

**INSTRUCTIONS
FOR THE
CONSOLIDATED PERMIT APPLICATION PACKAGE**

**BASIC INSTRUCTIONS
(SHORT FORM)**

Your business is only required to complete and return the forms to our Department which you have indicated on the Business Activities Form. If you answer yes to any question on the Business Activities Form, you must complete the Business Owner/Operator identification page and all other applicable program forms.

Instructions are provided for each form. Please do not hesitate to contact our Department if you have any questions. You can contact the Department at 209/525-6700 between 8am and 5pm. Please mail the completed forms to the Department of Environmental Resources at 3800 Cornucopia Way, Suite C, Modesto, CA 95358.



**STANISLAUS COUNTY
CERTIFIED UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION										
FACILITY ID #										EPA ID # (Hazardous Waste Only)
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)										
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....					
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?					<input type="checkbox"/> YES <input type="checkbox"/> NO 4		HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)			
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?					<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)			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 7		UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion –one page per tank)			
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?					<input type="checkbox"/> YES <input type="checkbox"/> NO 8		NO FORM REQUIRED TO CUPAs			
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?					<input type="checkbox"/> YES <input type="checkbox"/> NO 9		EPA ID NUMBER – provide at the top of this page. Also answer yes to section E2 and complete Generator 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) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)			
E. LOCAL REQUIREMENTS 1. Generate Medical Waste 2. Hazardous Waste Generator					<input type="checkbox"/> YES <input type="checkbox"/> NO 15		MEDICAL WASTE QUESTIONNAIRE			
					<input type="checkbox"/> YES <input type="checkbox"/> NO 16		GENERATOR FORM			

FOR OFFICE USE ONLY

DATE REC'D	HW	HM	ARP	AST	UST	TP	MW	DIST
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Business Activities

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. (Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or 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 Stanislaus County. This is the unique number which identifies your facility.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters ?CA?. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
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.
4. HAZARDOUS MATERIALS ONSITE - Check the box to indicate whether you have a hazardous material 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 a hazardous material onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan and Training Plan. Do not answer ?YES? to this question if you exceed only a local threshold, but do not exceed the state threshold.
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?, then you must 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. (CUPAs may require additional information.)
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 UPCF 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)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):

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:

 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - 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.
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. 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 cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of ?treatment? for certain processes under specific, limited conditions. Refer to HSC ?25123.5 (b) for these specific exemptions. Treatment 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. You must be eligible pursuant to the conditions in HSC ?25110.10. If your facility consolidates hazardous waste generated at a remote site, then 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:
 - Your knowledge of the tank and its contents
 - Testing of the tank
 - Inability to remove hazardous materials stored in the tank.
 - The mixture rule
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. & 16. LOCAL REQUIREMENTS. Check the appropriate box to indicate whether your facility generates medical waste. Medical waste includes sharps and biohazardous materials. Farmers and home generators are exempt.

Business Owner/Operator Identification

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

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

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

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by Stanislaus County. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107. NAICS CODE - Enter the National Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION – Enter the mailing and billing address for this facility.
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.

**Stanislaus County Unified Program Agency
HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

1.

Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 2.

CHEMICAL LOCATION 3. CHEMICAL LOCATION CONFIDENTIAL EPCRA 4.
 YES NO

FACILITY ID # 5. MAP # 6. GRID # 7.

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 pounds.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 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* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221. DAYS ON SITE 222.
 (Check one item only) * If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVEGROUND 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 SPECIFY:
 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2. 230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3. 234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4. 238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5. 242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

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

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.

DOT Hazard Class _____

If EPCRA, Please Sign Here.

