

**COUNTY OF RIVERSIDE
CERTIFIED UNIFIED PROGRAM AGENCY**



Hazardous Materials Business Emergency Plan and Chemical Inventory Forms

Federal, State and local laws require a Hazardous Materials Business Emergency Plan (HMBEP). The County of Riverside, as well as the cities of Banning, Corona, and Riverside is charged with the responsibility to oversee compliance of these laws.

FOR BUSINESSES LOCATED IN THE FOLLOWING CITY JURISDICTION, THE COMPLETED PLAN SHALL BE SUBMITTED TO THE APPROPRIATE CITY FIRE AGENCY BELOW:

CDFI BANNING FIRE SERVICE

HAZMAT Section
P.O. Box 998
Banning, CA 92220
(951) 922-3210

CITY OF RIVERSIDE FIRE DEPT.

HAZMAT Section
3775 Fairmount Blvd.
Riverside, CA 92501
(951) 826-5321
WWW.RIVERSIDE.CA.GOV/FIRE

CITY OF CORONA FIRE DEPT.

HAZMAT Section
400 S. Vicentia Ave. #115
Corona, CA 92882-2187
(951) 736-2220
WWW.CI.CORONA.CA.US

FEILING NOW AVAILABLE FOR CITY OF RIVERSIDE FACILITIES ONLY. GO TO WWW.RIVERSIDE.CA.GOV/FIRE.

FOR LOCATIONS WITHIN THE COUNTY OF RIVERSIDE, THE COMPLETED PLAN SHALL BE SUBMITTED TO THE CLOSEST COUNTY OFFICE BELOW:

**COUNTY OF RIVERSIDE, COMMUNITY HEALTH AGENCY, DEPARTMENT OF ENVIRONMENTAL HEALTH
WWW.RIVCOEH.ORG**

RIVERSIDE OFFICE

Haz Mat Division
P.O. Box 7489
Riverside, CA 92513-7489
(951) 358-5055

INDIO OFFICE

Haz Mat Division
47-950 Arabia St. #A
Indio, CA 92201
(760) 863-8976

HEMET OFFICE

Haz Mat Division
800 S. Sanderson Ave. #102
Hemet, CA 92545
(951) 766-6524

CORONA OFFICE

Haz Mat Division
2275 S. Main St. #204
Corona, CA 92882
(951) 273-9143

The forms and other requested information are to be completed and returned. Instructions follow each form. **Retain the instructional pages for your file. Maintain a copy of the plan, as required by law.** Failure to submit the Hazardous Materials Business Emergency Plan (HMBEP) may result in substantial fines and/or prosecution. If you need assistance or have any questions, please call the appropriate agency at the phone number listed above. **Note: The information requested in the attached documents is not optional. This is a legal document and the signatures, dates and accuracy of information is very important.**

Thank you for your cooperation.

**HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN GENERAL INFORMATION
REVISED (6/06)**

WHAT IS A HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN (HMBEP)?

- A HMBEP is a written set of procedures and information created to help minimize the effects and extent of a release or threatened release of a hazardous material. The intent of the HMBEP is to satisfy federal and state Community Right-To-Know laws and to provide detailed information for use by emergency responders.

WHAT IS A HAZARDOUS MATERIAL?

- A hazardous material is defined as any material that because of its quantity, concentration, physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the work place or environment. **Hazardous materials** include, but are not limited to hazardous substances, hazardous wastes, and any material that a business or the local implementing agency has a reasonable basis for believing that it would be injurious to the health and safety of persons or harmful to the environment if released. **Hazardous material** also includes any substance or chemical product for which the manufacturer or producer is required to prepare a **Material Safety Data Sheet** (MSDS).

WHAT ARE THE REPORTING QUANTITIES?

