indicate on the application the number of treatment units at your facility subject to each permit tier. For a complete description of each tier or for further information please call our office.

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps the Department of Toxic Substances Control (DTSC) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by DTSC. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107. SIC CODE - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for DTSC to collect any additional information necessary to meet the requirements of their individual programs. Contact DTSC, or your local agency for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on 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.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

Non-Waste Hazardous Materials Inventory Statement

3 Business Name:			Business Address:			206 Trade Secret <input type="checkbox"/> yes <input type="checkbox"/> no	202 Chemical Location Confidential <input type="checkbox"/> yes <input type="checkbox"/> no		200 Add <input type="checkbox"/>	Revise <input type="checkbox"/>	Delete <input type="checkbox"/>						
210 Haz Class	201 203 204 CL	208 EHS <input type="checkbox"/> Yes <input type="checkbox"/> No	205, 207, 226, 227, 228 Chemical & Common Name Chemical Names of Hazardous Components and % Weight		209 229 CAS #	212 213 RAD _____ μ cur.	211, 214 Physical State <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	215, 217, 218 Quantity Stored			221 Units <input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	222 Days On Site <input type="checkbox"/> 365	223 224 Storage Codes			225 Temp. <input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	216 SARA Hazard Class(es) <input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
			Lgst. Cont.	Average				Max.	Cont. Type(s)	Pressure			Temp.				
				228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No													
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223 Container Codes: AGT – Above ground tank; B – Bag; BX – Box; C – Carboy; CYL – Cylinder; FD – Fiber Drum; GB – Glass Bottle; PB – Plastic Bottle; PD – Plastic/Nonmetallic Drum; SD – Steel Drum; S – Silo; TB – Tote Bin; TW – Tank Wagon; UST – Underground Tank; O – Other

210 Hazard Classes: CL – Combustible Liquid; COR – Corrosive; EXP – Explosive; FG – Flammable Gas; FL – Flammable Liquid; FS – Flammable Solid; MISC – Miscellaneous Hazardous Materials; NFG – Nonflammable Gas; OPX – Organic Peroxide; OXY – Oxidizer; PG – Poisonous Gas; PM – Poisonous Material; RAD – Radioactive Material

If EPCRA, sign below:

Hazardous Materials Inventory - Chemical Description Page Instructions

You must complete a separate 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 above 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** line for unique occurrences of physical state, storage temperature, or storage pressure. 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. (Note: Numbering of these instructions follows the UPCF data element numbers on the Inventory page.)

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

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

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount must be consistent with the units reported in box 221 and must not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year. This amount must be consistent with the units reported in box 221.
221. UNITS - Check the unit of measure most appropriate for the material. [Note: If the material is a federally defined Extremely Hazardous Substance (EHS) and is not a mixture, all amounts must be reported in pounds.]
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check the boxes that describe the types of containers in which the material is stored.
224. STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored.
225. STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
226. HAZARDOUS COMPONENT (% BY WEIGHT) - If the material is a mixture, enter the percentage weight of the hazardous component(s). If a range of percentages is available, report the highest percentage in that range. (Repeat for components 2-5.)
227. HAZARDOUS COMPONENTS 1-5 NAME - If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information. When reporting wastes, mineral and chemical composition must be listed. (Repeat for components 2-5.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Repeat for components 2-5.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for components 2-5.)
246. LOCALLY COLLECTED INFORMATION - Provide the primary U.S. Department of Transportation numerical Hazard Class if required by your local agency. Contact your local agency for guidance.
247. Date - Enter the date that the inventory was completed