Hazardous Materials Inventory - Chemical Description Page (OES Form 2731) Instructions

You must complete a separate inventory page for each individual hazardous material and hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect all hazardous materials at your facility, reported **separately** for each building or outside storage area, with **separate** pages for unique occurrences of physical state, storage temperature, or storage pressure. Where the aggregate quantities of some hazardous materials are below the Business Plan threshold reporting quantity, report the general hazard class of the materials (e.g. "Misc. Flammable Liquids"), rather than the Common Name, and the aggregate quantity of all hazardous materials having this hazard class which individually are below the threshold reporting quantity. (Note: Numbering of these instructions follows the UPCF data element numbers on the Inventory page.)

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

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

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

**Stanislaus County
Certified Unified Program Agency**

Emergency Response/Contingency Plan Hazardous Materials Training Plan

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.

Facility Information:

Business Name: _____ Business Phone: (_____) _____
 Site Address: _____ City: _____ Zip: _____

Emergency Coordinators:

List personnel qualified to act as the facility's Emergency Coordinator. *(Note: Emergency Coordinator responsibilities are described in Section F, below.)*

Primary Emergency Coordinator	Secondary Emergency Coordinator
Name: _____	Name: _____
Title: _____	Title: _____
Business Phone: (_____) _____	Business Phone: (_____) _____
24 Hour Phone: (_____) _____	24 Hour Phone: (_____) _____
Pager No.: (_____) _____	Pager No.: (_____) _____

(Check box only if applicable) Additional Emergency Coordinators are listed on page _____ of this plan.

Evacuation Plan:

1. The following alarm signal(s) will be used to begin evacuation of the facility *(check all which apply)*:
 - Bells Horns/Sirens Verbal *(i.e. shouting)* Other *(specify)* _____
2. Evacuation map is prominently displayed throughout the facility.

Emergency and Mandatory Release Reporting Contacts:

Fire/Police/Ambulance Phone No. **911**
State Office of Emergency Services Phone No. **(800) 852-7550**
Fire/CUPA Department(Business Hours) Phone No. /
 (After Hours) Phone No. **911**

Emergency Resource

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

Emergency Response/Contingency Plan

Arrangements With Emergency Responders:

List arrangements made with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services.

• _____

Emergency Procedures:

Emergency Coordinator Responsibilities:

1. 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:
 - a. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - b. Assess possible hazards to human health or the environment that may result from the explosion, fire, or chemical release. This assessment must consider both direct and indirect effects specific to the properties of the released hazardous material.
 - c. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - d. Notify appropriate local authorities (*i.e. call 911*).
 - e. Notify the State Office of Emergency Services at 1-800-852-7550.
 - f. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - g. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
 - h. Identification of areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake and related ground motion.
2. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - a. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
 - b. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - c. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.

Responsibilities of Other Personnel:

List any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section. Next to each function, list the job title or name of each person responsible for performing the function.

Function

Name/Job Title

Describe activities and response actions personnel will take in the event of a hazardous materials release, fire or explosion.

Emergency Response/Contingency Plan

Emergency Equipment:

EMERGENCY EQUIPMENT INVENTORY TABLE

Equipment Category	Equipment Type	Location and Capabilities *
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Air Purifying 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	
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)	
<input type="checkbox"/> Other (<i>describe</i>)		
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems	
	<input type="checkbox"/> Fire Alarm Boxes/Stations	
	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)	
	<input type="checkbox"/> Other(<i>describe</i>)	
Spill Control Equipment and Decontamination Equipment	<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	
	<input type="checkbox"/> Sumps (<i>describe</i>)	
<input type="checkbox"/> Other (<i>describe</i>)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)	
	<input type="checkbox"/> Intercoms/ P.A. Systems	
	<input type="checkbox"/> Portable Radios	
	<input type="checkbox"/> Telephones	
	<input type="checkbox"/> Underground Tank Leak Detection Monitors	
<input type="checkbox"/> Other (<i>describe</i>)		
Additional Equipment (Use Additional Pages if Needed.)		

* Describe equipment location and its capabilities.

Emergency Response/Contingency Plan

Training:

Check all boxes which apply.