Per the California Health and Safety Code (HSC), Chapter 6.95, Section 25500 - 25532, a HMBEP must be submitted by **any business that handles a hazardous material or a mixture containing a hazardous material** in quantities equal to, or greater than, those outlined below:

- A total weight of 500 pounds or a total volume of 55 gallons.
- 200 cubic feet at standard temperature and pressure for compressed gas.
- A radioactive material handled in quantities for which an emergency plan is required pursuant to Parts 30, 40 or 70 of Chapter 10, Title 10, Code of Federal Regulations (CFR), or equal to or greater than the amounts specified above, whichever amount is less.

CITIES OF BANNING AND RIVERSIDE ONLY: A HMBEP is required if the Threshold Planning Quantity for Extremely Hazardous Substances is listed in 40 CFR, Sec. 355, Appendix A, or Regulated Substances as defined in Section 25532 of the HSC, is equal to or greater than the amounts listed above, whichever is less.

CITY OF RIVERSIDE ONLY: A HMBEP is required for ten pounds or more of organic peroxides, any known or suspected carcinogen, radioactive or highly toxic material, or class 1.1, 1.2, or 1.3 explosives.

CITY OF CORONA AND COUNTY OF RIVERSIDE PLANS ONLY: A HMBEP is required if there is any amount of an Extremely Hazardous Substance or Waste, any amount of a Regulated Substance or any amount of an Acutely Hazardous Material.

- Liquefied carbon dioxide used in the carbonation of beverages, greater than 200 pounds.

GENERAL EXEMPTIONS FROM EMERGENCY PLAN/DISCLOSURE REQUIREMENTS (COMPLETE THE STATEMENT OF EXEMPTION; INDICATE THE EXEMPTION THAT APPLIES.)

CHECK WITH YOUR LOCAL JURISDICTION FOR SPECIFIC DETAILS. (See telephone numbers on first page.)

- Hazardous material contained solely in a consumer product for direct distribution to, and use by the public is exempt from the HMBEP requirements. If the Administering Agency finds (and provides notice to the business handling the product) that handling of certain quantities of the product endangers the public health, safety or the environment, the submission of a HMBEP, or any portion thereof, may be required. (HSC 25503.5, 25505 and 40CFR 370.2)
- Any hazardous material contained in any rail car, rail tank car, rail freight container, marine vessel, or marine freight container remaining within the same railroad facility, marine facility, or business facility for less than 30 days is exempt from the business plan requirements. (HSC 25503.7)
- Oxygen, nitrogen, and nitrous oxide, ordinarily maintained by a physician, dentist, podiatrist, veterinarian, or pharmacist, at his or her office or place of business, and stored at each office or place of business in quantities of not more than 1,000 cubic feet of each material at any one time is exempt from the business plan requirements. (HSC 25503.5, 25505)

- Lubricating oil is exempt from the business plan requirements for a single business facility if the total volume of each type of lubricating oil handled at that facility does not exceed 55 gallons, and the total volume of all types of lubricating oil handled at that facility does not exceed 275 gallons, at any one time. (HSC 25503.5, 25505)
- A business operating an unstaffed, remote facility located in an isolated, sparsely populated area is exempt from the HMBEP requirements if the facility is not otherwise subject to the requirements of applicable federal law, and when approved by the local administering agency. (HSC 25503.5, 25505)

HOW OFTEN DO I HAVE TO UPDATE OR RE-CERTIFY MY HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN?

Within 30 days of any one of the following events, any business subject to the HMBEP requirements shall submit an amendment of their HMBEP to the local implementing agency:

- A 100 percent or more increase in the quantity of a previously disclosed hazardous material.
- Any handling of a previously undisclosed hazardous material subject to the inventory requirements.
- Change of business address.
- Change of ownership.
- Change of business name.
- Change of contact information; pay particular attention to contact phone numbers.

You are required to **certify** your inventory of hazardous materials handled at your business **every year**. If no changes have been made to your inventory, a written certification will suffice for the update. If changes have been made, new forms showing all changes must be submitted to the local agency.

You are required to **review your HMBEP at least once every three years** to determine if a revision is necessary. You must certify in writing to the local implementing agency that a review was conducted and all necessary changes were made. New forms showing all changes must be submitted as part of the certification.

FAILURE TO SUBMIT A HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN (HMBEP).

