



CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
VICTORVILLE FIRE DEPARTMENT • HAZARDOUS MATERIALS DIVISION
 14343 Civic Drive / P.O. Box 5001, Victorville, CA 92392-5001
 (760) 955-5227 FAX: (760) 955-1098

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

I. IDENTIFICATION

ESTABLISHMENT #										For Dept Use Only – Log In/Date Stamp	
FACILITY ID #											
3	6	0									
BUSINESS NAME (Same as FACILITY NAME or DBA)										3	
BUSINESS SITE ADDRESS					CITY			ZIPCODE			

II. SUBMISSION CHECKLIST

(Complete this Section if submitting an entire business emergency/contingency plan whether new or revised)

Submission Checklist *Items with an ‘ * ’ are considered "Inventory" under State disclosure laws*

- * Business Activities Form
- * Business Owner/Operator Identification Form
- * Supplemental Emergency Contact Page
- Emergency Response Plans and Procedures
- * Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number.
- * One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- * Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I.
- * Facility map (using grid form provided) consisting of all required features including the location of each inventoried item.
- Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- Area map - photocopied city map with location of site indicated
- Owner/Operator has signed and dated the plan and all required individual pages of the plan.
- Submit 2 copies to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction.
- Retain one copy of the business emergency/contingency plan at the facility.**

III. UPDATE/CERTIFICATION

(Complete this Section if submitting a partial update or re-certifying an existing Plan)

Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.

- Please incorporate the following into my business emergency/contingency plan.
 - New Business Owner/Operator Identification Form
 - New Inventory Forms and new Inventory Summary Form (and maps, if affected).
 - New Supplemental Emergency Contact Page.
- Other: _____

Brief explanation of changes: _____

There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is not being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

IV. SIGNATURE

(Complete this Section for all submissions)

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 on this document and believe the information is true, accurate and complete.

SIGNATURE OF OWNER/OPERATOR		DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)		TITLE OF SIGNER (print)	

BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET INSTRUCTIONS

Submit the Business Emergency/Contingency Plan Cover Sheet each time you update the Business Emergency/Contingency Plan.

Purpose: This form helps you determine which pages of the Business Emergency/Contingency Plan are required for full submissions and updates/ changes. If completed correctly, this form can also alert staff to changes that affect permitting such as ownership or business name changes. Finally, this form serves as documented certification that the plan contents have been reviewed by the Owner/Operator and are accurate to the best of that individual's knowledge.

Facility ID: The Facility ID # is unique to an operation at a specific location under the control of a single employer. This CUPA issues the number. If this is your first application with our CUPA for this site, you will not have a Facility ID # yet and should simply leave this field blank on all forms. You can expect to receive your facility ID # with the invoice for your permits within 60 days of initial filing. Facility ID #'s are not transferable from one location to another. If you have questions regarding your Facility ID #, please contact this Department.

Submission Checklist: Complete this section if you are submitting an entire business plan. Checking off the boxes helps you to make sure that you have completed all the required pages and made the necessary copies.

Update/Certification: This section should be completed to notify this Department of significant changes such as an ownership change, changes to the inventory and changes relating to the emergency contact information. For more information about updates, see the instructions on page iii or call this office. Note that EPCRA facilities must provide a complete submission every year.

Signature: This section must be completed, as the plan will not be accepted as complete unless the plan has been certified and signed by the Owner/Operator.



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BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3	6	0																
BUSINESS NAME (Same as FACILITY NAME or DBA)															EPA ID # (Hazardous Waste Only)				
BUSINESS ADDRESS												CITY					ZIP CODE		

II. ACTIVITIES DECLARATION

Does your facility...	If YES, please complete these portions of the application...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids or 200 cubic feet for compressed gases; or the applicable Federal threshold quantity for an extremely hazardous substance; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70; or handle ANY amount of Class 1 or 2 explosives; or ANY amount Category I or II pesticides.	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731) 4 CalARP REGISTRATION FORM
C. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 UST FACILITY 4 UST TANK (Pages 1 and 2) (One set per tank)
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 UST FACILITY 4 UST TANK (Pages 1 and 2) (One set per tank) 4 UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 UST FACILITY 4 UST TANK (Pages 1 and 2) (One set per tank) 4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
D. 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 1320 gallons?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 IF YOU ANSWERED YES, PREPARE AND MAINTAIN A SPCC PLAN AS PART OF YOUR CONTINGENCY PLAN TO ADDRESS OIL SPILLS AND RELEASES FROM THE ASTs AT YOUR FACILITY.
E. HAZARDOUS WASTE		
1. Generate ANY amount of hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 EPA ID NUMBER—provide at the top of this page 4 BUSINESS EMERGENCY/CONTINGENCY PLAN (Used in place of OES Form 2730 and 2731)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC §25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (Formerly DTSC Form 1772) 4 ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidated hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4 REMOTE WASTE / CONSOLIDATED SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

Business Activities Page Instructions

Submit the Business Activities page each time you update the Business Emergency/Contingency Plan.