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

2. **Chemical Handlers** are annually 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>) – refer to MSDS's
<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:

<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>) _____ (<i>e.g. "Quarterly", etc.</i>)

Amendment of Contingency Plan:

This plan must be reviewed, and immediately amended, if necessary, whenever:

- a. Applicable regulations are revised
- b. The plan fails in an emergency
- c. The facility changes its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency.
- d. The list of emergency coordinators changes.
- e. The list of emergency equipment changes
- f. A change in chemical inventory which may add new hazards.

Emergency Coordinator Signature

Date

STANISLAUS COUNTY UNIFIED PROGRAM HAZARDOUS WASTE GENERATOR

PAGE ____ OF ____

BUSINESS NAME: 3									
FACILITY ID #	1	NO OF EMPLOYEES:	133b	EPA ID #	2				

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY:

- RCRA GENERATOR :
- SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)
 - LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)
- NON RCRA GENERATOR:
- CALIFORNIA WASTE ONLY
 - < 100 KG HAZARDOUS WASTE PER MONTH

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION:

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT/ MONTH	STORAGE METHOD	DISPOSAL/ RECYCLE METHOD

I certify that the information provided herein is true and accurate to the best of my knowledge.

NAME (First & Last Name) ____	TITLE ____
SIGNATURE ____	DATE ____

OFFICIAL USE ONLY

DATE REC'D	RECYCLE 50%	DISTRICT	SERVICE CODE	TP
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HAZARDOUS WASTE GENERATOR FORM

The waste generator form is used to document your waste stream status and to categorize all waste streams generated at your facility.

1. **FACILITY ID NUMBER** Enter your facility ID number, if known. Otherwise, leave this blank. This number is assigned by Stanislaus County Department of Environmental Resources. This is the unique number which identifies your facility.
 2. **EPA ID#** If you generate, store, treat or dispose hazardous waste, enter your facility's 12 character EPA ID number issued by the U.S. EPA, Cal EPA/DTSC. (Note: contact Cal EPA/DTSC at 916/324-1781, 800/618-6942 for information on obtaining an EPA ID number).
 3. **BUSINESS NAME** Enter the full legal name of the business.
- 133b **No. OF EMPLOYEES** Enter the total number of employees currently working at your facility.
- RCRA GENERATOR** Check the box that most closely apply to your facility. Small quantity generator (less than 1000kg Hazardous Waste per month, or a large quantity generator (greater than 1000 kg per month). Note: 1 kg = 2.2 lbs.
- NON – RCRA GENERATOR** Check the box that most closely apply to your company's status in California hazardous waste requirements.
- NON – GENERATOR STATUS** Check the box that closely apply to your company's status of the California hazardous waste requirements.
- PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- WASTE ID** List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR part 66261.126.
- AMT/MO** List the amount of hazardous waste generated from each separate process in pounds, gallons, or tons per month
- STORAGE** Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
- A = Drums
 - B = Underground Tank
 - C = Aboveground Tank
 - D = Waste Pile
 - E = In Process Equipment
- DISPOSAL** Enter the letter in the space provided to the type of disposal or recycling used at your facility for each of the hazardous waste streams listed.
- A = Treat Onsite
 - B = Treat Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- CERTIFICATION NAME** Indicate the name of the person who signed the form.
- OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.
- CERTIFICATION DATE** Indicate the date the form was signed.

