

THE CERTIFIED UNIFIED PROGRAM AGENCIES OF LOS ANGELES COUNTY

UNIFIED PROGRAM (UP) FORM



**CITY OF EL SEGUNDO
FIRE DEPARTMENT**



**COUNTY OF LOS ANGELES
FIRE DEPARTMENT**



**CITY OF GLENDALE
FIRE DEPARTMENT**



**CITY OF SANTA FE SPRINGS
FIRE DEPARTMENT**



CITY OF LONG BEACH



**CITY OF SANTA MONICA
FIRE DEPARTMENT**



**CITY OF LOS ANGELES
FIRE DEPARTMENT**



**CITY OF VERNON
HEALTH DEPARTMENT**

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Note: The UP form was developed by the CUPA's of Los Angeles County as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulation. The CUPA or Participating Agency (PA) must accept the state UPCF and cannot require a business to use the alternative version developed by the CUPA. The CUPA and PA can require businesses to provide additional information on either the UPCF or a supplemental page to that document. (Reference: 27 CCR Section 15400.3 (d))

WHAT IS A CUPA?

Senate Bill 1082, introduced by Senator Charles Calderon (D-Whittier) and passed in 1993, created the Unified Hazardous Waste and Hazardous Materials Management Regulatory Program (Unified Program), which requires the administrative consolidation of six hazardous materials and waste programs (Program Elements) under one agency, a Certified Unified Program Agency (CUPA). The Program Elements consolidated under the Unified Program are:

- ❖ Hazardous Waste Generator and Onsite Hazardous Waste Treatment Programs (a.k.a. Tiered Permitting);
- ❖ Aboveground Petroleum Storage Tank Spill Prevention Control and Countermeasure Plan (SPCC);
- ❖ Hazardous Materials Release Response Plans and Inventory Program (a.k.a. Hazardous Materials Disclosure or "Community-Right-To-Know");
- ❖ California Accidental Release Prevention Program (Cal ARP);
- ❖ Underground Storage Tank Program (UST); and,
- ❖ Uniform Fire Code Plans and Inventory Requirements.

The goal of the Unified Program is to create a more cohesive, effective and efficient program. Under the Unified Program, application and required submission forms are standardized and consolidated, inspections are combined where possible, annual fees for each program element are merged into a single fee system, and enforcement procedures are made more consistent.

Local agencies administering one or more of the six Program Elements had the option to either apply for CUPA status with the California Environmental Protection Agency (Cal EPA) or retain their programs by becoming a Participating Agency (PA) under another CUPA's jurisdiction. Counties were required to apply for CUPA designation. Eight CUPAs in Los Angeles County received certification from Cal EPA to implement the CUPA program effective July 1, 1997 including the Cities of El Segundo, Glendale, Long Beach, Los Angeles, Santa Fe Springs, Santa Monica, and Vernon, and the County of Los Angeles (LA Co CUPA). The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County **not** within the jurisdiction of the other seven CUPAs.

(Note: The Los Angeles County Fire Department administers Hazardous Waste Programs in the cities of Los Angeles and Santa Monica as a Participating Agency.)

Ten cities and two County agencies entered into agreements and/or Memorandum of Understanding with the Los Angeles County Fire Department to administer one or more of the Program Elements as Participating Agencies (PAs) to the LACoCUPA. The ten City agencies include the Fire Departments of Alhambra, Burbank, Compton, Culver City, Downey, Monrovia, Pasadena, Redondo Beach, South Pasadena, and Torrance. The two County Departments include the Department of Public Works and the Agricultural Commissioner.

OFFICES OF CUPAs IN LOS ANGELES COUNTY

<p>El Segundo Fire Department 314 Main Street El Segundo, CA 90245 (310) 524-2242</p>	<p>Fire Department 333 Olympic Drive, 2nd Floor Santa Monica, CA 90401 (310) 434-2666</p>	<p>North County (818) 364-7120 14425 Olive View Dr. Sylmar, CA 91342</p>
<p>Glendale Fire Department 780 Flower Street Glendale, CA 91201 (818) 548-4030</p>	<p>Vernon Environmental Health 4305 Santa Fe Avenue Vernon, CA 90058 (323) 583-8811</p>	<p>East County (626) 450-7450 5110 North Peck Rd. El Monte, CA 91732</p>
<p>Long Beach Health Department 2525 Grand Avenue Long Beach, CA 90815 (562) 570-4131</p>	<p>Los Angeles County Fire Department Health Haz Mat Division 5825 Rickenbacker Road Commerce, CA 90040 (323) 890-4045</p>	<p>Southeast County (562) 654-2620 9155 Telegraph Rd. Pico Rivera, CA 90660</p>
<p>Los Angeles City Fire Department 200 N. Main Street, Room 1780 Los Angeles, CA 90012 (213) 978-3680</p>	<p>LA County Fire Department Offices: 5825 Rickenbacker Road Commerce, CA 90040</p>	<p>Southwest County (310) 534-6270 24330 Narbonne Ave. Lomita, CA 90717</p>
<p>Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670 (562) 944-9713 City of Santa Monica</p>	<p>Central District (323) 890-4107 Data Unit (323) 890-4000 Cal ARP Unit (323) 890-4035</p>	<p>West County (310) 348-1781 6167 Bristol Parkway, Suite 220 Culver City, CA 90230</p>

LOS ANGELES COUNTY CUPA - PARTICIPATING AGENCIES

ALHAMBRA FIRE DEPARTMENT

RAYMOND MOSACK Hazardous Materials Program
301 N. First Street Cal ARP Program
Alhambra, CA 91801
(626) 570-5192 / FAX (626) 457-8961
rmosack@alhambrafire.org

BURBANK FIRE DEPARTMENT

JORGE MARTINEZ Hazardous Materials Program
311 E. Orange Grove Ave Cal ARP Program
Burbank, CA 91502 UST Program
(818) 238-3384 / FAX (818) 238-3479
jmartinez@ci.burbank.ca.us

COMPTON FIRE DEPARTMENT

SHEILA HOPPER Hazardous Materials Program
201 S. Acacia Cal ARP Program
Compton, CA 90220
(310) 605-6294 / FAX (310) 632-8414
shopper@comptoncity.org

CULVER CITY FIRE DEPARTMENT

JESSE LUNA Hazardous Materials Program
9770 Culver Blvd Cal ARP Program
Culver City, CA 90232-0507
(310) 253-5930 / FAX (310) 253-5937
jesse.luna@culvercity.org

DOWNEY FIRE DEPARTMENT

LEE KIRBY Hazardous Materials Program
11111 Brookshire Avenue Cal ARP Program
Downey, CA 90241
(562) 904-7348 / FAX (562) 904-7270
lkirby@downeyca.org

MONROVIA FIRE DEPARTMENT

CHIEF SCOTT HABERLE Hazardous Materials Program
141 E. Lemon Avenue Cal ARP Program
Monrovia, CA 91016
(626)256-8110/ FAX (626) 256-8112
shaberle@ci.monrovia.ca.us

PASADENA FIRE DEPARTMENT

JAMES WECKERLE Hazardous Materials Program
199 S. Los Robles Av. #550 Cal ARP Program
Pasadena, CA 91101 UST Program
(626) 744-4288 / FAX (626) 585-9164
jweckerle@ci.pasadena.ca.us

REDONDO BEACH FIRE DEPARTMENT

RICK KUCIEMBA Hazardous Materials Program
401 S. Broadway Cal ARP Program
Redondo Beach, CA 90277
(310) 318-0663 Ext. 4395 / FAX (310) 376-3407
richard.kuciemba@redondo.org

TORRANCE FIRE DEPARTMENT

KEN LEW Hazardous Materials Program
3031 Torrance Blvd. Cal ARP Program
Torrance, CA 90503 UST Program
(310) 618-2973 / FAX (310) 781-7506
klew@torranceca.gov.