Purpose: This form helps you obtain a CUPA permit and file the appropriate forms for the different types of regulated activities for this specific facility.

Facility ID: The Facility ID # is unique to an operation at a specific location under the control of a single employer. This CUPA issues the number. If this is your first application with our CUPA for this site, you will not have a Facility ID # yet and should simply leave this field blank on all forms. You can expect to receive your facility ID # with the invoice for your permits within 60 days of initial filing.

EPA ID #: 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. All hazardous waste generators are now required to have an ID number. This number is obtained by filing form DTSC 1358 by mail, email, or fax. There is no cost for an EPA ID #.

Business Name & Address: Enter the full legal name of the business at this location. This is the same as the terms "Facility Name" or "DBA-Doing Business As" that might have been used in the past. Business Address should be the location address of the actual operation, not a mailing address, post office box, or separate central office.

A. HAZARDOUS MATERIALS

1. Answer "YES" to this question if you handle the indicated quantities of hazardous materials. Note that hazardous materials include oils, paints, solvents, cleaners, and all hazardous wastes. For definition, see the instructions, page ii. If "YES", complete and submit the Business Emergency/Contingency Plan.

2. Answer "YES" to this question if you handle the quantities indicated related to Sections 311-312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA). If "YES", submit the Business Emergency/Contingency Plan following the EPCRA instructions, with annual complete submission and signatures.

B. REGULATED SUBSTANCES

Answer "YES" to this question if you handle in a process greater than the threshold quantities of a regulated substance listed in the 3 tables in Appendix C. If "YES", submit the San Bernardino County CUPA CalARP Registration Form (also in Appendix C) and coordinate with this CUPA the submission of the Risk Management Plan (RMP) and the implementation of the Prevention Program.

C. UNDERGROUND STORAGE TANKS (USTs)

1. Answer "YES" to this question if 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. Other forms for upgrading or closing a UST may be obtained from our website.

D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Answer "YES" to this question if you store greater than 1320 gallons of petroleum products either new or used, in aboveground tanks or containers: Note that "tank" in this law is defined to include all aboveground containers including drums, but does not include pressurized liquefied petroleum gases. If "YES", you must prepare a Spill Prevention Control and Countermeasures Plan (SPCC).

E. HAZARDOUS WASTE

1. Answer "YES" if you generate **ANY** amount of hazardous waste (HW). A generator is the person or business whose acts or processes produce a HW or who causes a hazardous substance or waste to become subject to state HW law. Hazardous Waste includes waste oil, waste antifreeze, and many other common wastes. You are the generator even if the waste is ultimately recycled or if another company hauls it for you. If "YES", obtain an EPA ID number and use the Business Emergency/Contingency Plan Forms to meet Contingency Plan requirements.

2. Answer "No" to the recycling question if you only send materials to an offsite recycler (eg oil, antifreeze, parts washer solutions). Answer "YES" if this site recycles any amount of recyclable materials under a claim that the material is excluded or exempt per HSC § 25143.2. If "YES", complete the Recyclable Materials Reporting Form (Page 1 & 2).

3. Answer "YES" if 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. There are exemptions from the definition of "treatment" for certain processes under specific, limited conditions described in CHSC section 25123.5(b). If "YES", 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.

4. Answer "YES" if your facility is subject to Financial Assurance requirements for closure of an onsite treatment unit (for Permit by Rule and Conditional Authorization). 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 "YES", then complete the Certificate of Financial Assurance page.

5. 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 "YES", complete the Remote Waste Consolidation Site Annual Notification page.

6. Answer "YES" to this question if you generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste. If "YES", obtain a Federal EPA ID number, file a biennial report, and satisfy other requirements for RCRA Large Quantity Generators.