Failure to submit a HMBEP or annual certification form and annual permit fees may result in penalties, fines, and/or additional fees.

VIOLATIONS AND FINES

- Failure to disclose can result in fines up to \$2,000.00 per day.
- Violations occurring after reasonable notice has been given can result in fines of up to \$5,000.00 per day.
- Violation(s) of the HSC may be a misdemeanor or felony, punishable by fines and/or imprisonment.

WHAT ARE THE REQUIREMENTS FOR REPORTING A RELEASE OR THREATENED RELEASE OF A HAZARDOUS MATERIAL?

- California Health and Safety Code, Chapter 6.95, Section 25507, states in part...the handler or any employee, authorized representative, agent, or designee of a handler shall, upon discovery, **immediately report any release or threatened release** of a hazardous material to the local implementing agency, and to the Office of Emergency Services (OES). It may also be necessary to submit a written follow-up report to the OES or report the release to other agencies. Contact your local jurisdiction for additional information.

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

I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA ID # (Hazardous Waste Only)	2
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...
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<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 60%;">HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731) Note: one inventory page per material / waste.</td> </tr> </table>	<input type="checkbox"/> YES <input type="checkbox"/> NO	4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731) Note: one inventory page per material / waste.
<input type="checkbox"/> YES <input type="checkbox"/> NO	4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731) Note: one inventory page per material / waste.		

<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">5</td> <td style="width: 60%;">UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 60%;">UST FACILITY UST TANK (one per tank) UST INSTALLATION – Certificate of Compliance (one page per tank) (Formerly Form C)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">7</td> <td style="width: 60%;">UST TANK (closure portion –one page per tank)</td> </tr> </table>	<input type="checkbox"/> YES <input type="checkbox"/> NO	5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)	<input type="checkbox"/> YES <input type="checkbox"/> NO	6	UST FACILITY UST TANK (one per tank) UST INSTALLATION – Certificate of Compliance (one page per tank) (Formerly Form C)	<input type="checkbox"/> YES <input type="checkbox"/> NO	7	UST TANK (closure portion –one page per tank)
<input type="checkbox"/> YES <input type="checkbox"/> NO	5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)								
<input type="checkbox"/> YES <input type="checkbox"/> NO	6	UST FACILITY UST TANK (one per tank) UST INSTALLATION – Certificate of Compliance (one page per tank) (Formerly Form C)								
<input type="checkbox"/> YES <input type="checkbox"/> NO	7	UST TANK (closure portion –one page per tank)								

<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>Own or operate ASTs ---the total capacity for the facility is greater than 1,320 gallons?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 60%;">NO FORM REQUIRED TO CUPA</td> </tr> </table>	<input type="checkbox"/> YES <input type="checkbox"/> NO	8	NO FORM REQUIRED TO CUPA
<input type="checkbox"/> YES <input type="checkbox"/> NO	8	NO FORM REQUIRED TO CUPA		

<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">9</td> <td style="width: 60%;">EPA ID NUMBER – provide at the top of this page Complete the Hazardous Waste Generator, County of Riverside Form.</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">10</td> <td style="width: 60%;">RECYCLABLE MATERIALS REPORT (one per recycler)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">11</td> <td style="width: 60%;">ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">12</td> <td style="width: 60%;">ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">13</td> <td style="width: 60%;">CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">14</td> <td style="width: 60%;">REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</td> </tr> <tr> <td style="width: 30%; text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">14</td> <td style="width: 60%;">HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</td> </tr> </table>	<input type="checkbox"/> YES <input type="checkbox"/> NO	9	EPA ID NUMBER – provide at the top of this page Complete the Hazardous Waste Generator, County of Riverside Form.	<input type="checkbox"/> YES <input type="checkbox"/> NO	10	RECYCLABLE MATERIALS REPORT (one per recycler)	<input type="checkbox"/> YES <input type="checkbox"/> NO	11	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)	<input type="checkbox"/> YES <input type="checkbox"/> NO	12	ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)	<input type="checkbox"/> YES <input type="checkbox"/> NO	13	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)	<input type="checkbox"/> YES <input type="checkbox"/> NO	14	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)	<input type="checkbox"/> YES <input type="checkbox"/> NO	14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<input type="checkbox"/> YES <input type="checkbox"/> NO	9	EPA ID NUMBER – provide at the top of this page Complete the Hazardous Waste Generator, County of Riverside Form.																				
<input type="checkbox"/> YES <input type="checkbox"/> NO	10	RECYCLABLE MATERIALS REPORT (one per recycler)																				
<input type="checkbox"/> YES <input type="checkbox"/> NO	11	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)																				
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<input type="checkbox"/> YES <input type="checkbox"/> NO	13	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)																				
<input type="checkbox"/> YES <input type="checkbox"/> NO	14	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)																				
<input type="checkbox"/> YES <input type="checkbox"/> NO	14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)																				