**Table III Waste Codes
California Waste Codes**

WASTE CODES

Inorganic

- 121. Alkaline solution (pH > 12.5) with metals (antimony, arsenic, barium beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)
- 122. Alkaline solution without metals pH > 12.5
- 123. Unspecified alkaline solution
- 131. Aqueous solution (2 < pH < 12.5) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
- 132. Aqueous solution with metals (< restricted levels and see 121)
- 133. Aqueous solution with total organic residues 10 percent or more
- 134. Aqueous solution with total organic residues less than 10 percent
- 135. Unspecified aqueous solution
- 141. Off-specification, aged, or surplus inorganics
- 151. Asbestos-containing waste
- 161. FCC waste
- 162. Other spent catalyst
- 171. Metal sludge (see 121)
- 172. Metal dust (see 121) and machining waste
- 181. Other inorganic solid waste

Organics

- 211. Halogenated solvents (Chloroform, methyl chloride, perchloroethylene, etc.)
- 212. Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
- 213. Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)
- 214. Unspecified solvent mixture
- 221. Waste oil and mixed oil
- 222. Oil / water separation sludge
- 223. Unspecified oil-containing waste
- 231. Pesticide rinse water
- 232. Pesticide and other waste associated with pesticide production
- 241. Tank bottom waste
- 251. Still bottom with halogenated organics
- 252. Other still bottom waste
- 261. Polychlorinated biphenyls and material containing PCBs
- 271. Organic monomer waste (includes unreacted resins)
- 272. Polymeric resin waste
- 281. Adhesives
- 291. Latex waste
- 311. Pharmaceutical waste
- 321. Sewage sludge
- 322. Biological waste other than sewage sludge
- 331. Off-specification, aged or surplus organics
- 341. Organic liquids (non-solvents) with halogens
- 342. Organic liquids with metals (see 121)
- 343. Unspecified organic liquid mixture
- 351. Organic solids with halogens
- 352. Other organic solids

Sludges

- 411. Alum and gypsum sludge
- 421. Lime sludge
- 431. Phosphate sludge
- 441. Sulfur sludge
- 451. Degreasing sludge
- 461. Paint sludge
- 471. Paper sludge / pulp
- 481. Tetraethyl lead sludge
- 491. Unspecified sludge waste

Miscellaneous

- 511. Empty pesticide containers 30 gallons or more
- 512. Other empty containers 30 gallons or more
- 513. Empty containers less than 30 gallons
- 521. Drilling mud
- 531. Chemical toilet waste
- 541. Photochemicals / photoprocessing waste
- 551. Laboratory waste chemicals
- 561. Detergent and soap
- 571. Fly ash, bottom ash, and retort ash
- 581. Gas scrubber waste
- 591. Baghouse waste
- 611. Contaminated soil from site clean-ups
- 612. Household wastes
- 613. Auto shredder waste

California Restricted Wastes

- 711. Liquids with cyanides ≥ 1000 Mg/L
- 721. Liquids with arsenic ≥ 500 Mg/L
- 722. Liquids with cadmium ≥ 100 Mg/L
- 723. Liquids with chromium (VI) ≥ 500 Mg/L
- 724. Liquids with lead ≥ 500 Mg/L
- 725. Liquids with mercury ≥ 20 Mg/L
- 726. Liquids with nickel ≥ 134 Mg/L
- 727. Liquids with selenium ≥ 100 Mg/L
- 728. Liquids with thallium ≥ 130 Mg/L
- 731. Liquids with polychlorinated biphenyls ≥ 50 Mg/L
- 741. Liquids with halogenated organic compounds ≥ 1000 Mg/L
- 751. Solids or sludges with halogenated organic compounds ≥ 1000 Mg/Kg
- 791. Liquid with pH ≤ 2
- 792. Liquids with pH ≤ 2 with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium and zinc)
- 801. Waste potentially containing dioxins

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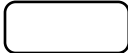
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
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Date: _____