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BUSINESS OWNER / OPERATOR IDENTIFICATION										
ESTABLISHMENT #		[REDACTED]								(This number is on your CUPA permit.)
FACILITY ID #		3	6	0						1 (The empty boxes are the last 6 digits of the above Establishment #)
EFFECTIVE DATE		100	ENDING DATE		101					
BUSINESS NAME (Same as FACILITY NAME or DBA)								BUSINESS PHONE		
BUSINESS SITE ADDRESS										
CITY				104	COUNTY		108	STATE	ZIP CODE	
				SAN BERNARDINO		CA				
D&B NUMBER		PRIMARY SIC/NAICS CODE		DESCRIPTION OF BUSINESS ACTIVITY FOR THIS PRIMARY SIC CODE						
BUSINESS OPERATOR NAME						BUSINESS OPERATOR PHONE				110
II. BUSINESS OWNER										
OWNER NAME						111	OWNER PHONE		112	
OWNER MAILING ADDRESS										
CITY							STATE	115	ZIP CODE	
III. ENVIRONMENTAL CONTACT										
CONTACT NAME						CONTACT PHONE				
CONTACT MAILING ADDRESS										
CITY							STATE	121	ZIP CODE	122
- PRIMARY -			IV. EMERGENCY CONTACTS*				- SECONDARY -			
NAME			NAME							
TITLE			TITLE							
BUSINESS PHONE			BUSINESS PHONE							
HOME PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW)			HOME PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW)							
OTHER 24-HOUR PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW)			24-HOUR PHONE (NOT CONFIDENTIAL - SEE NOTE BELOW)				131			
PAGER/CELL #			PAGER /CELL #							
*HOME PHONE NUMBERS ARE REQUIRED FOR ALL HAZARDOUS WASTE GENERATORS. IF YOU WISH TO KEEP 24-HOUR OR HOME PHONE NUMBERS CONFIDENTIAL, FILE THE CONFIDENTIAL EMERGENCY CONTACT PAGE (PAGE 3) AND LEAVE THE ABOVE 24 HR FIELDS BLANK. ALSO USE THE SEPARATE PAGE (PAGE 3) TO DESIGNATE MORE THAN 2 EMERGENCY COORDINATORS.										
V. SIGNATURE										
SIGNATURE OF OWNER/OPERATOR				NAME OF SIGNER (print)				DATE		



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LOCALLY COLLECTED INVENTORY INFORMATION

I. FACILITY IDENTIFICATION

ESTABLISHMENT #											(This number is on your CUPA permit.)	
FACILITY ID #	3	6	0								1	(The empty boxes are the last 6 digits of the above Establishment #)
BUSINESS NAME (Same as FACILITY NAME or DBA)												
FACILITY ADDRESS										CITY		104

II. ADDITIONAL CONTACT & OPERATIONS INFORMATION

BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
BUSINESS FAX NUMBER	BUSINESS E-MAIL		

NOTE: ALL CORRESPONDENCE, INVOICES, PERMITS, AND NOTICES WILL BE SENT TO THE ABOVE ADDRESS

Total # of Employees onsite/shift: (as reported on your most recent tax withholding forms.)	SHIFT 1	SHIFT 2	SHIFT 3	HOURS OF OPERATION
Total # of employees onsite involved in the operation that uses hazardous materials:				TAXPAYER ID NUMBER

ASSESSORS PARCEL NUMBER (S)	CROSS STREET
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BUSINESS DESCRIPTION

Number of Underground Storage Tanks located at this facility

Does this facility:

- Store liquid petroleum (not petroleum gases) in a single aboveground tank greater than 600 gallons? YES NO
- Have a cumulative aboveground liquid petroleum (not including petroleum gases) storage capacity of greater than 1320 gallons? This includes both product and waste and includes tank and drum storage. YES NO
- Store or handle extremely hazardous substances at a quantity above threshold planning quantity? (See Appendix B of this guide) YES NO
- Is this site subject to EPCRA section 311 & 312 (Emergency Planning and Community Right-to-Know Act)? (See page "I" for description) YES NO
- Store or handle Regulated Substances (see Appendix C) in excess of threshold quantity? YES NO

Name(s) of Regulated Substances:

Does this facility have a laboratory on site YES* NO
 * If yes, attach a general description of the laboratory and a **brief** description of the type(s) and quantity of hazardous materials in the lab.

III. VULNERABLE POPULATIONS

Is there a school, hospital, or extended care facility within 1,000 ft. (straight-line distance) of this facility? YES NO
 If yes, attach page with the name and address of each school hospital or extended care facility site within 1000 ft.