E. LOCAL REQUIREMENTS

Note: If you have answered "NO" to **question A** listed above, complete and submit the Statement of Exemption page.

BUSINESS ACTIVITIES - INSTRUCTIONS

Please submit the **Business Activities** page, the **Business Owner/Operator Identification** page (OES Form 2730), and **Hazardous Materials Inventory - Chemical Description** pages (OES Form 2731) for all submissions.

- Each box contains a small number in the upper right hand corner. These are data element numbers that refer to instructions, contained on the green pages. The data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.
- Please **number all pages** of your submittal. This helps your Certified Unified Program Agency/Administering Agency (CUPA or AA) identify whether the submittal is complete and if any pages are separated.

I. FACILITY IDENTIFICATION

- 1. FACILITY ID NUMBER** - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number, identifying your business.
- 2. EPA ID NUMBER** - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA" you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (800) 61-TOXIC or (800) 618-6942, to obtain information on EPA ID #'s. Applications available on web site WWW.DTSC.CA.GOV.
- 3. BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" – "Doing Business As" that might have been used in the past.

II. ACTIVITIES DECLARATION

A. HAZARDOUS MATERIALS

- 4. HAZARDOUS MATERIALS ONSITE** - Check the box to indicate whether you have any hazardous materials or waste onsite. **You have a hazardous material onsite if:**
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have any hazardous materials or waste onsite, complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), in addition to both the Emergency Response Plan and Training Plan.

B. UNDERGROUND STORAGE TANKS (USTS)

- 5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

6. **UPGRADE/INSTALL UST** - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC §25316. If "YES", complete the UST Installation-Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.
7. **UST CLOSURE** - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. (CUPA may require additional information).

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTS)

8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite, which exceed the regulatory thresholds. (There is no page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). Total storage capacity greater than 1,320 gallons for all ASTs. An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC §25270.2 (k)) is not subject to this act and is exempt:
 - o A pressure vessel or boiler, which is subject to Division 5 of the Labor Code;
 - o A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC;
 - o An aboveground oil production tank, which is regulated by the Division of Oil and Gas, certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

D. HAZARDOUS WASTE

9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Also, complete the County of Riverside, Hazardous Waste Generator form. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials, which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "**Treatment**" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of

D

cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatments of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.

12. **FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. Eligibility must be pursuant to the conditions in HSC §25110.10. If your facility consolidates hazardous waste generated at a remote site, complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Knowledge of the tank and its contents - the mixture rule.
 - Testing of the tank - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.
15. **LOCAL REQUIREMENTS** - Some CUPAs or AAs may require additional information. **Check with your CUPA** before submitting the HMBEP to determine if any supplemental information is required.

STATEMENT OF EXEMPTION

STATEMENT OF EXEMPTION ONLY TO BE COMPLETED IF YOU DO NOT HAVE TO PREPARE A PLAN.
VERIFY EXEMPTION WITH THE CUPA OR ADMINISTERING AGENCY (AA).

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY _____ ZIP CODE _____

BUSINESS TELEPHONE: () _____

I UNDERSTAND THE REQUIREMENTS FOR SUBMITTING A HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN.
I DECLARE, UNDER PENALTY FOR PERJURY, THAT A HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN IS
NOT REQUIRED FOR THIS BUSINESS.