Hazardous Waste Inventory Statement

3 Business Name:			Business Address:			206 Trade Secret yes no		202 Chemical Location Confidential yes no			200 Add <input type="checkbox"/> Revise <input type="checkbox"/> Delete <input type="checkbox"/>					
210 Haz Class	201 203 204 CL	208 EHS	205, 207, 226, 227, 228 Chemical & Common Name Chemical Names of Hazardous Components and % Weight	209 229 CAS #	220 CA Waste Code	211, 214 Physical State	219 Annual Waste Amount	215, 217, 218 Quantity Stored Lgst. Cont. Average Max.			221 Units	222 Days On Site	223, 224, 225 Storage Codes Cont. Type(s) Pressure Temp.			216 SARA Hazard Class(es)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365		<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365		<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365		<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	228 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu.ft.	<input type="checkbox"/> 365		<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb.	<input type="checkbox"/> amb. <input type="checkbox"/> >amb. <input type="checkbox"/> <amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed

223 Container Codes: AGT – Above ground tank; B – Bag; BX – Box; C – Carboy; CYL – Cylinder; FD – Fiber Drum; GB – Glass Bottle; PB – Plastic Bottle; PD – Plastic/Nonmetallic Drum; SD – Steel Drum; S – Silo; TB – Tote Bin; TW – Tank Wagon; UST – Underground Tank; O – Other

210 Hazard Classes: CL – Combustible Liquid; COR – Corrosive; EXP – Explosive; FG – Flammable Gas; FL – Flammable Liquid; FS – Flammable Solid; OPX – Organic Peroxide; OXY – Oxidizer; PG – Poisonous Gas; MISC – Miscellaneous Hazardous Materials; NFG – Nonflammable Gas; PM – Poisonous Material; RAD – Radioactive Material

Date: _____

Page _____ of _____

Hazardous Waste Inventory - Chemical Description Page Instructions

You must complete a separate 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 above 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** lines for unique occurrences of physical state, storage temperature, or storage pressure. 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. (Note: Numbering of these instructions follows the UPCF data element numbers on the Inventory page.)

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

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

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount must be consistent with the units reported in box 221 and must not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year. This amount must be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the material is a hazardous waste, enter the estimated annual amount handled.
220. STATE WASTE CODE - If the material is a hazardous waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure most appropriate for the material. [Note: If the material is a federally defined Extremely Hazardous Substance (EHS) and is not a mixture, all amounts must be reported in pounds.]
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check the boxes that describe the types of containers in which the material is stored.
224. STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored.
225. STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
226. HAZARDOUS COMPONENT (% BY WEIGHT) - If the material is a mixture, enter the percentage weight of the hazardous component(s). If a range of percentages is available, report the highest percentage in that range. (Repeat for components 2-5.)
227. HAZARDOUS COMPONENTS 1-5 NAME - If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information. When reporting wastes, mineral and chemical composition must be listed. (Repeat for components 2-5.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Repeat for components 2-5.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for components 2-5.)
246. LOCALLY COLLECTED INFORMATION - Provide the primary U.S. Department of Transportation numerical Hazard Class if required by your local agency. Contact your local agency for guidance.
247. Date - Enter the date that the inventory was completed

Facility Site Map/Storage Plan

Business Name:

Site Address:

Map #:

	A	B	C	D	E	F	G	H	I
1									
2									
3									
4									
5									
6									

Scale: 1" = _____ Ft.

Page _____ of _____

Facility Site Plan/Storage Map Instructions

A Facility Site Plan/Storage Map must be included in your HMBP

- For relatively small facilities, these documents may be combined into one drawing
- Large facilities should provide an overall Site Plan and a separate Storage Map for each building or area.

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

- a. North direction arrow
- b. Approximate scale (example: 1" = 10 feet)
- c. All streets bordering the facility
- d. Locations of buildings and other structures
- e. Parking lots and internal access roads
- f. Outside hazardous materials storage areas
- g. Storm and sewer drains
- h. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

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

- a. North direction arrow
- b. Approximate scale (example: 1" = 10 feet)
- c. General purpose of each area within each building
- d. Location of each hazardous material/waste storage, dispensing, use, or handling area. (e.g. underground tanks, aboveground tanks, storage rooms, etc.)
- e. Location of each utility emergency shut off.
- f. Location of each monitoring control panel (underground tank monitoring, toxic gas monitoring, fire alarm, etc.)

3. Symbol Library

Safety Items	Haz Mat Storage	Shut-Offs/Monitors/Alarms
<div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">FE</div> <div>Fire Extinguisher</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">H</div> <div>Fire Hydrant</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">S</div> <div>Spill Station</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="width: 15px; height: 15px; border: 1px solid black; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); margin-right: 5px;"></div> <div>Sanitary Sewer Floor Drain</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="width: 15px; height: 15px; border: 1px solid black; background: radial-gradient(circle, black 1px, transparent 1px); background-size: 4px 4px; margin-right: 5px;"></div> <div>Storm Drain</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">Staging</div> <div>Staging Area</div> </div>	<div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">UST</div> <div>Underground Storage Tank</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">AGT</div> <div>Aboveground Storage Tank</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px; display: flex; align-items: center; justify-content: center;">1</div> <div>Haz Mat Storage area (assign number, letter, or name to area)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px; display: flex; align-items: center; justify-content: center;">B</div> <div></div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px; display: flex; align-items: center; justify-content: center;">Lab</div> <div></div> </div>	<div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">W</div> <div>Water Shut-Off</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">E</div> <div>Electrical Shut-off</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">G</div> <div>Natural Gas Shut-off</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">ESO</div> <div>Emergency Shut-off for haz mat system</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Panel</div> <div>Monitoring System or Fire Alarm Panel</div> </div>

Emergency Response/Contingency Plan

The following items are elements of a comprehensive emergency response/contingency plan that meets state requirements. Please ensure that your present plan or the one that you will prepare has all the elements listed below. Small facilities with simple operations may complete the plan below to comply with the requirement for a written emergency response plan. Please submit a copy of this plan or your present plan with the HMBP.

I. Facility Information:

Facility Name:	Phone:
Address:	
City:	Zip:

II. Emergency Coordinators:

Primary Coordinator	Secondary Coordinator
Name:	Name:
Title:	Title:
Work Phone:	Work Phone:
After hours Phone:	After hours Phone:
Pager:	Pager:

III. Emergency Telephone Numbers and Arrangements:

The emergency coordinator shall immediately notify the following whenever a release, fire, or explosion threatens human health or the environment.

Agency	Phone
Fire Department	911
State Office of Emergency Services (OES)	1-800-852-7550
Hospital/Medical Center (if injuries)	
CUPA Contact: San Leandro Environmental Services Div.	(510) 577-3401
Waste Water Treatment Facility (if to sewer)	
Hazardous Waste Contractor (if clean up needed)	
Other agencies:	

IV. Arrangements: (Please check one box.)

- We have no formalized written agreements with any emergency response agency or contractor.
- We have formalized written agreements with _____
 Telephone: _____ for emergency response.

Emergency Response/Contingency Plan

Emergency Response/Contingency Plan

V. Emergency Equipment Inventory Table

Equipment Category	Equipment Type	Location *	Description**
Personal Protective Equipment, Safety Equipment, First Aid Equipment	Chemical Protective Boots		
	Chemical Protective Gloves		
	Safety Glasses/Goggles/Face shields		
	Chemical Protective Clothing		
	Hard Hats		
	Chemical Monitoring Equipment (describe)		
	First Aid Kits		
	Eye Wash Stations		
	Safety Showers		
	Cartridge Respirators and Cartridges (describe)		
	Self-Contained Breathing Apparatus (SCBA)		
	Other (describe)		
Fire Extinguishing Systems	Fire Extinguishers		
	Automatic Fire Systems		
	Fire Alarm Boxes		
Spill Control Equipment, Decontamination Equipment	Absorbents, Neutralizers (describe)		
	Shovels/Brooms/Squeegees		
	Overpack drum/Spill drum		
	Berms/Dikes (describe)		
	Decontamination Equipment (describe)		
	Gas cylinder leak repair kits (describe)		
Communications and Alarm Systems	Other (describe)		
	Telephones		
	Intercoms/PA systems		
	Portable 2 way radios		
	UST leak detection monitors		
Additional Equipment (Use additional pages if needed)	Chemical alarms. (describe)		

* If appropriate, use the location code(s) from your Hazardous Materials Business Plan.