Date: _____



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BUSINESS NAME (Same as FACILITY NAME or DBA)	
FACILITY ADDRESS	CITY

EMERGENCY CONTACTS

A business shall appoint an Emergency Coordinator and Alternate Emergency Coordinator. These persons shall be knowledgeable in all aspects of the business operation. In the event of a release or threatened release of hazardous materials, the Emergency Coordinators shall be responsible for initiating response actions by the business. The Emergency Coordinators shall have full access to the facility, site familiarity and authority to make decisions for the business and to commit business resources. Hazardous waste generators must provide the information required in Title 22 of the California Code of Regulations and must list all emergency coordinators in the order that they will assume responsibility.

ONLY Emergency Contacts listed on this separate page will be held as confidential.

NAME	TITLE	
OFFICE ADDRESS		
OFFICE PHONE	HOME PHONE	OTHER 24 HR PHONE (PAGER/CELL) 127

NAME	TITLE	
OFFICE ADDRESS		
OFFICE PHONE	HOME PHONE 126	OTHER 24 HR PHONE (PAGER/CELL) 127

NAME	TITLE	
OFFICE ADDRESS		
OFFICE PHONE	HOME PHONE	OTHER 24 HR PHONE (PAGER/CELL) 127

EMERGENCY RESPONSE TEAM (OWN EMPLOYEES OR CONTRACT) –IF APPLICABLE

NAME	24-HOUR PHONE

Date: _____



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BUSINESS NAME (Same as FACILITY NAME or DBA)	
FACILITY ADDRESS	CITY
EMERGENCY RESPONSE PLANS & PROCEDURES - AGENCY NOTIFICATION	
POST BY PHONE	

Agency Notification: A handler of hazardous materials is required to immediately report any release or threatened release of a hazardous material to the administering agency and the Office of Emergency Services. Note that there is no reportable quantity under California statute. Spills exceeding federal reportable quantities require notification to the National Response Center. If a situation is an emergency, call 911 first. *indicates mandatory notification.

Agency

Phone Number

- | | |
|---|---|
| 1. *Local Emergency Response Agency (if an emergency) | 911 |
| 2. Victorville Fire Department Hazardous Materials Division | (760) 955-5229 |
| 3. *State of California, Office of Emergency Services | (800) 852-7550 or (916) 262-1621 |
| 4. National Response Center | (800) 424-8802 |
| 5. Other Agencies (<i>Cal OSHA, Regional Board, Air Quality, as applicable</i>) | |

_____	_____
<i>Agency Name</i>	<i>Phone Number</i>
_____	_____
<i>Agency Name</i>	<i>Phone Number</i>
_____	_____
<i>Agency Name</i>	<i>Phone Number</i>
_____	_____
<i>Agency Name</i>	<i>Phone Number</i>

EMERGENCY INFORMATION REQUIRED:

- | | |
|--|---|
| ◆ Name & phone number of person reporting | ◆ Estimate of the quantity released |
| ◆ Name and street address of the business occurred | ◆ Media (soil, water, air) into which release |
| ◆ Location of the incident or threatened release | ◆ Precautions to take (if known) |
| ◆ Type of incident or threatened release | ◆ Time and duration of the release |
| ◆ Hazardous materials involved & physical state hazardous substance? | ◆ Is the chemical an extremely |
| ◆ Hazards to human health and/or environment | ◆ Extent of injuries, if any |

Release reporting citations (California Health and Safety Code):

§ 25507(a) ... 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 administering agency, and to the office, in accordance with the regulations adopted pursuant to Section 25503. Each handler and any employee, authorized representative, agent, or designee of a handler shall provide all state, city, or county fire or public health or safety personnel and emergency rescue personnel with access to the handler's facilities.

§ 25501. Definitions:

(r) "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, unless permitted or authorized by a regulatory agency.

(u) "Threatened release," means a condition creating a substantial probability of harm, when the probability and potential extent of harm make it reasonably necessary to take immediate action to prevent, reduce, or mitigate damages to persons, property, or the environment.

§ 25515 Any person or business who violates Section 25507 shall, upon conviction, be punished by a fine of not more than twenty five thousand dollars (\$25,000) for each day of violation, or by imprisonment in the county jail for not more than one year, or by both the fine and imprisonment. Furthermore, if the violation results in, or significantly contributes to, an emergency, including a fire, which the county or city is required to respond, the person shall also be assessed the full cost of the county or city emergency response as well as the cost of cleaning up and disposing of the hazardous materials.



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FACILITY ADDRESS

CITY

EMERGENCY RESPONSE PLANS AND PROCEDURES

State Law requires your business to complete all sections of the Emergency Response Procedure listed below:

For each of the following, **briefly** describe your business's standard operating procedures relating to the release or threatened release of hazardous materials located at your facility. You may attach additional pages if necessary, but do not include copies of facility manuals unless requested to do so by this Department. You may reference manuals that are used by your facility for these procedures, but you must still give a brief description of policy.