BUSINESS OWNER/OPERATOR NAME: _____

SIGNATURE: _____ DATE: _____

TITLE OF SIGNER: _____

EMERGENCY TELEPHONE OF OWNER/OPERATOR (24-HOUR CONTACT): () _____

REASON YOU BELIEVE YOUR BUSINESS IS EXEMPT:

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

Page ___ of ___

I. IDENTIFICATION

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

II. BUSINESS OWNER

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

III. ENVIRONMENTAL CONTACT

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

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

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

ADDITIONAL LOCALLY COLLECTED INFORMATION: *Note: Unless otherwise indicated, invoices will be sent to the owner mailing address as noted.* 133
 Business Description:
 Email address:

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

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

BUSINESS OWNER/OPERATOR IDENTIFICATION OES FORM 2730

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 OES Form 2730 must be signed and dated by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the 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 CUPA/ AA identify whether the submittal is complete and if any pages are separated.)

1. **FACILITY ID NUMBER** – Leave this blank. This number is assigned by the CUPA or AA. This is the unique number, which identifies your business.

3. **BUSINESS NAME** - Enter the full legal name of the business.

100. **BEGINNING DATE** - Enter the beginning year and date of the report. (YYYYMMDD, example: 2003/06/15).

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 (800) 237-3869 or by Internet.

107. **SIC CODE** - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than four 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 two 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 two 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 material 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 that is answered 24 hours a day. If it is not the contact's home or cell 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 or cell 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 local agencies to collect any additional information necessary to meet the requirements of their individual programs. Provide a description of the business and an e-mail address if available.
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.

*** MAKE COPIES AS NEEDED ***

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

202

EPCRA

YES NO

FACILITY ID #

Grid for 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)

a. PURE b. MIXTURE c. WASTE

211

RADIOACTIVE

Yes No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

214

LARGEST CONTAINER

215

FED HAZARD CATEGORIES (Check all that apply)

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

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

UNITS* (Check one item only)

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

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

222

STORAGE CONTAINER

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

223

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

224

STORAGE TEMPERATURE

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

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 226

227

Yes No 228

229

2 230

231

Yes No 232

233

3 234

235

Yes No 236

237

4 238

239

Yes No 240

241

5 242

243

Yes 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.

NFPA HAZARD IDENTIFICATION: HEALTH ___ FLAMMABILITY ___ REACTIVITY ___ SPECIAL HAZARD ___ 246

HAZARD CLASS OR DIVISION # _____
If EPCRA, Please Sign Here

UN# _____

4

FORM 2731

REVISED (6/06)

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION - INSTRUCTIONS

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

200. **ADD/DELETE/ REVISE** - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
3. **BUSINESS NAME** - Enter the full legal name of the business.
201. **CHEMICAL LOCATION** - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations **within a building**, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC §25506.
202. **CHEMICAL LOCATION CONFIDENTIAL** - EPCRA - All businesses that are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
1. **FACILITY ID NUMBER** - This number is assigned by the CUPA or AA. This is the unique number, which identifies your business.
203. **MAP NUMBER** - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. **GRID NUMBER** - If grid coordinates are used, enter the grid coordinates of the 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 associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, 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, or "No" if it is not. State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR §350.27) to USEPA.
207. **COMMON NAME** - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.

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** - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the 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 CUPA or AA for guidance. This information is required for the Corona Fire Department.
211. **HAZARDOUS MATERIAL TYPE** - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. **RADIOACTIVE** - 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. You may use up to nine digits with a floating decimal point to report activity in curies.
214. **PHYSICAL STATE** - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
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): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure.
REACTIVE: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	
PRESSURE RELEASE: Explosives, Compressed Gases, Blasting Agents	CHRONIC HEALTH (DELAYED): Carcinogens, other hazardous chemicals with an adverse effect with long-term exposure.

