

HAZARDOUS MATERIALS BUSINESS PLAN

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

Authority Cited: Ch. 6.95 HSC; Title 19, Div. 2, CCR; Title 22, Div. 4.5, CCR

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

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

What is a Hazardous Materials Business Plan?

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

What is the purpose of the Hazardous Materials Business Plan?

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

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

Who must complete a Hazardous Materials Business Plan?

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

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

Hazardous Materials Business Plan (continued)

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

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

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

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

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

The HMBP must contain the following elements:

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

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

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

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

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

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

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

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

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

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

Who is my local agency?

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

**UNIDOCs
FACILITY INFORMATION
BUSINESS ACTIVITIES PAGE**

Page 1 of

I. FACILITY IDENTIFICATION

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

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
<p>A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
<p>B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO 4a.	Coordinate with your local agency responsible for CalARP.
<p>C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO 5.	UST OPERATING PERMIT APPLICATION – FACILITY INFORMATION UST OPERATING PERMIT APPLICATION – TANK INFORMATION
<p>D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO 8.	No form required to CUPAs
<p>E. HAZARDOUS WASTE Generate hazardous waste?</p> <p>Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?</p> <p>Treat hazardous waste onsite?</p> <p>Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>Consolidate hazardous waste generated at a remote site?</p> <p>Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p> <p>Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste?</p> <p>Serve as a Household Hazardous Waste (HHW) Collection site?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO 9. <input type="checkbox"/> YES <input type="checkbox"/> NO 10. <input type="checkbox"/> YES <input type="checkbox"/> NO 11. <input type="checkbox"/> YES <input type="checkbox"/> NO 12. <input type="checkbox"/> YES <input type="checkbox"/> NO 13. <input type="checkbox"/> YES <input type="checkbox"/> NO 14. <input type="checkbox"/> YES <input type="checkbox"/> NO 14a. <input type="checkbox"/> YES <input type="checkbox"/> NO 14b.	EPA ID NUMBER – provide at top of this page RECYCLABLE MATERIALS REPORT <i>(one per recycler)</i> ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE <i>(one page per unit)</i> CERTIFICATION OF FINANCIAL ASSURANCE REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION HAZARDOUS WASTE TANK CLOSURE CERTIFICATION Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator. See CUPA for required forms.
<p>F. LOCAL REQUIREMENTS <i>(You may also be required to provide additional information by your CUPA or local agency.)</i></p>		15.

Business Activities Page Instructions

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

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (USEPA) or California Identification number. If your facility generates more than 100 kilograms (kg) of a RCRA (i.e., federally regulated) hazardous waste per year, obtain a federal EPA ID Number by submitting EPA FORM 8700-12 to the USEPA. Otherwise, obtain a California EPA ID Number by submitting DTSC FORM 1358 to the Department of Toxic Substances Control (DTSC). Forms are available at www.dtsc.ca.gov.
3. BUSINESS NAME - Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
4. HAZARDOUS MATERIALS - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan (HMBP) reporting requirements. (Refer to the HMBP instructions available on the Internet at www.unidocs.org/hazmat/business-plan/index.html). If "YES," you must submit a HMBP.
- 4a. REGULATED SUBSTANCES - Check the appropriate box to indicate whether you have any CalARP regulated substance on site. (Refer to www.calema.ca.gov for CalARP guidance documents regarding regulated substances.)
5. UNDERGROUND STORAGE TANKS (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", and you do not already have on file with your local agency a current UST Operating Permit Application - Facility page, UST Operating Permit Application - Tank page for each tank, UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (Note: There is no UPCF page for the UST Response Plan.)
8. ABOVEGROUND PETROLEUM STORAGE - Check the appropriate box to indicate whether your facility has aggregate aboveground petroleum storage (including used oil) greater than 1,320 gallons in tanks or containers 55 gallons or larger. (There is no UPCF page for ASTs.) The following are exempt from this requirement: 1.) pressure vessels or boilers subject to Division 5 of the Labor Code; 2.) tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC; 3.) aboveground oil production tanks regulated by the Division of Oil and Gas; and 4.) certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to HSC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kg (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with the appropriate local Unified Program Agency (UPA), then you must also submit that report to the UPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit pages on file with the appropriate local UPA, then you must also submit those forms to the UPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with the appropriate local UPA, then you must submit that form to the UPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at a remote site and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with the appropriate local UPA, then you must submit that form to the UPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR with the intention of rendering it non-hazardous. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to the appropriate local UPA.
- 14a. RCRA LARGE QUANTITY GENERATOR - Check the appropriate box to indicate whether your facility is a LQG.
- 14b. HHW COLLECTION SITE - Check the appropriate box to indicate whether your facility is a HHW Collection Site.
15. LOCAL REQUIREMENTS - Check with your local UPA before submitting this document to determine if any supplemental information is required.

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

Page _____ of _____

I. IDENTIFICATION

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

II. BUSINESS OWNER

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

III. ENVIRONMENTAL CONTACT

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

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

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

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
NAME OF SIGNER (print)	136.	TITLE OF SIGNER		137.

Business Owner/Operator Identification Page Instructions

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

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

Non-Waste Hazardous Materials Inventory Statement

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

Date: _____

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

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

If EPCRA, sign below: _____

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

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

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

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

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

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

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

Hazardous Waste Inventory Statement

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

Date: _____

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

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

If EPCRA, sign below:

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

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

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

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

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

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

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

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

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

Page _____ of _____

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

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

1. Evacuation Plan:

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

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

b. Evacuation map is prominently displayed throughout the facility.

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

2. a. Emergency Contacts:*

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

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

b. Post-Incident Contacts:*

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

Local Hazardous Materials Program _____ Phone No.: () _____

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

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

Air Quality Management District _____ Phone No.: () _____

Regional Water Quality Control Board _____ Phone No.: () _____

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

c. Emergency Resources:

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

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

Address: _____ City: _____

3. Arrangements With Emergency Responders:

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

4. Emergency Procedures:Emergency Coordinator Responsibilities:

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

Responsibilities of Other Personnel:

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

5. Post-Incident Reporting/Recording:

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

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

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

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

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

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

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

8. Emergency Equipment:

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

EMERGENCY EQUIPMENT INVENTORY TABLE

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

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

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

Employee Training Plan

(Hazardous Materials Business Plan Module)

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

Page ____ of ____

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

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

1. Personnel are trained in the following procedures:

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

2. Chemical Handlers are additionally trained in the following:

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

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

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

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

Record Keeping
(Hazardous Materials Business Plan Module)

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

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

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

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

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

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

Check the appropriate box:

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

Facility Site Plan and Storage Map Instructions

(Hazardous Materials Business Plan Module)

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

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

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

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

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

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

Site Address: _____

Date Map Drawn: _____ Map Scale: _____

Page ____ of ____

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