EVACUATION/NOTIFICATION: Indicate location(s) where employees, customers, visitors or others on site are to evacuate in an emergency. Describe how your business will immediately notify people and evacuate the facility in the event of a release or threatened release of hazardous materials. Include the route and meeting place.

PREVENTION/MITIGATION/ABATEMENT: Describe what policies and procedures your business will follow to prevent, reduce and/or remove the hazard to persons, property or the environment caused by a release or threatened release of hazardous materials and/or hazardous wastes. (✓ Check those items that apply and write additional information in the space provided).

- Reduction of containers on site if not used or needed.
- Containers are properly labeled and closed when not in use.
- Compressed gas cylinders are properly secured.
- Use of monitoring system. Type: _____
- Other: _____

Date: _____



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EMERGENCY RESPONSE PLANS AND PROCEDURES – PAGE 2

FACILITY TRAINING PLAN: Describe employee and operator training including local emergency response coordination, use of facility emergency equipment, and provisions for initial and refresher training. In addition, describe training for hazardous materials/waste handling as required by OSHA. (√ Check those items that apply and write additional information in the space provided)

- New employee training.
- Annual training & periodic refresher courses.
- Familiarization with the Emergency Response Plans and Procedures of this Business Plan.
- Spill control equipment
- Monitoring system
- Personal Protective Equipment
- On the job training. Describe below.
- Othe

EMERGENCY PROCEDURES: Give duties of the Emergency Coordinator and how implementation of Facility Emergency Response will be accomplished. (e.g. Notification, evacuation, emergency coordination) (√ Check those items that apply and write additional information in the space provided)

Emergency Coordinator will:

- Identify potential hazards and determine whether a release has occurred.
- Activate local emergency systems (e.g. manual shutoff devices) and take appropriate immediate actions based on level of training and the ability to act safely.
- Coordinate the notification and evacuation of employees and customers from the facility.
- Make required agency notifications and request needed assistance.
- Assist responding agencies by providing access to the facility and information about the facility.
- Othe

Date: _____



BUSINESS NAME (Same as FACILITY NAME or DBA)

FACILITY ADDRESS	CITY
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EMERGENCY RESPONSE PLANS AND PROCEDURES – PAGE 3

FACILITY EMERGENCY EQUIPMENT: List facility emergency equipment on site (fire extinguisher, fire alarms, spill control equipment, SCBA, first aid kits, etc.); include test/maintenance plan. (✓ Check those items that apply and write additional information in the space provided)

Equipment	Quantity/Type	Maintenance Schedule/Frequency
<input type="checkbox"/> Fire extinguisher(s)	_____	_____
<input type="checkbox"/> First aid kit(s)	_____	_____
<input type="checkbox"/> Fire alarm(s)	_____	_____
<input type="checkbox"/> Spill control equipment	_____	_____
<input type="checkbox"/> Monitoring system	_____	_____
<input type="checkbox"/> Personal Protective	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

FACILITY EARTHQUAKE RESPONSE: Identify areas of the facility as well as mechanical or other systems that require immediate inspection due to their vulnerability to earthquake related ground motion. (E.g. Hazardous materials or waste storage locations, vessels, piping, pipe and tank supports, valves, gauges, etc.) (✓ Check those items that apply and write additional information in the space provided)

- Chemical Storage Locations – Product and Waste
- Process vessels
- Aboveground storage tanks
- Emergency shut-off systems
- Piping and pipe supports
- Utility connections
- _____
- _____
- _____
- _____

ARRANGEMENTS/AGREEMENTS: Describe any arrangements or agreements that you have with private emergency response teams, waste haulers, disposal companies, recyclers, local hospitals, police or fire. If you have no arrangements or agreements, state that fact in the space provided. (✓ Check those items that apply and write additional information in the space provided)

- Hazardous waste _____
- Emergency response _____
- Local _____
- Other: _____
- No arrangements or agreements at this time

HELPFUL HINTS FOR COMPLETING THE INVENTORY SECTION

Congratulations! You have completed the first half of the plan. The following pages require review of the hazardous materials and hazardous wastes at your facility to determine which items require disclosure.