217. **AVERAGE DAILY AMOUNT** – Enter the total amount of the material that is on site on a typical day (in storage and/or in use). Note: This amount should not exceed the maximum daily amount.
218. **MAXIMUM DAILY AMOUNT** - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled at any one time over the course of the year. This is a projected amount for the current year; calculations may be based on the previous year's inventory. This amount should be consistent with the units reported in box 221. Note: This quantity cannot be less than the size of the largest container.

219. **ANNUAL WASTE AMOUNT** - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. **STATE WASTE CODE** - If the hazardous material is a 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 that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. **DAYS ON SITE** - List the total number of days during the year that the material is on site.
223. **STORAGE CONTAINER** - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. **STORAGE PRESSURE** - Check the one box that best describes the pressure at which the hazardous material is stored.
225. **STORAGE TEMPERATURE** - Check the one box that best describes the temperature at which the hazardous material is stored.
226. **HAZARDOUS COMPONENTS 1-5 (percentage BY WEIGHT)** - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. **HAZARDOUS COMPONENTS 1-5 NAME** - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
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. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. **HAZARDOUS COMPONENTS 1-5 CAS** - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. **LOCALLY COLLECTED INFORMATION** - Refer to Material Safety Data Sheet for hazardous material to complete this section. If available, enter the NFPA Hazard Identification information, the UN# and the hazard Class or Division that corresponds to the hazardous material. Contact the CUPA or AA for guidance.

**HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN
EMERGENCY PROCEDURES**

Emergency response plans and procedures are an integral part of the HMBEP. By taking the time to develop plans and procedures for your business, you will avoid complications resulting from inaction or misguided action during an emergency. Once the plans and procedures are developed, your employees will have an informative guide to follow in the event of an emergency. You must address each of the following items, however, the amount of detail you provide will depend upon the size and nature of the business, the damage potential of the hazardous materials handled and the location of the business with respect to residential or other populated areas.

I. EMERGENCY RESPONSE PLANS AND PROCEDURES

**A. IF YOU HAVE A RELEASE OR THREATENED RELEASE OF HAZARDOUS MATERIALS, YOUR BUSINESS IS REQUIRED BY STATE LAW TO PROVIDE IMMEDIATE NOTIFICATION TO THE FOLLOWING AGENCIES:
IMMEDIATELY CALL:**

- Local emergency response personnel
(Fire, paramedics, police or sheriff).....911
- State Office of Emergency Services.....(800) 852-7550
or (916) 845-8911

IMMEDIATELY CALL THE APPROPRIATE JURISDICTION:

- The County of Riverside
Hazardous Materials Management Division.....(951) 358-5055
- CDF/Banning Fire Service.....(951) 922-3210
- City of Corona Fire Department.....(951) 736-2220
- City of Riverside Fire Department.....(951) 826-5321

PERSON(S) WITHIN THE BUSINESS RESPONDING TO A HAZARDOUS MATERIALS INCIDENT:

NAME: _____ **TELEPHONE:** () _____
NAME: _____ **TELEPHONE:** () _____

B. IDENTIFY THE LOCAL EMERGENCY MEDICAL FACILITY THAT WILL BE USED BY YOUR BUSINESS IN THE EVENT OF AN INJURY CAUSED BY THE RELEASE OF A HAZARDOUS MATERIAL:

NAME: _____
ADDRESS: _____
CITY: _____
PHONE: _____

2. PREVENTION

Describe the kind of hazards associated with the materials present at your business. Provide information on the steps taken at your business, or the policies or procedures now in place, to **help prevent** an accidental release of a hazardous material. Issues for discussion may include safety, storage, and containment procedures. Be specific for each type of hazardous material at your business.

3. MITIGATION

Describe the procedures to be followed to **reduce the severity** of a release or threatened release of a hazardous material at your business. The procedures should detail the actions to be taken by employees to stop a release, contain a release, or to reduce the problems associated with a release. What is your immediate response to a spill, fire, explosion or airborne release at your business? Do not write procedures that exceed the capabilities of employees or equipment at your business or that violate any worker safety laws.