COUNTY OF LOS ANGELES

AGRICULTURAL COMMISSIONER/

WEIGHTS & MEASURES Hazardous Materials Program
ARIEL VERAYO
12300 Lower Azusa Rd.
Arcadia, CA 91006
(626) 459-8894 / FAX (626) 443-6652
Averayo@acwm.lacounty.gov

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS, ENVIRONMENTAL MANAGEMENT DIVISION

TIM SMITH UST Program
900 S. Fremont Avenue
Alhambra, CA 91803-1331
(626) 458-3511 / FAX (626) 458-3569
tsmith@dpw.lacounty.gov

NOTE: The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County **not** within the jurisdiction of the seven City CUPAs. Each Participating Agency of the LA Co CUPA regulates the program listed in their jurisdictions. The Los Angeles County Department of Public Works administers the UST program in all areas of the LA County CUPA except for the cities of Burbank, Pasadena, and Torrance where the City Fire Department administers the UST program. The County of Los Angeles Agricultural Commissioner administers the Hazardous Materials program for agricultural business (farms and nurseries).

REPORTING POLICY

1. Please, use the CUPAs of Los Angeles County Unified Program (UP) Form provided. Only information submitted on the CUPAs of Los Angeles County or State forms will be accepted.

Note: If the State of California UPCF Form is used, we may request your business provide additional locally collected information.

For your convenience: The Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at the Los Angeles County Fire Department 's web site: <http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>

2. All forms may be photocopied if necessary.
3. Appropriate forms must bear an original signature(s).
4. Keep copies of your submitted documents for your records as proof of submission.
5. Please, do not enclose any payments with your forms. The Financial Management Division of your CUPA will bill you.
6. It is recommended that forms be sent via "Certified Mail" to ensure delivery by "Return Receipt."
7. Submit all completed forms to:

Los Angeles County Fire Department
Health Hazardous Materials Division
5825 Rickenbacker Road
Commerce, CA 90040
Attn: Data Operations

8. If you have any questions or need assistance, contact your City or County CUPA or PA during office hours.
9. Be advised that failure to submit required forms may result in fines, penalties and/or other administrative fees.

WHAT DO I REPORT?

Enclosed is the **CUPAs of Los Angeles County Unified Program (UP) Form** for hazardous materials programs. This form includes instructions and requirements described in the California Health and Safety Code, Uniform Fire Code, and State regulations. Your business is required to complete and submit the **Business Activities Page** and a **Business Owner/Operator Identification Page**. In addition, your business is required to complete and submit reporting forms for any of the following programs that apply to your facility:

Hazardous Materials Disclosure

Any business, which handles the minimum amount of 55 gallons or 500 pounds of a hazardous material or 200 cubic feet of a compressed gas, at any one time during the reporting year, is considered a handler of hazardous materials. A hazardous material handling business is required to submit the **Chemical Description** page(s), Section I of the **Consolidated Contingency Plan**, and a **Site Map(s)** to the CUPA.

(Note: Under local ordinances, some agencies have hazardous materials reporting thresholds lower than State reporting thresholds. Contact your local CUPA or PA for additional information.)

California Accidental Release Prevention Program (Cal ARP)

Any business, which handles Regulated Substances (including Federally listed Extremely Hazardous Substances and State listed Acutely Hazardous Materials), is required to submit a **Regulated Substance Registration** to the CUPA. The list of Regulated Substances is included in this form packet.

Underground Storage Tank (UST) Program

Any business, which has underground storage tanks to store hazardous materials, including gasoline, is required to complete and submit a **UST Facility** page and **UST Tank** page for each tank to the CUPA. New USTs must complete and submit a **UST Installation - Certificate of Compliance** page. Also, businesses must complete and submit Section II of the **Consolidated Contingency Plan** and a **plot plan (with location of UST system(s))** to the CUPA.

Aboveground Petroleum Storage Tanks (APST)

Any business, which stores petroleum oil in aboveground storage tanks with a total capacity for the facility greater than 1320 gallons, is required to complete a **Spill Prevention Countermeasure Control (SPCC) Plan** and to include the following information in the business plan: (1) facility name, address, and owner or operator; (2) total storage capacity, and (3) the location, size, age, and contents of each storage tank that exceeds 10,000 gallons of petroleum oil.

Hazardous Waste Generator

Any business, which generates any quantity of a hazardous waste, is a hazardous waste generator. Hazardous wastes are any chemical wastes which are toxic, corrosive, reactive, or ignitable, as defined in State law, including waste oil, waste coolant, waste parts cleaner, waste photo developer, waste printing inks, waste dry cleaning solvent, waste paint and spray booth filters. Generators are required to submit a **Waste Generator** Form to the CUPA.

Hazardous waste generating businesses, which conduct onsite hazardous waste treatments authorized under Permit-By-Rule (PBR), Conditional Authorization (CA) and Conditional Exemption (CE) tiers, are required to complete and submit **Onsite Hazardous Waste Treatment Notification - Facility, Onsite Hazardous Waste Treatment Notification - Unit, Certificate of Financial Assurance** pages, and other attachments to the CUPA (see UP Form – Full Version for forms).

Businesses, which claim a recycling exclusion or exemption (per Health and Safety Code Section 25143.2) for a material or process from the hazardous waste generator or tiered permitting programs, must complete and submit the **Recyclable Materials Biennial Report** to the CUPA (see UP Form – Full Version for form).

Hazardous waste generators, which collect non-RCRA hazardous waste or conduct hazardous waste activities exempt from RCRA at remote sites, and subsequently transport the hazardous waste to consolidation sites operated by the generator, must complete and submit a **Remote Waste Consolidation Site Annual Report** page to the CUPA (see UP Form – Full Version for form).

Businesses closing Hazardous Waste tanks must complete and submit a **Hazardous Waste Tank Closure Certification** page to the CUPA (see UP Form – Full Version for form).

BASIC INSTRUCTIONS

Your business is required to complete and submit to your local CUPA only the forms which are applicable to your facility's activities. First, complete the Business Activities Page to determine which forms that you are required to complete and submit to the CUPA. If you answer yes to any question on the Business Activities Page, complete the Business Owner/Operator Identification Page and all applicable program forms.

Important! We have provided instructions with each form in this package. Please, do not hesitate to contact your CUPA or PA if you have questions about the forms and program reporting requirements. It is only necessary to send the CUPA one copy of this form package. Forms for programs under a Participating Agency jurisdiction, such as the UST program or Hazardous Waste Generator program, will be forwarded by the CUPA to the PA.

SHORT FORM ORGANIZATION

The short version of the Unified Program Form (UP FORM) is organized as follows:

I. FACILITY INFORMATION SECTION

- a. Business Activities Page
- b. Business Owner/Operator Identification Page
- c. Consolidated Contingency Plan

II. HAZARDOUS MATERIALS

- a. Hazardous Materials Inventory-Chemical Description
- b. Cal ARP- Regulated Substance Registration