Here are some helpful hints to assist you in filling out the hazardous materials inventory section:

- 1) This CUPA offers an example business plan that is available on our website or by mail. If you are unfamiliar with the business plan requirement, we recommend that you look at the example before you get started so you can see how inventory summary, chemical description pages, and maps work together.
- 2) Before you start filling out forms, determine how many items require disclosure and make the appropriate number of copies of the Inventory Summary form and the Chemical Description form. Note the following criteria when determining which items require disclosure in the inventory section: hazardous materials with a maximum quantity of greater than 55 gallons, 500 pounds, or 200 cubic feet; extremely hazardous substances at or exceeding threshold quantities (see Appendix B); any amount of hazardous waste, category 1 or 2 pesticides, or explosives.
- 3) Assign a unique item number to each inventoried item (e.g. 1,2,3, etc.) This same item number is used on the Inventory Summary, on the individual Chemical Description form, and to show the storage location(s) on the facility map.
- 4) Each inventoried item requires a Chemical Description page that gives additional details about each chemical. Material Safety Data Sheets (MSDSs) and container labels are the main sources of chemical information. Wastes do not have MSDSs, but waste analysis, profiles, or manifests may have useful information.
- 5) Review Appendix I to determine which inventoried items require submission of a Material Safety Data Sheet (MSDS). If the substance is not listed in Appendix I, attach the MSDS for that chemical to the corresponding individual Chemical Description page. Anytime you update or refill the Chemical Description Page, make sure to attach the current MSDS. If you do not have a MSDS for a material, you can get one from your chemical vendor and you need them for compliance with the OSHA Hazard Communication Standard. Hazardous wastes do not have MSDSs.
- 6) Materials and wastes of the same chemical (e.g. lubricating oil and used oil) require separate Chemical Description pages.
- 7) Since the Chemical Description Page requires location information, you will have to complete the facility map(s) before you can finalize the Chemical Description pages.
- 8) The Maximum Quantity should reflect the maximum amount that could ever be onsite at any one time. The maximum listed on the Inventory Summary and the maximum listed on the individual Chemical Description form should be the same.
- 9) Typically, liquids are disclosed in gallons, solids in pounds and compressed gases in cubic feet. If you have questions regarding the correct unit type for an item, contact this department for assistance.
- 10) Signatures: The Inventory Summary form requires the Owner/Operator signature. Additionally, EPCRA filers are required to sign all individual Chemical Description forms.

Note: If you have a large warehouse, trade secrets, or other unique situation, please call our office before you fill out chemical description pages. We can help you develop an inventory that will meet the requirements and accommodate a unique situation.

Business Plan Inventory Summary Form Instructions

File an Inventory Summary every time you update any or all of the Chemical Description Pages. This makes sure that your copy, the local Fire Agency, and the CUPA has the most current, complete information.

Purpose: The Inventory Summary is a critical document that acts as a table of contents for the individual chemical description pages, otherwise known as the Chemical Description Pages. It gives an important at-a-glance view of your inventory and acts as a key to the location of inventoried items on your facility map.

Inventory: Only items meeting the criteria and quantities of 55 gallons, 500 pounds, 200 cubic feet of a hazardous substance; extremely hazardous substances at or exceeding threshold quantities (see Appendix B); any amount of hazardous waste, category 1 or 2 pesticides, or explosives must be included in the Inventory Section of the Business Plan.

Item Numbers: Assign a unique number to each inventoried item. Place the item number on each individual Chemical Description Form, and then use the same item number to list the item in order of the attached Chemical Description Pages on the Inventory Summary Form. This item number is also used to locate the storage location of the inventoried items on the Facility Map(s).

Name of Hazardous Material or Waste: Provide the name of the Hazardous Material or Waste being inventoried. The same name should be used on the Chemical Description Form.

Maximum Quantity: Maximum quantities are a not-to-exceed amount for the reporting year.

Largest Container Size: Enter the total capacity of the largest container in which the material is stored. If hazardous materials are stored in various containers, use the largest container size to complete this section.

Unit of Measure: Describe how the hazardous material is being stored. Typically, liquids are listed in gallons; solids are listed as pounds; and gases are listed as cubic feet. Extremely Hazardous Substances (EHS) must be reported in pounds, regardless if the EHS is in a liquid, solid, or gas phase.

Signature: The owner/operator must sign the Inventory Summary Form, print their name, and date this page.

EPCRA: EPCRA filers must also sign and date all Chemical Description Pages.

Hazardous Materials Inventory Form – Chemical Description Form

For each item listed on the Inventory Summary Form, complete a separate Chemical Description Form. Attach a Material Safety Data Sheet (MSDS) to corresponding Chemical Description Form, unless the material is not listed in Appendix I.

Purpose: The Hazardous Materials Inventory Form – Chemical Description Form is a more detailed inventory form which provides additional chemical information that can be used by the Local Fire Jurisdiction, as well as the CUPA.