4. ABATEMENT

Describe what you would do to **stop** and **remove** each hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your business? What aspects of the response are beyond your ability and need to be handled by others? Who would you call to handle the release?

5. EVACUATION

Describe the procedures to be followed for immediate notification and evacuation of your business:

6. ~~EARTHQUAKES~~

Identify the areas and equipment in your business, which would require **immediate inspection or isolation** due to their vulnerability to earthquake related ground motion. Check for equipment such as gas cylinders, piping, drums, etc., that may need to be secured or spillage that may require mitigation or abatement.

7. ~~HAZARDOUS WASTE CONTINGENCY~~

Specific procedures for prevention, mitigation and abatement of a release of **hazardous waste** generated at your business. This section only applies to hazardous waste generators.

8. ~~UNAUTHORIZED RELEASE RESPONSE PLAN~~

Specific procedures for mitigation, abatement and reporting of an unauthorized release from an **underground storage tank (UST)**. The plan must address a release from a single wall or a double wall tank system as applicable. This plan should cover the entire UST system. This section only applies to UST owner/operators.

9. ~~SITE SECURITY~~

As applicable on an individual facility basis, you should assess the security and vulnerability of your business from intentional acts both from within your business (sabotage) and from the outside (vandalism and terrorist acts). This assessment should consider testing your security system and procedures on a regular basis.

Details of this assessment should not be included in this plan as it is a public document.

~~EMPLOYEE TRAINING PLAN~~

Businesses that handle hazardous materials are required to have a program that provides employees with initial and refresher training. The HMBEP shall include a training program, which is reasonable and appropriate for the size of the business and the nature of the hazardous materials handled. The training program shall take into consideration the responsibilities of the employees to be trained. The training program shall, at a minimum, include:

- A. Methods for safe handling of hazardous materials stored at your business, including familiarity with the characteristics and hazards of each material and measures employees can take to protect themselves from chemical hazards;
- B. Procedures for coordination with local emergency response organizations;
- C. Proper use of personal protective equipment;
- D. The prevention, abatement and mitigation procedures you have developed for your business and explained in the HMBEP, including proper use of emergency equipment and supplies;
- E. The emergency evacuation plans you have developed, the notification procedure used to alert people to evacuate, and the closest location to obtain appropriate emergency medical care;
- F. Procedures to coordinate with and assist the local emergency personnel that may respond to your business;
- G. Who and how to call for immediate assistance in the event of an accident involving hazardous materials;
- H. Procedures for ensuring that appropriate personnel receive initial and refresher training.

~~ALL EMPLOYEE TRAINING SHALL BE DOCUMENTED AND UPDATED ANNUALLY:~~

~~I. PERSONNEL~~

- A. Are there any specially trained hazardous materials emergency response personnel at your business? Yes _____ No _____ Number Trained _____
- B. Do you have decontamination capabilities for victims of exposure to hazardous materials at your business? Yes _____ No _____ Type of Decon _____
- C. Do you have personnel that will provide site security at your business during and after a hazardous materials incident? Yes _____ No _____

~~2. EQUIPMENT~~

- A. List the type and location of equipment that can or will be used for response to hazardous materials incidents at your business.

FACILITY SITE MAP AND STORAGE MAP INSTRUCTIONS

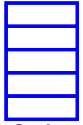
A Site Map and Storage Map must be included with your HMBEP. For relatively small facilities, these documents may be combined into one drawing. Since drawings are intended for use in emergency response situations, larger facilities (generally those with complex and/or multiple buildings) should provide an overall site map and a separate storage map for each building/storage area. All maps must be drafted in black ink on 8½" X 11" map grid, which has been provided on the last page. All lines must be neatly ruled and all writing, symbols, and notations must be clearly legible.