() = Underground Storage Tank

 = Aboveground Storage Tank


 DOT Code


 = Haz. Mat Storage Area


 = Fire Extinguisher


 = Spill control Material


A = Access to Building


 = Fire Hydrant


 = Sewer Drain, Dry Well

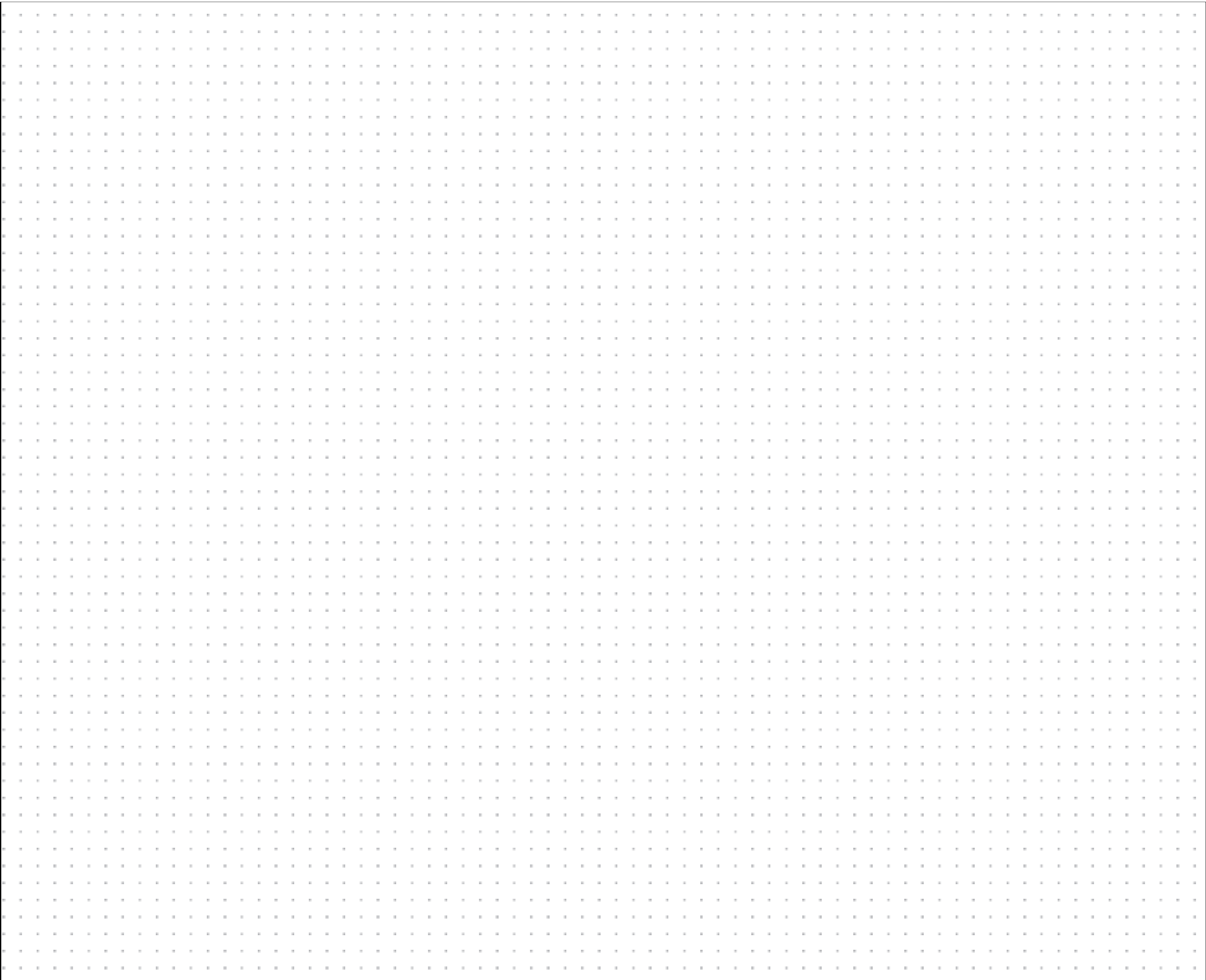
 = Regrouping Area

 = Emergency Shut-off

 = Electric Shut Off

 = Gas Shut Off

 = Water Shut Off



North	Scale	Business Name:
		Business Address:

