

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

**I. FACILITY IDENTIFICATION**

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

Cutler-Orosi Jt. USD – Orosi High School

**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><b>A. HAZARDOUS MATERIALS</b></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>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   4.	<p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)</p>
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<p><b>B. UNDERGROUND STORAGE TANKS (USTs)</b></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>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   7.	<p>UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)</p> <p>UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion – one page per tank)</p>
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<p><b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b></p> <p>Own or operate ASTs above these thresholds: ---any tank capacity is greater than 1,320 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   8.	<p>NO FORM REQUIRED TO CUPAs</p>
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<p><b>D. HAZARDOUS WASTE</b></p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per H&amp;SC §25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14.	<p>EPA ID NUMBER – provide at the top of this page</p> <p>RECYCLABLE MATERIALS REPORT (one per recycler)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Forms 1772)</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)</p> <p>CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</p> <p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</p> <p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</p>
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<b>E. LOCAL REQUIREMENTS</b>	15.
(You may also be required to provide additional information by your CUPA or local agency.)	

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

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**I. IDENTIFICATION**

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE	100.	ENDING DATE	101.
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3.		BUSINESS PHONE	
Cutler-Orosi Jt. USD – Orosi High School					559-528-4731	
BUSINESS SITE ADDRESS						
41815 Rd. 128						
CITY			104.		105.	
Orosi			CA		ZIP CODE 93647	
DUN & BRADSTREET			106.		107.	
					SIC CODE (4 digit #) 8211	
COUNTY						
Tulare						
BUSINESS OPERATOR NAME			109.		BUSINESS OPERATOR PHONE	
Gabriela Medina					559-528-4731	

**II. BUSINESS OWNER**

OWNER NAME			111.		OWNER PHONE		112.	
Cutler-Orosi Unified School District					559-528-4763			
OWNER MAILING ADDRESS								
12623 Ave. 416								
CITY			114.		STATE		115.	
Orosi					CA		ZIP CODE 93647	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME			117.		CONTACT PHONE				118.	
Raffi Soghomonian					559-999-5828					
CONTACT MAILING ADDRESS										
12623 Ave. 416										
CITY			120.		STATE		121.		ZIP CODE	
Orosi					CA				93647	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	123.	NAME	128.
Raffi Soghomonian		Art Reyes	
TITLE	124.	TITLE	129.
Director Facilities		Manager, Transportation	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
559-528-4763		559-528-4763	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
559-999-5828		559-999-4763	
PAGER #	127.	PAGER #	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

133.

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.
			Yolanda Evans, Keenan & Associates	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER		

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY –CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200.

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**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA –Doing Business As) Cutler-Orosi Jt. USD – Orosi High School										3.		
CHEMICAL LOCATION Room 605- Ceramics					201.	CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				202.		
FACILITY ID # <small>(Agency Use Only)</small>									MAP #	203.	GRID #	204.

**II. CHEMICAL INFORMATION**

CHEMICAL NAME					205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			206.		
COMMON NAME Laguna Clay					207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			208.		
CAS#					209.	*If EHS is "Yes," all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by local agency) Health										210.	
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212.	CURIES		213.	
PHYSICAL STATE (Check one item only) <input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				214.	LARGEST CONTAINER 50					215.	
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH										216.	
AVERAGE DAILY AMOUNT 500			217.	MAXIMUM DAILY AMOUNT 800		218.	ANNUAL WASTE AMOUNT		219.	STATE WASTE CODE	220.
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>									221.	DAYS ON SITE 365	222.
STORAGE CONTAINER <input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input checked="" type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON										223.	
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT										224.	
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> 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.

If EPCRA, Please Sign Here.

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

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

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

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

### 1. Evacuation Plan:

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

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

b.  Evacuation map is prominently displayed throughout the facility.

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

### 2. a. Emergency Contacts:\*

Fire/Police/Ambulance \_\_\_\_\_ Phone No.: **911**

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

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

Certified Unified Program Agency (CUPA) \_\_\_\_\_ Phone No.: **(888) 988-7058**

Local Hazardous Materials Program San Joaquin \_\_\_\_\_ Phone No.: **(559) 498-0240**

California Department of Toxic Substances Control (DTSC) \_\_\_\_\_ Phone No.: **(714) 484-5459**

Cal/OSHA Division of Occupational Safety and Health \_\_\_\_\_ Phone No.: **(877) 922-7233**

Air Quality Management District SWAPCB \_\_\_\_\_ Phone No.: **(559) 230-6000**

Regional Water Quality Control Board \_\_\_\_\_ Phone No.: **(559) 624-7409**

\* Phone numbers for agencies in Unidocs Member Agency geographic jurisdictions are available at [www.unidocs.org](http://www.unidocs.org).

### c. Emergency Resources:

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

Nearest Hospital: Name: **Kaweah Delta** \_\_\_\_\_ Phone No.: **(559) 624-2000**

Address: 400 West Mineral King Avenue \_\_\_\_\_ City: **Visalia**

### 3. Arrangements With Emergency Responders:

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

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#### 4. Emergency Procedures:

##### Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
  - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
  - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - iv. Notify appropriate local authorities (*i.e., call 911*).
  - v. Notify the California Emergency Management Agency at (800) 852-7550.
  - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
  - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

##### Responsibilities of Other Personnel:

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

#### 5. Post-Incident Reporting/Recording:

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

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

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

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

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

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

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

**8. Emergency Equipment:**

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

**EMERGENCY EQUIPMENT INVENTORY TABLE**

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

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

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

# Employee Training Plan

## (Hazardous Materials Business Plan Module)

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

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

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

### 1. Personnel are trained in the following procedures:

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

### 2. Chemical Handlers are additionally trained in the following:

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

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

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

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

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

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

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

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

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

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

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

Check the appropriate box:

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



# Facility Site Plan and Storage Map Instructions

(Hazardous Materials Business Plan Module)

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

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

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

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

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

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

Site Address: 41815 Rd. 128, Orosi, CA 93647

Date Map Drawn: \_\_\_\_\_ Map Scale: \_\_\_\_\_

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