Chemical Description Form: For each hazardous material or hazardous waste listed on the Inventory Summary Form, a separate Chemical Description Form must be completed. Do not combine materials and wastes on one form. For example, if your facility stores or uses new oil exceeding 55 gallons, and also generates waste oil waste, two separate Chemical Description Forms must be completed. One form will be completed for the new oil; one form will be completed for the waste oil. At the top of the form, check one of the two boxes (Material or Waste). Do not check both boxes.

Item Number: Use the same item number assigned on the Inventory Summary Form to list inventoried items.

Chemical Location Information: This section is used to identify the storage location of the specific hazardous material. Provide the Grid Coordinate(s) from the facility map to identify the storage location of each chemical. The Hazardous Materials Inventory Form – Chemical Description Form is provided to public requestors; however, maps showing storage locations are not. Do not include confidential storage location information on this page.

Chemical Information:

- Chemical Name – provide the name of the chemical being inventoried. The Chemical Name can be found on the Material Safety Data Sheet (MSDS), container, or your purchase invoice. For example, petroleum hydrocarbon is the chemical name for gasoline.
- Common Name – provide the common name of the chemical being inventoried. For example, gasoline is the common name for petroleum hydrocarbon.
- CAS # - Chemical Abstract Service number. Provide the CAS number for the chemical being inventoried. The CAS number can be obtained from the MSDS.
- Trade Secret - check the “NO” box. If your facility has a trade secret, contact this CUPA for specific filing instructions.
- EHS – Extremely Hazardous Substance. Check the “YES” box if the chemical being inventoried is listed in Appendix B. Remember, if the “YES” box is checked, the chemical amount must be listed using pounds, regardless if the EHS is a liquid, solid, or gas. If the chemical being inventoried is not in Appendix B, then check the “NO” box
- Hazardous Material Type – check only one box to indicate if the chemical being inventoried is a pure chemical, a mixture or a waste.
- Radioactive – check the “YES” box if the chemical being inventoried is radioactive. In the next box, provide the Curies. Check the “NO” box if the chemical being inventoried is not radioactive.
- Physical State – check only one box to indicate the physical state of the chemical.
- Size of Largest Container – Enter the total capacity of the largest container in which the material is stored. . If hazardous materials are stored in various containers, use the largest container size to complete this section.
- Federal Hazard Categories – check all categories that describe the physical and health hazards associated with the hazardous material. **PHYSICAL HAZARDS - Fire:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers; **Reactive:** Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive; **Pressure Release:** Explosives, Compressed Gases, Blasting Agents; **HEALTH HAZARDS - Acute Health (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure; **Chronic Health (Delayed):** Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.
- Average Amount – this is the average amount of the chemical being stored at your facility on a given day.
- Maximum Amount – this is the maximum amount of each hazardous material or mixture containing a hazardous material that is on site at any one time over the course of the year. This number represents a not to exceed quantity.
- Annual Waste Amount – this is the annual amount of waste generated during the year.
- State Waste Code – this 3-digit number identifies the type of hazardous waste that is generated. The number can be found on the Hazardous Waste Manifest or in Appendix F – Common Waste Codes.
- Units – check the appropriate box to describe how the hazardous material is being stored. Typically, liquids are listed in gallons; solids are listed as pounds; and gases are listed as cubic feet. Remember, Extremely Hazardous Substances (EHS) must be reported in pounds, regardless if the EHS is in a liquid, solid, or gas phase.
- Storage Container – check all boxes that describe what type of container(s) are used to store the chemical.
- Storage Pressure – check the one box that describes the pressure that the chemical is stored at.
- Storage Temperature – check the one box that describes the temperature that the chemical is stored at.
- % WT - enter the percent by weight of the chemical components. If a range of percentages is available, report the highest percentage in that range.
- Composition – list all components of the chemical. If the chemical is a mixture list the hazardous components first, followed by the non-hazardous components.
- EHS - check “Yes” if the component is considered an Extremely Hazardous Substance or “No” if it is not.
- CAS# - Chemical Abstract Service number. Provide the CAS number for the chemical being inventoried. The CAS number can be obtained from the MSDS.

Notes – this field can be used to provide additional information about the chemical. This CUPA does not require the fire code hazard class. If your local fire agency specifically requests this information, provide the fire code hazard class in this section.

CUPA
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SECTION IV: BUSINESS EMERGENCY CONTINGENCY PLAN MAPS

Submit three (3) maps:

- Area Map** - location of facility in relation to community
- Site Map** - overview of facility and its immediate surroundings
- Facility Map(s)** - floor plan of facility, locations of hazardous materials, emergency equipment, building details.