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

Emergency Response/Contingency Plan

VI. Evacuation Information:

Evacuation Announcement	<input type="checkbox"/> Bell <input type="checkbox"/> PA System <input type="checkbox"/> Horn <input type="checkbox"/> Shouting Other _____
Evacuation Route	<input type="checkbox"/> Map Other _____
Assembly Area	Location:
Re-entry Procedures	

VII. Emergency Procedures:

Emergency Coordinator Responsibilities:

1. 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:
 - a. Identify the character, exact source, amount, and aerial extent of any released hazardous materials.
 - b. 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.*).
 - c. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - d. Notify appropriate local authorities (*i.e., call 911*).
 - e. Notify the State Office of Emergency Services at 1-800-852-7550.
 - f. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - g. 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.

2. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - a. 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.
 - b. 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.
 - c. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - d. Notify the Cal/EPA's Department of Toxic Substances Control and the City of San Leandro–Environmental Services Division that the facility is in compliance with requirements 2-a and 2-b, above.

Special site specific procedures:

Emergency	Response Action
Hazardous Material & Hazardous Waste Spills/Releases:	
Fire	
Explosion	
Earthquake (identify areas requiring immediate inspection)	
Other	

Emergency Response/Contingency Plan

EMPLOYEE TRAINING PLAN

The HMBP must include a training plan that is reasonable and appropriate for the size of the business and the nature of the hazardous materials/wastes its employees handle. The training program shall take into account the responsibilities of the employees and it shall include provisions for ensuring that all personnel receive initial and refresher training.

The following list of training requirements and training records are elements of a comprehensive emergency response training plan that meets state requirements. Please ensure that your present plan or the one that you will prepare has all the elements listed below. Small facilities with simple operations may complete the plan below to comply with the requirement for a written emergency response plan. Please submit a copy of this plan or your present plan with the HMBP.

Indicate those elements covered by your emergency response plan by marking the appropriate boxes in the left column.

All employees are trained to do the following procedures, as appropriate:	
<input type="checkbox"/>	1. Initiate, activate, or recognize internal alarms and other emergency announcements.
<input type="checkbox"/>	2. Notify internal or on-site emergency responders listed in the emergency response/contingency plan.
<input type="checkbox"/>	3. Notify agencies listed in the emergency response/contingency plan.
<input type="checkbox"/>	4. Locate and review contents of written emergency response/contingency plan.
<input type="checkbox"/>	5. Initiate, conduct, or follow evacuation procedures as described in the emergency response/contingency plan.

Hazardous materials/waste handlers are additionally trained in the following subjects:	
<input type="checkbox"/>	1. Safe methods for handling and storage of hazardous materials and hazardous waste.
<input type="checkbox"/>	2. Locations and proper use of personal protective equipment.
<input type="checkbox"/>	3. Locations and proper use of fire and spill control equipment.
<input type="checkbox"/>	4. Specific hazards of each chemical or waste to which they may be exposed including pathways of exposure. (i.e. skin absorption, inhalation, ingestion, or radiation)
<input type="checkbox"/>	5. Follow emergency procedures for chemical/waste spills, earthquake, fire, and/or medical emergencies as described in the emergency response/contingency plan.
<input type="checkbox"/>	6. Hazardous waste handlers/managers are also trained annually in all aspects of hazardous waste management specific to their job duties (e.g. accumulation time, labeling, uniform hazardous waste manifests, container inspections, storage area inspections, etc.)

Members of the Emergency Response Team are additionally trained for the following activities: [29CFR 1910.120 (p)(8)(iii)]	
<input type="checkbox"/>	1. Personnel rescue procedures.
<input type="checkbox"/>	2. Shutdown of operations.
<input type="checkbox"/>	3. Liaison with emergency response agencies.
<input type="checkbox"/>	4. Use, maintenance, and replacement of emergency response equipment.
<input type="checkbox"/>	5. Emergency response drills are conducted, at least [specify frequency] [] times a year.
<input type="checkbox"/>	6. Refresher training provided at least annually.

Employee training and other records maintained at the facility. These include the following:	
<i>(Note: The following list does not necessarily include every type of record required to be maintained by your facility.)</i>	
<input type="checkbox"/>	1. Training records for each employee (date and duration of training, subject matter covered, instructor, etc.).
<input type="checkbox"/>	2. Training records of current and former employees. <i>(Training records retained until facility closure for all current employees. Training records are retained for at least 3 years after the employee's termination date for all former employees)</i>
<input type="checkbox"/>	3. Description of introductory and continuing training programs for each employee classification.
<input type="checkbox"/>	4. Current emergency response, contingency, and/or spill response plan (for underground and/or aboveground tanks)
<input type="checkbox"/>	5. Description and documentation of emergency response drills.
<input type="checkbox"/>	6. Reportable and/or recordable hazardous material/waste accidental release records.
<input type="checkbox"/>	7. Hazardous material/waste storage area inspection records. <i>(At least weekly for hazardous waste areas.)</i>
<input type="checkbox"/>	8. Hazardous waste tanks daily inspection records.
<input type="checkbox"/>	9. Inspection procedures for identified earthquake sensitive areas and systems in the facility.

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: _____

Facility Street Address: _____ City: _____

Date of Current HMBP: ____/____/____.

I certify that: *(Check the appropriate box.)*

By checking this box, I certify that I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and that it is complete and accurate (please see below).

- The information contained in the most recently submitted HMBP is complete, accurate, and up-to-date;
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted non-Waste Hazardous Materials Inventory forms;
- The facility has not begun handling any hazardous material in an HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory;
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code;
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (*Print*): _____ Title: _____

Signature of Owner/Operator: _____ Date: ____/____/____.

Return to:
City of San Leandro
Environmental Services Division
835 East 14th Street
San Leandro, CA 94577

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202

YES NO

FACILITY ID #

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* Yes No 208

CAS# 209

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

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

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

MAXIMUM DAILY AMOUNT 218

ANNUAL WASTE AMOUNT 219

STATE WASTE CODE 220

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

STORAGE CONTAINER

- | | | | | |
|--|--|--|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVE GROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

Hazardous Materials Inventory - Chemical Description Page Instructions

You must complete a separate 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 above 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** line for unique occurrences of physical state, storage temperature, or storage pressure. 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. (Note: Numbering of these instructions follows the UPCF data element numbers on the Inventory page.)

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

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

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount must be consistent with the units reported in box 221 and must not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year. This amount must be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the material is a hazardous waste, enter the estimated annual amount handled.
221. UNITS - Check the unit of measure most appropriate for the material. [Note: If the material is a federally defined Extremely Hazardous Substance (EHS) and is not a mixture, all amounts must be reported in pounds.]
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check the boxes that describe the types of containers in which the material is stored.
224. STORAGE PRESSURE - Check the box that best describes the pressure at which the material is stored.
225. STORAGE TEMPERATURE - Check the box that best describes the temperature at which the material is stored.
226. HAZARDOUS COMPONENT (% BY WEIGHT) - If the material is a mixture, enter the percentage weight of the hazardous component(s). If a range of percentages is available, report the highest percentage in that range. (Repeat for components 2-5.)
227. HAZARDOUS COMPONENTS 1-5 NAME - If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information. When reporting wastes, mineral and chemical composition must be listed. (Repeat for components 2-5.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Repeat for components 2-5.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for components 2-5.)
247. LOCALLY COLLECTED INFORMATION - Provide the primary U.S. Department of Transportation numerical Hazard Class if required by your local agency. Contact your local agency for guidance.