III. HAZARDOUS WASTE

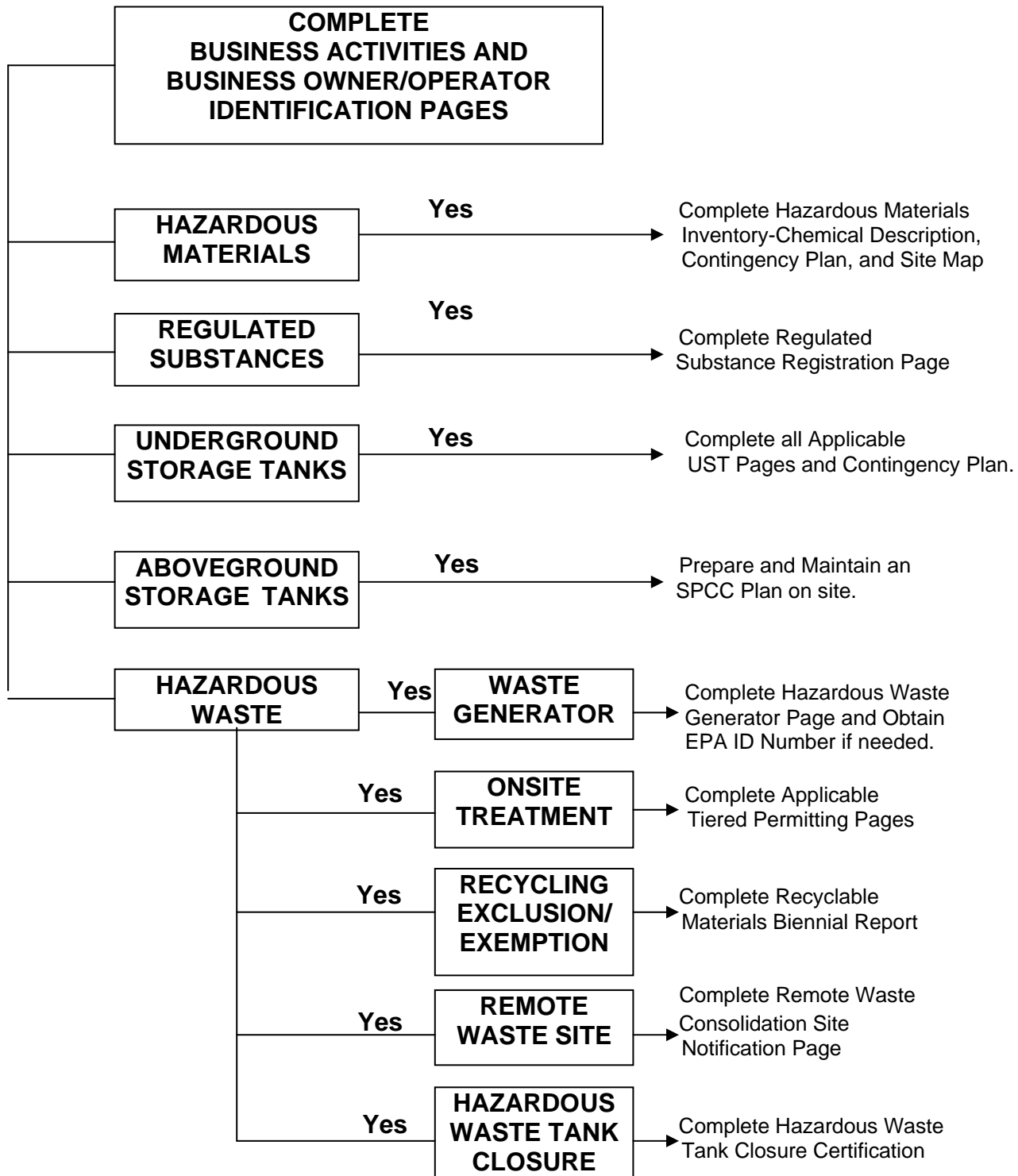
- a. Hazardous Waste Generator Page

BE ADVISED THAT THE SHORT VERSION OF THE UP FORM IS ONLY TO BE USED BY BUSINESSES WHICH HANDLE HAZARDOUS MATERIALS AND/OR GENERATE HAZARDOUS WASTE. *

BUSINESSES THAT CONDUCT OTHER ACTIVITIES AT THEIR FACILITIES MUST USE THE FULL VERSION OF THE UP FORM.

* HAZARDOUS WASTE GENERATORS THAT CONDUCT ONSITE HAZARDOUS WASTE TREATMENT, CLAIM A RECYCLING EXCLUSION OR EXEMPTION, CONSOLIDATE HAZARDOUS WASTE AT A REMOTE SITE, OR CLOSE A HAZARDOUS WASTE TANK MUST USE THE FULL VERSION OF THE UP FORM.

UNIFIED PROGRAM FORM FLOW CHART



I. FACILITY INFORMATION SECTION

To be completed by all businesses, regardless of program type.

Be advised that appropriate signatures must be provided on forms.

This section includes:

- o BUSINESS ACTIVITIES PAGE

Please complete this form first. This will help you to determine which other forms you are required to complete.

- o BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

All sections must be completed, including primary and secondary emergency contacts.

- o CONSOLIDATED CONTINGENCY PLAN

All regulated businesses must complete the Cover Page, Section I (Business Plan and Contingency Plan), and a Site Map.

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials Inventory - Chemical Description pages (Form 2731) for all submissions. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and 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 need a CA EPA number, complete and submit DTSC Form 1358 located at http://www.dtsc.ca.gov/IDManifest/ID_Numbers.cfm to the Department of Toxic Substances Control (DTSC), or if you need a federal EPA number, call (415) 495-8895 <http://www.epa.gov/region09/waste/epanums.html#rcranum>
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".
- 3a. 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.
4. HAZARDOUS MATERIALS ONSITE Check the box to indicate whether you have hazardous materials onsite. You have a hazardous material if:
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of 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 hazardous materials 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 (i.e. Consolidated Contingency 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.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST) To calculate the storage capacity of petroleum oil, add the volume capacities of all containers and tanks that store 55 gallons or more of petroleum oil in your calculation. Do not include underground storage tanks. In the H&SC, Section 25270.2 (g) defines petroleum oil and Section 25270.2 (a)(4) lists the types of petroleum oil that are exempt. Until the CUPA provides a tank facility statement, document your consolidated contingency plan with the following tank information: (1) facility name, address, and owner or operator; (2) total storage capacity, and (3) the location, size, age, and contents of each storage tank that exceeds 10,000 gallons of petroleum oil. If you have 1,320 gallons or more of petroleum oil, prepare a spill prevention control and countermeasure plan.
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, "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE Check the appropriate box to indicate whether your facility recycles 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 treats hazardous waste onsite. "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 treats hazardous waste onsite, complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages 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 at remote sites and 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, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank. If the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.
- 14a. RCRA LQG- Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.
- 14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION- Check the appropriate box to indicate whether your facility is a HHW Collection site.
15. LOCAL REQUIREMENTS- Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF.
- 15a. LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS) Check the box to indicate whether Regulated Substances (RS) are stored onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold planning quantities then complete the Regulated Substance Registration in addition to forms required under item number 4.
- 15b. LOCAL HAZARDOUS MATERIALS THRESHOLD Check the appropriate box to indicate if you are subject to reporting hazardous materials at a level established by your local CUPA or PA. Check with your local CUPA or PA for details.

UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

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

II. ACTIVITIES DECLARATION

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

Does your facility...		If Yes, please complete these pages of the UP FORM....
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 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5	UST FACILITY UST TANK (one page per tank)
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input type="checkbox"/> NO 6	UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO 7	UST TANK (closure portion –one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (APSTs)		
Petroleum oil is stored in any container or tank that has a storage capacity of 55 gallons or more. The aggregate capacity of petroleum oil in all tanks and containers is greater than 1,320 gallons.	<input type="checkbox"/> YES <input type="checkbox"/> NO 8	CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s))
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO 9	EPA ID NUMBER – provide at the top of this page. As a generator, answer YES to Item E2 and complete Waste Generator Form.
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 10	RECYCLABLE MATERIALS REPORT
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 11	ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
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 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
7. Generate in any single calendar month 1,000 kilograms (kg) (2,000 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO 14a	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B) and satisfy requirements for RCRA Large Quantity Generator.
8. Household Hazardous Waste (HHW) Collection site	<input type="checkbox"/> YES <input type="checkbox"/> NO 14b	See CUPA for required forms.
E. LOCAL REQUIREMENTS		
1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	<input type="checkbox"/> YES <input type="checkbox"/> NO 15a	In addition to Hazardous Materials requirements, complete: Regulated Substance Registration Risk Management Plan (when required)
2. Have hazardous materials on site at or above threshold amount established by CUPA or PA local ordinance?	<input type="checkbox"/> YES <input type="checkbox"/> NO 15b	Consult local CUPA or PA for added reporting requirements.

Business Owner/Operator Identification (LACoCUPA Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER This number is assigned by the CUPA. 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. (YYYY/MM/DD, ex. 1999/07/01)
101. ENDING DATE Enter the ending year and date of the report. (YYYY/MM/DD, ex. 2000/06/30)
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.
104. CITY Enter the city or unincorporated area in which the business site is located.
105. ZIP CODE - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
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's phone number including any extension, if different from the business phone.
111. OWNER NAME Enter name of the business owner, if different from the business operator.
112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the 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 digits in the zip code 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 at which the environmental contact can be contacted including any extension.
119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
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 digits in the zip code 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 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.
- 133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. E-MAIL ADDRESS Enter the e-mail address of the corresponding primary or secondary emergency contact if an e-mail address exists.
- 133c. LOCALLY COLLECTED INFORMATION Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS). Also, include the business owner's/president's name, position in the business, date of birth and driver's license number with the State issued in abbreviation.
- 133d. Number of Employees for facility: For Retail and service type businesses; the number of employees is determined by the actual number of employees directly related to the hazardous waste generating activity (s). For manufacturing type businesses; the total number of employees in the business shall be used for determining the hazardous waste licensing fee.
- 133e. Businesses will be identified by the following twelve codes: 01)-Corporation, 02)-Individual Owner, 03)-Partnership, 04)-Local Government Agency, 05)-County Government Agency, 06)-State Government Agency, 07)-Federal Government Agency, 08)-LA County Fire Department Facilities, 09)-Unknown Classification (Other), 10)-City Fire Facilities, 11)-LA County Sheriff Facilities, 12)-Other Police Facilities.
- 133f. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
- 133g. MAILING/BILLING CITY Enter the city for the mailing/billing address.
- 133h. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
- 133i. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
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.
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 the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. TITLE OF SIGNER Enter the title of the person signing the page.