I. PROVIDE A FACILITY SITE MAP, WHICH INCLUDES THE FOLLOWING ELEMENTS:

- A. Scale of drawing (e.g., 1 inch = 10 feet);
- B. Site orientation (north, etc);
- C. All streets bordering the facility;
- D. Access and egress points and roads;
- E. Internal roads and parking areas;
- F. Storm drains and sanitary sewer drains;
- G. Indicate locations of floor drains, sewers and sumps;
- H. Locations of all buildings and other structures;
- I. Location and names of adjacent streets and alleys;
- J. Hazardous materials loading and unloading areas;
- K. Outside hazardous materials storage or use areas;
- L. Primary and alternate evacuation routes;
- M. Primary and alternate staging areas;
- N. Location of any on-site fire hydrants and/or fire protection equipment;
- O. Adjacent property use.

2. PROVIDE A STORAGE MAP, WHICH INCLUDES THE FOLLOWING ELEMENTS:

- A. Building floor plan including entrances, exits, interior walls, partitions, and doors;
- B. General purpose of each area within each building (e.g., office area, manufacturing, etc);
- C. Location of each hazardous material/waste storage, dispensing, use, or handling area. 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 HMBEP;
- D. Location of each emergency utility shut-off point (i.e., gas, water, and electric);
- E. Location of emergency response equipment. For example, equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.



Stairs
Vertical



Stairs
Horizontal



Guard
Shack



Elevator



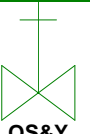
Partially
Sprinkled



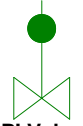
Fully
Sprinklered



Fire Alarm
Panel



OS&Y
Valve



PI Valve



Fire Dept.
Sprinkler
Connection



Riser



Water On/Off



Electric On/Off



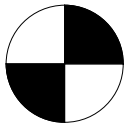
Gas On/Off



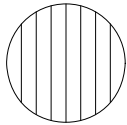
704 Hazard
Label



Hazard
Location



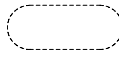
Sewer Drain



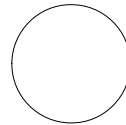
Floor Drain



DS ^{MS}



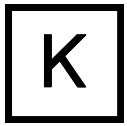
Below
Ground Tank



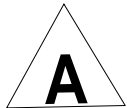
Above Ground Tank



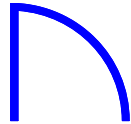
NORTH Direction



Knox Box



Access



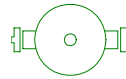
Single Door



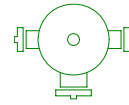
Double Door ^D



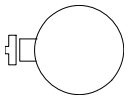
Rollup Door



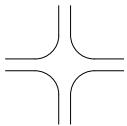
Hydrant 2
outlet



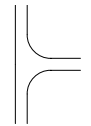
Hydrant 3
outlet



Hydrant 1
outlet



Intersection



Intersection

ANNOTATED SITE MAP BUSINESS NAME:

SITE ADDRESS:

MAP #:

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

Y ↑ X →

Scale: 1" = ___ Feet North ↑

POST FOR EMPLOYEES

HAZARDOUS MATERIALS BUSINESS EMERGENCY PLAN: EMERGENCY NOTIFICATION

During an emergency involving a release or a threatened release of a hazardous material you must notify appropriate agencies. Information you should be prepared to supply includes:

1. Name and telephone number of the reporting party;
2. Name and address of business;
3. Time and type of release (e.g., damaged containers, malfunctioning equipment, etc.);
4. Name and quantity of material(s) involved;
5. Extent and number of injuries;
6. Actions taken or being taken to mitigate or reduce emergency;
7. Potential hazards to human health or the environment surrounding the business.

AGENCY NOTIFICATION:

Fire Department	911
Ambulance/Paramedic	911
Police/Sheriff	911
Hospital _____	Phone # _____

PRIMARY FACILITY EMERGENCY CONTACT PERSON

Name _____ Phone # _____

Hazardous Materials Management Division	(951) 358-5055
CDF/Banning Fire Service	(951) 922-3210
City of Corona Fire Department	(951) 736-2220
City of Riverside Fire Department	(951) 826-5321

California Office of Emergency Services	(800) 852-7550
National Response Center	(800) 424-8802
Poison Control Center	() _____
Hazardous Materials Cleanup Contractor	() _____

Name of Contractor (if applicable):

Other Contacts: _____