AREA MAP - Provide a map showing entire area around the facility and property. The purpose of the area map is to identify primary and alternate routes to the facility and to see where in a community the facility is located. Be sure to identify location of the facility on map. (e.g. Thomas Brother's Guide map page or equivalent may be used). There is no form provided for the area map, since it is a copy of an existing map noting the location of the facility. Area map **must** be to a legible scale on an 8 1/2 x 11" sheet of paper.

NOTE: The following Sections require that you prepare a map of your facility and site location. A blank grid map has been provided for this purpose. You **must** use a grid system and use the map symbols provided. If you add additional symbol items on the map, provide an explanation of those symbols on the legend sheet area.

If your facility is very large and you cannot adequately fit the required items on the map forms provided, you may submit a series of maps. For example, enlarge a quadrant area on a main grid map and submit detail maps for a grid group. If you have difficulty with map preparation, contact this office for further assistance. The facility and the site map may be combined into one map **only if** you can provide all the required items in a legible scale on the sheets provided. These maps provide vital emergency information to emergency responders, and therefore it is important that you take the time to make them readable and accurate.

SITE MAP - The site map is an aerial overview of your facility. Complete this map on the sheet provided to a legible scale. The purpose of the site map is to provide the geographic context of the buildings, access points, and surrounding properties and streets around a facility. Below is a list of items that **must** be included on the drawing:

- Scale of map (i.e., 1" = 100 ft.)
- Site orientation (north, south, etc.)
- The names of all roads on all sides of the facility
- The location of your facility
- Property lines
- Types of surrounding facilities and/or uses of adjacent property
- Exit/entry routes (i.e., gates, driveways, etc.)
- Schools, hospitals, extended care facilities within 1000 feet of your facility.
- Fences or barriers on the site
- Location of any rail transportation sites (i.e., railroad tracks or spurs)

FACILITY MAP - The facility map is a drawing of the **FLOOR PLAN** of your establishment. Complete this map on the sheet provided to a legible scale. The purpose of the facility map is to locate inventoried hazardous materials (by item number), emergency equipment, and facility features that must be considered in responding to a fire or potential release of hazardous materials. Below is a list of items that **must** be included on the drawing:

- Scale of map (i.e., 1" = 100 ft.)
- Site orientation (north, south, etc.)
- Identify each hazardous material handling, use, or storage area using the item # assigned on the Inventory Summary. If the materials are too numerous to indicate on the map grid area, then provide a sequential letter (i.e., A, B, etc.) on the map where the items are located and list item # in the "**Notes**" area provided (i.e., A= #1,2,3,4,7, 9, 10, etc.).
- Identify location of emergency response equipment such as fire suppression equipment, protective clothing, etc.
- Identify any hazardous waste treatment units
- Identify exits, evacuation routes, doors, and wall separations
- Identify interior and exterior electrical, gas, water and any other emergency shut-off valves.
- Identify emergency alarm locations, and first aid equipment locations
- Identify location of material safety data sheets and business emergency plan
- Identify location of all floor drains
- Identify location of sewer and storm drains on or around facility site
- Identify location of parking and loading areas
- Identify location of evacuation staging areas
- Identify location of above and below ground storage tanks. Identify contents by inventory item # and indicate amount stored in tank (i.e., 10 pounds, 500 gallons.)

Use the symbols on the following key to locate features on the site and facility maps. If you add additional symbol items on the map, provide an explanation of those symbols on the legend sheet area.

SITE MAP

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

Date: _____

FACILITY MAP

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

Date: _____



CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
VICTORVILLE FIRE DEPARTMENT • HAZARDOUS MATERIALS DIVISION
 14343 Civic Drive / P.O. Box 5001, Victorville, CA 92392-5001
 (760) 955-5227 FAX: (760) 955-1098

HAZARDOUS MATERIALS INVENTORY FORM - Chemical Description **MATERIAL**
One page per item. Indicate if material OR waste (Do not combine material and waste on one form) **WASTE**
 MAKE COPIES OF THIS FORM AS NEEDED.
 ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) IF THE MATERIAL IS NOT LISTED IN APPENDIX I OF THIS GUIDE.

ADD DELETE REVISE **I. FACILITY INFORMATION** **ITEM NUMBER** _____

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

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL EPCRA 202
 YES NO

FACILITY ID # _____ 1 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* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE : 222
 (Check one item only) *If EHS, amounts 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
 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

%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 this page

Date: _____