UNIFIED PROGRAM (UP) FORM
BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

NEW BUSINESS OUT OF BUSINESS REVISE/UPDATE (EFFECTIVE: / /)

PAGE OF

I. IDENTIFICATION

FACILITY ID#	1	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3	BUSINESS PHONE		102
BUSINESS SITE ADDRESS						103
CITY	104	C	ZIP CODE		105	
DUN & BRADSTREET	106	SIC CODE (4 digit #)		107		
COUNTY	108	UNINCORPORATED <input type="checkbox"/> Yes <input type="checkbox"/> No		133a.		
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE		110

II. BUSINESS OWNER

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

III. ENVIRONMENTAL CONTACT

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

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
E-MAIL ADDRESS (if any)	133b	E-MAIL ADDRESS (if any)	133b

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

FEDERAL TAX IDENTIFICATION NUMBER	133c	NO. OF EMPLOYEES	133d
NAME, POSITION, AND DATE OF BIRTH		BUSINESS CODE	133e
DRIVER'S LICENSE NUMBER AND STATE			

MAILING/ BILLING INFORMATION

ADDRESS	133f	CITY	133g	STATE	133h	ZIP CODE	133i
---------	------	------	------	-------	------	----------	------

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

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

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INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION				

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**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ⊖ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ⊖ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ⊖ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and 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. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

--

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator	Title of Owner/Operator
Signature of Owner/ Operator	Date

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

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**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

ADVISORY

The site-specific 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. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ⊖ the plan fails in an emergency,
- ⊖ the facility changes in 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,
- ⊖ the list of emergency coordinators changes, or
- ⊖ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan in the full version of the Unified Program Forms.

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
			ZIP CODE 105
II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
III. EMERGENCY RESPONSE PLANS AND PROCEDURES			
A. Notifications			
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the California Emergency Management Agency (Cal-EMA). If you have a release or threatened release of hazardous materials, immediately call:			
FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911			
AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and Cal-EMA.			
Local Unified Program Agency:	(323) 890-4317		
Cal-EMA:	(800) 852-7550		
National Response Center:	(800) 424-8802		
Information to be provided during Notification:			
⊗	Your Name and the Telephone Number from where you are calling.		
⊗	Exact address of the release or threatened release.		
⊗	Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)		
⊗	Material and quantity of the release, to the extent known.		
⊗	Current condition of the facility.		
⊗	Extent of injuries, if any.		
⊗	Possible hazards to public health and/ or the environment outside of the facility.		
B. Emergency Medical Facility			
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material.			
HOSPITAL/CLINIC:		PHONE NO:	
		- -	
ADDRESS:			
CITY:		ZIP CODE:	

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**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response	
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.	
CLEANUP/DISPOSAL CONTRACTOR List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR:	PHONE NO: - -
ADDRESS:	
CITY:	ZIP CODE:
D. 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 on the lines below:	
E. Evacuation Plan	
1. The following alarm signal(s) will be used to begin evacuation of the facility (<i>check all which apply</i>): <input type="checkbox"/> Verbal <input type="checkbox"/> Telephone (<i>including cellular</i>) <input type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input type="checkbox"/> Other (<i>specify</i>):	
2. <input type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:	
F. Earthquake Vulnerability	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input type="checkbox"/> Bench/ Lab <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:	
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Utilities <input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input type="checkbox"/> Shelves <input type="checkbox"/> Racks <input type="checkbox"/> Pressure Vessels <input type="checkbox"/> Gas Cylinders <input type="checkbox"/> Tanks <input type="checkbox"/> Process Piping <input type="checkbox"/> Shutoff Valves <input type="checkbox"/> Other:	

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] 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. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment <i>(describe)</i>		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits <i>(describe)</i>		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations <i>(describe)</i>		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits <i>(i.e. bottle type)</i>		
	<input type="checkbox"/> Respirator Cartridges <i>(describe)</i>		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
Fire Extinguishing Systems	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other <i>(describe)</i>		
	<input type="checkbox"/> Automatic Fire Sptinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems <i>(describe)</i>		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Other <i>(describe)</i>		
	<input type="checkbox"/> Absorbents <i>(describe)</i>		
	<input type="checkbox"/> Berms/Dikes <i>(describe)</i>		
	<input type="checkbox"/> Decontamination Equipment <i>(describe)</i>		
	<input type="checkbox"/> Emergency Tanks <i>(describe)</i>		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits <i>(describe)</i>		
	<input type="checkbox"/> Neutralizers <i>(describe)</i>		
	<input type="checkbox"/> Overpack Drums		
Communications and Alarm Systems	<input type="checkbox"/> Sumps <i>(describe)</i>		
	<input type="checkbox"/> Other <i>(describe)</i>		
	<input type="checkbox"/> Chemical Alarms <i>(describe)</i>		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other <i>(describe)</i>		

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

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

**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

- ⊞ Familiarity with all plans and procedures specified in the Contingency Plan.
- ⊞ Methods for Safe Handling of Hazardous Materials.
- ⊞ Safety procedures in the event of a release or threatened release of a hazardous material.
- ⊞ Use of Emergency Response equipment and supplies under the control of the business.
- ⊞ Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ⊞ Initially for all new employees.
- ⊞ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ⊞ Internal alarm/notification procedures.
- ⊞ Evacuation/re-entry procedures and assembly point locations.
- ⊞ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING	
⊞	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
⊞	Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION	
The owner or operator must maintain the following documents and records at the facility:	
⊞	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
⊞	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
⊞	Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
⊞	Records that document that the requirements for training or job experience have been met.
⊞	Current employees' training records (to be retained until closure of the facility).
⊞	Former employees' training records (to be retained at least three years after termination of employment).

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**Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN**

SITE MAP

BUSINESS NAME				3		
SITE ADDRESS		103	CITY	104	ZIP CODE	105
DATE MAP DRAWN - -		MAP #		FACILITY ID #		1

	A	B	C	D	E	F	G	H	I	J
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

- For Site Map
- Scale of Map
 - Loading Areas
 - Parking Lots
 - Internal Roads
 - Storm and Sewer Drains
 - Adjacent Property Use
 - Locations and Names of Adjacent Streets and Alleys
 - Access and Egress Points and Roads
 - Primary and Alternate Evacuation Routes

- For Sub-Site Map
- Scale of Map
 - Location of Each Storage Area
 - Location of Each Hazardous Material Handling Area
 - Location of Emergency Response Equipment

Scale:
1" = _____ Ft.



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II. HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

This section includes:

- HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS#, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600.

Facilities reporting chemicals subject to EPCRA (Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact US EPA at (800) 424-9346, or visit US EPA's EPCRA website at: www.epa.gov/epaoswer/hotline/

- REGULATED SUBSTANCE REGISTRATION FORM

One chemical per page. Make photocopies as necessary.

- REGULATED SUBSTANCE LIST

Hazardous Materials Inventory – Chemical Description (LACoCUPA Form 2731)

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
199. SUB LOCATION Enter the sub-location where applicable such as basement, emergency generator, chiller unit, pump room. If chemicals are stored in different suites within a building, the suite may also be entered in the sub location field.
200. ADD/DELETE/ REVISE Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
203. MAP NUMBER If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement : If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. **Federal requirement :** If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207. COMMON NAME Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material. **Fire:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.
Pressure Release: Explosives, Compressed Gases, and Blasting Agents.
Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure.
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.
Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and 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 containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
221. UNITS Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons.
NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored.
NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.
- 246a. RS - Check "Yes" if the hazardous material is a Regulated Substance (RS) under the CalARP Program and listed on the attached CalARP Program Regulated Substance list.
- 246b. RS - HAZARDOUS COMPONENTS 1-5 RS. Check "Yes" if the component of the mixture is considered an RS.

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

ADD
 DELETE
 REVISE
 REPORTING YEAR 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3
CHEMICAL LOCATION 201					SUB LOCATION 199			CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202		
								<input type="checkbox"/> YES <input type="checkbox"/> NO		
FACILITY ID #							MAP# (optional) 203		GRID# (optional) 204	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET 206						
					<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>						
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input type="checkbox"/> No 208			RS* <input type="checkbox"/> Yes <input type="checkbox"/> No 246a			
CAS# 209					*If EHS or RS 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) 211					RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No 212			CURIES 213			
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE											
PHYSICAL STATE (Check one item only) 214					LARGEST CONTAINER 215						
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS											
FED HAZARD CATEGORIES (Check all that apply) 216											
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH											
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219			STATE WASTE CODE 220		
UNITS* (Check one item only) 221							DAYS ON SITE: 222				
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>											
STORAGE CONTAINER 223											
<input type="checkbox"/> a. ABOVE GROUND 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 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											
STORAGE PRESSURE 224											
<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT											
STORAGE TEMPERATURE 225											
<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC											

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1 226	227	<input type="checkbox"/> Yes 228	<input type="checkbox"/> Yes	229
2 230	231	<input type="checkbox"/> Yes 232	<input type="checkbox"/> Yes	233
3 234	235	<input type="checkbox"/> Yes 236	<input type="checkbox"/> Yes	237
4 238	239	<input type="checkbox"/> Yes 240	<input type="checkbox"/> Yes	241
5 242	243	<input type="checkbox"/> Yes 244	<input type="checkbox"/> Yes	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
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFIED PROGRAM (UP) FORM
CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

REASON FORM IS BEING SUBMITTED:		<input type="checkbox"/> UPDATE	<input type="checkbox"/> CORRECTION	<input type="checkbox"/> DE-REGISTRATION	<input type="checkbox"/> WITHDRAWAL	247
BUSINESS NAME						3
FACILITY ID#	1	USEPA FACILITY ID #	2	PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		246c
NAME OF CORPORATE PARENT COMPANY				246d	DUN & BRADSTREET	106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)			TITLE		E-MAIL ADDRESS (Optional)	246e
PARENT COMPANY E-MAIL ADDRESS (Optional)			246f	COMPANY HOMEPAGE ADDRESS (Optional)		246g
NAME OF RMP PREPARER			PHONE NUMBER			246h
RMP PREPARER MAILING ADDRESS			246i	PHONE NUMBER FOR PUBLIC INQUIRIES (Optional)		246j
LATITUDE	246k	LONGITUDE	246l	METHOD USED TO OBTAIN LATITUDE AND LONGITUDE		246m
LOCATION DESCRIPTION			246n	NUMBER OF EMPLOYEES	246o	PROCESS NAICS
LEPC COMMITTEE (Optional)			246p	OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional)		246q
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? YES <input type="checkbox"/> NO <input type="checkbox"/>			208	DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		246r
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? <input type="checkbox"/> YES <input type="checkbox"/> NO			246t	LAST SAFETY INSPECTION DATE		246u
CHEMICAL NAME			205	CAS#		209
MAXIMUM DAILY AMOUNT			218a	UNITS IN POUNDS		221
PROCESS DESCRIPTION						246v
PRINCIPAL EQUIPMENT						246w
CERTIFICATION						
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.						
OWNER/OPERATOR NAME			246x	OWNER/OPERATOR TITLE		246y
OWNER/OPERATOR SIGNATURE			DATE			246z

OFFICIAL USE ONLY		DATE RECEIVED			REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

This page is to be completed for a Stationary Source that handles a Regulated Substance (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Regulated Substances) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory – Chemical Description page and a Regulated Substance Registration for each Regulated Substance per process. Contact your local agency (CUPA or PA) for any additional assistance.

Note: A list of Federal and State Regulated Substances is attached for your reference.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This unique number identifies your facility.
2. EPA ID NUMBER Enter your facility's 12-character EPA identification number issued by the USEPA.
3. BUSINESS NAME Enter the full legal name of the business.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross-referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.
- 107a. PROCESS NAICS CODE Enter the specific *North American Industry Classification System Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
205. **CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material.** This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).
208. EPCRA SECTION 355 Check "Yes" if the stationary source is subject to Part 355 of Title 40 of CFR.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material.
- 218a. MAXIMUM DAILY AMOUNT Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.
221. UNITS IN POUNDS Leave this box blank. Note: All Regulated Substances must be reported in pounds to two significant digits.
- 246c. PROGRAM LEVEL Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
- 246d. NAME OF CORPORATE PARENT COMPANY Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
- 246e. PERSON RESPONSIBLE FOR RMP Enter name, title and (optional) e-mail address of the person designated as responsible for the RMP.
- 246f. PARENT COMPANY E-MAIL ADDRESS (Optional) Enter the e-mail address of the parent company (optional information).
- 246g. COMPANY HOMEPAGE ADDRESS (Optional) Enter the web address of the company (optional information).
- 246h. NAME / PHONE NUMBER OF RMP PREPARER Enter the contractor's name and phone number who prepared the RMP (if any).
- 246i. RMP PREPARER MAILING ADDRESS Enter the mailing address of the contractor that prepared the RMP (if any).
- 246j. PHONE NUMBER FOR PUBLIC INQUIRIES (Optional) Enter a phone number that the public may call if they have questions about your facility or your RMP (optional information).
- 246k. LATITUDE Enter the degrees of latitude where the chemical process is located. The latitude of your facility can be determined in several ways, including through the use of U.S. Geological Survey (USGS), global positioning system (GPS) receivers, and web-based siting tools. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination. When using USGS, the valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.
- 246l. LONGITUDE Enter the degrees of longitude where the chemical process is located. The longitude of your facility can be determined in several ways, including through the use of USGS, GPS receivers, and web-based siting tools. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination. When using USGS, the valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the latitude fits this range.
- 246m. METHOD USED TO OBTAIN LATITUDE AND LONGITUDE Source of latitude and longitude information.
- 246n. LOCATION DESCRIPTION A description of location that latitude and longitude represent.
- 246o. NUMBER OF EMPLOYEES The number of full time employees at the stationary source.
- 246p. LEPC COMMITTEE (Optional) Enter the Local Emergency Planning Committee to which the facility belongs (optional information).
- 246q. OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional) Enter whether you participate in this OSHA program and the status of your facility (optional information). Program levels are Star, Merit, or Star Demonstration.
- 246r. CAA TITLE V State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."
- 246s. PERMIT NUMBER If you have a Title V operating permit, enter the permit number.
- 246t. OSHA PSM The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. *Note:* This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."
- 246u. LAST SAFETY INSPECTION Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc..) that performed the inspection.
- 246v. PROCESS DESCRIPTION Describe the *process* and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). *Note:* Any group of interconnected vessels or separate vessels, located such that a regulated substance could be involved in a potential release, is considered a single process.
- 246w. PRINCIPAL EQUIPMENT List the equipment and/or components used in the process involving the Regulated Substance.
- 246x. NAME OF OWNER / OPERATOR The full name of the owner/operator who signed the registration page.
- 246y. TITLE Enter the title of the person signing the page.
- 246z. DATE Enter the date the page was signed.
247. REASON FORM IS BEING SUBMITTED Check "Update" box if the RMP is submitted for 5-year update, process change that requires a revised PHA or hazard review or any reasons discussed in 19 CCR 2745.10; check "Correction" box if there is change or error in administrative information, a new accident history information, or change in emergency contact information; check "De-registration" box if the facility is no longer subject to the CalARP Program; check "Withdrawal" box if the facility was erroneously considered subject to the CalARP Program.

CaIARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis	CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Acetaldehyde	75-07-0	10,000	g	Crotonaldehyde (2-Butenal)	4170-30-3	1,000	b
* Acetone Cyanohydrin	75-86-5	1,000		Cyanogen (Ethanedinitrile)	460-19-5	10,000	f
Acetone Thiosemicarbazide	1752-30-3	1,000/10,000 ¹		Cyanogen Bromide	506-68-3	500/10,000 ¹	
Acetylene (Ethyne)	74-86-2	10,000	f	Cyanogen Chloride	506-77-4	10,000	c
Acrolein (2-Propenal)	107-02-8	500	b	Cyanogen Iodide	506-78-5	1,000/10,000 ¹	
Acrylamide	79-06-1	1,000/10,000 ¹		Cyanuric Fluoride	675-14-9	100	
Acrylonitrile (2- Propenenitrile)	107-13-1	10,000	b	Cycloheximide	66-81-9	100/10,000 ¹	
Acrylyl Chloride (2-Propenoyl Chloride)	814-68-6	100	b	Cyclohexylamine (Cyclohexanamine)	108-91-8	10,000	b
Aldicarb	116-06-3	100/10,000 ¹		Cyclopropane	75-19-4	10,000	f
Aldrin	309-00-2	500/10,000 ¹		Decaborane (14)	17702-41-9	500/10,000 ¹	
Allyl Alcohol (2-Propen-1-ol)	107-18-6	1,000	b	Dialifor	10311-84-9	100/10,000 ¹	
Allylamine (2-Propen-1-Amine)	107-11-9	500	b	Diborane	19287-45-7	100	b
Aluminum Phosphide	20859-73-8	500		Dichlorosilane (Silane, Dichloro-)	4109-96-0	10,000	f
Aminopterin	54-62-6	500/10,000 ¹		* Diepoxybutane	1464-53-5	500	
Amiton Oxalate	3734-97-2	100/10,000 ¹		Difluoroethane (Ethane, 1,1-Difluoro-)	75-37-6	10,000	f
Ammonia, Anhydrous ²	7664-41-7	500	a,b	Digitoxin	71-63-6	100/10,000 ¹	
Ammonia, Aqueous	7664-41-7	500	a,b	Digoxin	20830-75-5	10/10,000 ¹	
* Aniline	62-53-3	1,000		Dimethoate	60-51-5	500/10,000 ¹	
Antimycin A	1397-94-0	1,000/10,000 ¹		Dimethyl-p-Phenylenediamine	99-98-9	10/10,000 ¹	
ANTU (1-Naphthalenylthiourea)	86-88-4	500/10,000 ¹		* Dimethyl Sulfate	77-78-1	500	
Arsenic Pentoxide	1303-28-2	100/10,000 ¹		Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
Arsenous Oxide (Arsenic Trioxide)	1327-53-3	100/10,000 ¹		Dimethyldichlorosilane	75-78-5	500	b
Arsenous Trichloride	7784-34-1	500	b	Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	b
Arsine (Arsenic Hydride)	7784-42-1	100	b	2,2-Dimethylpropane (Propane, 2,2-Dimethyl-)	463-82-1	10,000	f
Azinphos-Ethyl	2642-71-9	100/10,000 ¹		Dimetilan	644-64-4	500/10,000 ¹	
Azinphos-Methyl [Guthion]	86-50-0	10/10,000 ¹		Dinitrocresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000 ¹	
Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000 ¹		Dinoseb	88-85-7	100/10,000 ¹	
Benzeneearsonic Acid	98-05-5	10/10,000 ¹		Dinoterb	1420-07-1	500/10,000 ¹	
Benzimidazole, 4,5-Dichloro-2-(Trifluoromethyl)	3615-21-2	500/10,000 ¹		Diphacinone	82-66-6	10/10,000 ¹	
* Benzotrichloride (Benzoictrichloride)	98-07-7	100		* Disulfoton	298-04-4	500	
Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chloro-				Dithiazanine Iodide	514-73-8	500/10,000 ¹	
6-(((Methylamino)Carbonyl)Oxy)Imino)-				Dithiobiuret	541-53-7	100/10,000 ¹	
(1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15271-41-7	500/10,000 ¹		Emetine, Dihydrochloride	316-42-7	1/10,000 ¹	
Bis(Chloromethyl) Ketone	534-07-6	10/10,000 ¹		Endosulfan	115-29-7	10/10,000 ¹	
Bitoscanate	4044-65-9	500/10,000 ¹		Endothion	2778-04-3	500/10,000 ¹	
Boron Trichloride (Trichloroborane)	10294-34-5	500	b	Endrin	72-20-8	500/10,000 ¹	
Boron Trifluoride (Trifluoroborane)	7637-07-2	500	b	Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
Boron Trifluoride Compound w/Methyl Ether(1:1)				EPN (Phenylphosphonothioic Acid o-Ethyl- (4-Nitrophenyl) Ester)	2104-64-5	100/10,000 ¹	
(Boron, Trifluoro (Oxybis (Metane)))-,T-4-	353-42-4	1,000	b	Ergocalciferol	50-14-6	1,000/10,000 ¹	
Bromadiolone	28772-56-7	100/10,000 ¹		Ergotamine Tartrate	379-79-3	500/10,000 ¹	
Bromine	7726-95-6	500	a,b	Ethane	74-84-0	10,000	f
Bromotrifluoroethylene (Ethene, Bromotrifluoro-)	598-73-2	10,000	f	Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
1,3-Butadiene	106-99-0	10,000	f	Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
Butane	106-97-8	10,000	f	Ethyl Ether (Ethane, 1,1'-Oxybis-)	60-29-7	10,000	g
Butene	25167-67-3	10,000	f	Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	g
1-Butene	106-98-9	10,000	f	Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
2-Butene	107-01-7	10,000	f	Ethylamine (Ethanamine)	75-04-7	10,000	f
2-Butene-cis	590-18-1	10,000	f	Ethylene (Ethene)	74-85-1	10,000	f
2-Butene-trans (2-Butene, (E))	624-64-6	10,000	f	Ethylene Fluorohydrin	371-62-0	10	
Cadmium Oxide	1306-19-0	100/10,000 ¹		Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
Cadmium Stearate	2223-93-0	1,000/10,000 ¹		Ethylenediamine (1,2-Ethanediamine)	107-15-3	10,000	b
Calcium Arsenate	7778-44-1	500/10,000 ¹		Ethyleneimine (Aziridine)	151-56-4	500	b
Camphochlor	8001-35-2	500/10,000 ¹		Fenamiphos	22224-92-6	10/10,000 ¹	
Cantharidin	56-25-7	100/10,000 ¹		Fluometil	4301-50-2	100/10,000 ¹	
Carbachol Chloride	51-83-2	500/10,000 ¹		Fluorine	7782-41-4	500	b
Carbamic Acid, Methyl-, o-(((2,4-Dimethyl- 1,3-Dithiolan-2-yl) Methylene)Amino)-	26419-73-8	100/10,000 ¹		Fluoroacetamide	640-19-7	100/10,000 ¹	
Carbofuran	1563-66-2	10/10,000 ¹		Fluoroacetic Acid	144-49-0	10/10,000 ¹	
Carbon Disulfide	75-15-0	10,000	b	Fluoroacetyl Chloride	359-06-8	10	
Carbon Oxydisulfide (Carbon Oxide Sulfide (COS))	463-58-1	10,000	f	Fluorouracil	51-21-8	500/10,000 ¹	
Chlorine	7782-50-5	100	a,b	Formaldehyde ²	50-00-0	500	b
Chlorine Dioxide (Chlorine Oxide (ClO2))	10049-04-4	1,000	c	Formetanate Hydrochloride	23422-53-9	500/10,000 ¹	
Chlorine Monoxide (Chlorine Oxide)	7791-21-1	10,000	f	Formparanate	17702-57-7	100/10,000 ¹	
Chlormequat Chloride	999-81-5	100/10,000 ¹		Fuberidazole	3878-19-1	100/10,000 ¹	
Chloroacetic Acid	79-11-8	100/10,000 ¹		Furan	110-00-9	500	b
Chloroform (Methane, trichloro-)	67-66-3	10,000	b	Gallium Trichloride	13450-90-3	500/10,000	
Chloromethyl Ether (Methane,Oxybis(chloro-)	542-88-1	100	b	Hydrazine	302-01-2	1,000	b
Chloromethyl Methyl Ether (Chloromethoxymethane)	107-30-2	100	b	Hydrochloric Acid (conc 37% or greater)	7647-01-0	15,000	d
Chlorophacinone	3691-35-8	100/10,000 ¹		Hydrocyanic Acid	74-90-8	100	a,b
1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6	10,000	g	Hydrogen	1333-74-0	10,000	f
2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2	10,000	g	Hydrogen Chloride,(Gas)	7647-01-0	500	a
Chloroxuron	1982-47-4	500/10,000 ¹		Hydrogen Cyanide (Hydrocyanic Acid), (Gas)	74-90-8	100	
Chromic Chloride	10025-73-7	1/10,000 ¹		Hydrogen Fluoride/Hydrofluoric Acid			
Cobalt, ((2,2'-(1,2-Ethanediy)bis(Nitrilomethylidene))				(Hydrofluoric Acid)	7664-39-3	100	a,b
Bis(6-Fluorophenolato))((2)-N,N',O,O')-	62207-76-5	100/10,000 ¹		Hydrogen Selenide	7783-07-5	10	b
Cobalt Carbonyl	10210-68-1	10/10,000 ¹		Hydrogen Sulfide	7783-06-4	500	a,b
Colchicine	64-86-8	10/10,000 ¹		* Hydroquinone ⁴	123-31-9	500/10,000 ¹	
Coumaphos	56-72-4	100/10,000 ¹		Iron, Pentacarbonyl-			
Coumatetralyl	5836-29-3	500/10,000 ¹		(Iron Carbonyl (Fe(CO)5, (TB-5-11)-)	13463-40-6	100	b
o-Cresol	95-48-7	1,000/10,000 ¹		Isobutane	297-78-9	100/10,000 ¹	
Crimidine	535-89-7	100/10,000 ¹		Isobutane (Propane, 2-Methyl)	75-28-5	10,000	f
Crotonaldehyde ((E)-(2-Butenal,(E))-)	123-73-9	1,000	b				

CaIARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis	CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Isobutyronitrile (2-Methylpropanenitrile)	78-82-0	1,000	b	Phenylhydrazine Hydrochloride	59-88-1	1,000/10,000 ¹	
Isocyanic Acid,3,4-Dichlorophenyl Ester	102-36-3	500/10,000 ¹		Phenylmercury Acetate	62-38-4	500/10,000 ¹	
Isodrin	465-73-6	100/10,000 ¹		Phenylsilatrane	2097-19-0	100/10,000 ¹	
Isopentane (Butane, 2-Methyl-)	78-78-4	10,000	g	Phenylthiourea	103-85-5	100/10,000 ¹	
Isophorone Diisocyanate	4098-71-9	100		* Phorate	298-02-2	10	
Isoprene (1,3-Butadiene, 2-Methyl-)	78-79-5	10,000	g	Phosacetim	4104-14-7	100/10,000 ¹	
Isopropyl Chloride (Propane, 2-Chloro-)	75-29-6	10,000	g	Phosfolan	947-02-4	100/10,000 ¹	
Isopropyl Chloroformate (Carbonochloridic Acid, 1-Methylethyl Ester)	108-23-6	1,000	b	Phosgene (Carbonyl Chloride)			
Isopropylamine (2-Propanamine)	75-31-0	10,000	g	(Carbonyl Dichloride)	75-44-5	10	a,b
Leptophos	21609-90-5	500/10,000 ¹		Phosmet	732-11-6	10/10,000 ¹	
* Lewisite (Chlorovinylarsine Dichloride)	541-25-3	10		Phosphine (Hydrogen Phosphide)	7803-51-2	500	b
Lindane	58-89-9	1,000/10,000 ¹		* Phosphonothioic Acid, Methyl-,S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester	50782-69-9	100	
Lithium Hydride	7580-67-8	100		Phosphorus	7723-14-0	100	
Malononitrile	109-77-3	500/10,000 ¹		Phosphorus Oxychloride	10025-87-3	500	b
* Manganese,Tricarbonyl				Phosphorus Pentachloride	10026-13-8	500	
Methylcyclopentadienyl	12108-13-3100			Phosphorus Trichloride	7719-12-2	1,000	b
Mercuric Acetate	1600-27-7	500/10,000 ¹		Physostigmine	57-47-6	100/10,000 ¹	
Mercuric Chloride	7487-94-7	500/10,000 ¹		Physostigmine, Salicylate (1:1)	57-64-7	100/10,000 ¹	
Mercuric Oxide	21908-53-2	500/10,000 ¹		Picrotoxin	124-87-8	500/10,000 ¹	
Methacrylonitrile (Methylacrylonitrile)				Piperidine	110-89-4	1,000	b
(2-Methyl-2-Propenenitrile)	126-98-7	500	b	Potassium Arsenite	10124-50-2	500/10,000 ¹	
Methacryloyl Chloride	920-46-7	100		Potassium Cyanide	151-50-8	100	
Methacryloyloxyethyl Isocyanate	30674-80-7	100		Potassium Silver Cyanide	506-61-6	500	
Methamidophos	10265-92-6	100/10,000 ¹		Promecarb	2631-37-0	500/10,000 ¹	
Methane	74-82-8	10,000	f	Propadiene (1,2-Propadiene)	463-49-0	10,000	f
Methanesulfonyl Fluoride	558-25-8	1,000		Propane	74-98-6	10,000	f
Methidathion	950-37-8	500/10,000 ¹		Propargyl Bromide (3-Bromopropyne)	106-96-7	10	
Methiocarb (Mercaptodimethur)	2032-65-7	500/10,000 ¹		* beta-Propiolactone	57-57-8	500	
Methomyl	16752-77-5	500/10,000 ¹		Propionitrile (Propanenitrile)(Ethyl Cyanide)	107-12-0	500	b
Methoxyethylmercuric Acetate	151-38-2	500/10,000 ¹		Propiophenone, 4'-Amino-Propyl Chloroformate	70-69-9	100/10,000 ¹	
2-Methyl-1-Butene	563-46-2	10,000	g	(Carbonochloridic Acid, Propylester)	109-61-5	500	b
3-Methyl-1-Butene	563-45-1	10,000	f	Propylene (1-Propene)	115-07-1	10,000	f
Methyl 2-Chloroacrylate	80-63-7	500		Propylene Oxide (Methyloxirane)	75-56-9	10,000	b
Methyl Bromide (Bromomethane)	74-83-9	1,000		Propyleneimine (2-Methylaziridine)	75-55-8	10,000	b
Methyl Chloride (Methane, Chloro-)	74-87-3	10,000	a	Propyne (1-Propyne)	74-99-7	10,000	f
Methyl Chloroformate				Prothoate	2275-18-5	100/10,000 ¹	
(Carbonochloridic Acid, Methyl Ester)	79-22-1	500	b	Pyrene	129-00-0	1,000/10,000 ¹	
Methyl Ether (Methane, Oxybis-)	115-10-6	10,000	f	Pyridine, 4-Amino-	504-24-5	500/10,000 ¹	
Methyl Formate (Formic Acid, Methyl Ester)	107-31-3	10,000	g	Pyridine, 4-Nitro-, 1-Oxide	1124-33-0	500/10,000 ¹	
Methyl Hydrazine	60-34-4	500	b	Pyriminil	53558-25-1	100/10,000 ¹	
Methyl Isocyanate (Isocyanatomethane)	624-83-9	500	a,b	Salcomine	14167-18-1	500/10,000 ¹	
Methyl Isothiocyanate	556-61-6	500		* Sarin	107-44-8	10	
Methyl Mercaptan (Methanethiol) (Thiomethanol)	74-93-1	500	b	Selenious Acid	7783-00-8	1,000/10,000 ¹	
Methyl Parathion (Parathion Methyl)	298-00-0	100/10,000 ¹		Semicarbazide Hydrochloride	563-41-7	1,000/10,000 ¹	
Methyl Phosphonic Dichloride	676-97-1	100		Silane	7803-62-5	10,000	f
Methyl Thiocyanate (Thiocyanic Acid, Methyl Ester)	556-64-9	10,000	b	Sodium Arsenate	7631-89-2	1,000/10,000 ¹	
Methyl Vinyl Ketone	78-94-4	10		Sodium Arsenite	7784-46-5	500/10,000 ¹	
Methylamine (Methanamine)	74-89-5	10,000	f	Sodium Azide (Na (N3))	26628-22-8	500	
Methylmercuric Dicyanamide	502-39-6	500/10,000 ¹		Sodium Cadocylate	124-65-2	100/10,000 ¹	
2-Methylpropene (1-Propene, 2-Methyl-)	115-11-7	10,000	f	Sodium Cyanide (Na (CN))	143-33-9	100	
Methyltrichlorosilane (Trichloromethylsilane)	75-79-6	500	b	Sodium Fluoroacetate	62-74-8	10/10,000 ¹	
Metolcarb	1129-41-5	100/10,000 ¹		Sodium Selenate	13410-01-0	100/10,000 ¹	
Mexacarbate	315-18-4	500/10,000 ¹		Sodium Selenite	10102-18-8	100/10,000 ¹	
Mitomycin C	50-07-7	500/10,000 ¹		Sodium Tellurite	10102-20-2	500/10,000 ¹	
Monocrotophos	6923-22-4	10/10,000 ¹		Stannane, Acetoxytriphenyl-	900-95-8	500/10,000 ¹	
Muscimol (5-(Aminomethyl)-3-Isoxazolol)	2763-96-4	500/10,000 ¹		Strychnine	57-24-9	100/10,000 ¹	
* Mustard Gas (2,2'- Dichloroethyl Sulfide)	505-60-2	500		Strychnine, Sulfate	60-41-3	100/10,000 ¹	
Nickel Carbonyl (Nickel Tetracarbonyl)	13463-39-3	1	b	Sulfur Dioxide (Anhydrous)	7446-09-5	500	a,b
Nicotine Sulfate	65-30-5	100/10,000 ¹		Sulfur Tetrafluoride	7783-60-0	100	b
Nitric Acid	7697-37-2	1,000	b	* Sulfuric Acid ²	7664-93-9	1,000	
Nitric Oxide (Nitrogen Monoxide (NO))	10102-43-9	100	b	* Tabun	77-81-6	10	
* Nitrobenzene	98-95-3	10,000		Tellurium Hexafluoride	7783-80-4	100	
Nitrogen Dioxide	10102-44-0	100		Tetrafluoroethylene (Ethene, Tetrafluoro-)	116-14-3	10,000	f
* Nitrogen Mustard (Mechlorethamine)	51-75-2	10		Tetramethyllead (Tetramethylplumbane)	75-74-1	100	b
Norbornide	991-42-4	100/10,000 ¹		Tetramethylsilane (Silane, Tetramethyl-)	75-76-3	10,000	g
Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide)				Tetranitromethane (Methane, Tetranitro-)	509-14-8	500	b
Organorhodium Complex (PMN-82-147)	8014-95-7	10,000	e	Thallium Sulfate	10031-59-1	100/10,000 ¹	
Ouabain	630-60-4	100/10,000 ¹		Thallos Carbonate (Thallium (1) Carbonate)	6533-73-9	100/10,000 ¹	
Oxamyl	23135-22-0	100/10,000 ¹		Thallos Chloride (Thallium Chloride)	7791-12-0	100/10,000 ¹	
Ozone	10028-15-6	100		Thallos Malonate (Thallium Malonate)	2757-18-8	100/10,000 ¹	
Paraquat Methosulfate	2074-50-2	10/10,000 ¹		Thallos Sulfate	7446-18-6	100/10,000 ¹	
Paraquat (Paraquat Dichloride)	1910-42-5	10/10,000 ¹		Thiocarbazine	2231-57-4	1,000/10,000 ¹	
Paris Green (Cupric Acetoarsenite)	12002-03-8	500/10,000 ¹		Thiofanox	39196-18-4	100/10,000 ¹	
Pentaborane	19624-22-7	500		Thiosemicarbazide	79-19-6	100/10,000 ¹	
Pentadecylamine	2570-26-5	100/10,000 ¹		Thiourea, (2-Chlorophenyl)-	5344-82-1	100/10,000 ¹	
1,3-Pentadiene	504-60-9	10,000	f	Thiourea, (2-Methylphenyl)-	614-78-8	500/10,000 ¹	
Pentane	109-66-0	10,000	g	Titanium Tetrachloride	7550-45-0	100	b
1-Pentene	109-67-1	10,000	g	Toluene-2,6-Diisocyanate			
2-Pentene, (E)-	646-04-8	10,000	g	(1,3-Diisocyanato-2-Methylbenzene) ⁵	91-08-7	100	a
2-Pentene, (Z)-	627-20-3	10,000	g	Toluene-2,4-Diisocyanate			
Peracetic Acid				(2,4-Diisocyanato-1-Methylbenzene) ⁵	584-84-9	500	a
(Ethaneperoxyoic Acid) (Peroxyacetic Acid)	79-21-0	500	b	Toluene Diisocyanate (unspecified isomer)			
Perchloromethylmercaptan				(Benzene,1,3-Diisocyanatomethyl-) ⁵	26471-62-5	10,000	a
(Trichloromethanesulfonyl Chloride)	594-42-3	500	b	Triamiphos	1031-47-6	500/10,000 ¹	
Phenol	108-95-2	500/10,000 ¹		Trichloro(Chloromethyl)Silane	1558-25-4	100	
Phenol, 2,2'-Thiobis(4-Chloro-6-Methyl)	4418-66-0	100/10,000 ¹		Trichloro(Dichlorophenyl)Silane	27137-85-5	500	
Phenol, 3-(1-Methylethyl)-, Methylcarbamate)	64-00-6	500/10,000 ¹		Trichlorosilane (Silane, Trichloro-)	10025-78-2	10,000	g
Phenoxarsine, 10, 10' - Oxydi-	58-36-6	500/10,000 ¹		Triethoxysilane	998-30-1	500	
* Phenylidichloroarsine				Trifluorochloroethylene	79-38-9	10,000	f
(Dichlorophenylarsine) (Lewisite Variant)	696-28-6	500		Trimethylamine (Methanamine, N,N-dimethyl-)	75-50-3	10,000	f
				Trimethylchlorosilane (Chlorotrimethylsilane)	75-77-4	1,000	b
				Trimethylolpropane Phosphite	824-11-3	100/10,000 ¹	

CalIARP PROGRAM REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ	Listing
Trimethyltin Chloride	1066-45-1	500/10,000 ¹	
Triphenyltin Chloride	639-58-7	500/10,000 ¹	
* Tris(2-Chloroethyl)Amine	555-77-1	100	
Valinomycin	2001-95-8	1,000/10,000 ¹	
Vanadium Pentoxide	1314-62-1	100/10,000 ¹	
Vinyl Acetate Monomer (Vinyl Acetate) (Acetic Acid, Ethenyl Ester)	108-05-4	1,000	b
Vinyl Acetylene (1-Buten-3-Yne)	689-97-4	10,000	f
Vinyl Chloride (Ethene, Chloro-)	75-01-4	10,000	a,f
Vinyl Ethyl Ether (Ethene, Ethoxy-)	109-92-2	10,000	g
Vinyl Fluoride (Ethene, Fluoro-)	75-02-5	10,000	f
Vinyl Methyl Ether (Ethene, Methoxy-)	107-25-5	10,000	f
Vinylidene Chloride (Ethene, 1,1-Dichloro-)	75-35-4	10,000	g
Vinylidene Fluoride (Ethene, 1,1-Difluoro-)	75-38-7	10,000	f
Warfarin	81-81-2	500/10,000 ¹	
Warfarin Sodium (Coumadin) (Sodium salt)	129-06-6	100/10,000 ¹	
Xylylene Dichloride	28347-13-9	100/10,000 ¹	
Zinc, Dichloro(4,4-Dimethyl-5(((Methylamino) Carbonyl)Oxy)Imino)Pentanenitrile)-, (T-4)-	58270-08-9	100/10,000 ¹	
Zinc Phosphide	1314-84-7	500	

* Substances delisted failing physical criteria test and relisted pursuant to health impacts.

¹ These extremely hazardous substances are solids. The lesser quantity listed applies only if in powdered form and with a particle size of less than 100 microns; or if handled in solution or in molten form; or the substance has an NFPA rating for reactivity of 2, 3, or 4. Otherwise, a 10,000 pound threshold applies.

² Appropriate synonyms or mixtures of regulated substances with the same CAS number are also regulated, e.g., anhydrous ammonia, formalin.

³ Sulfuric acid is a State Regulated Substance only under the following conditions:

a. If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for oleum is 10,000 pounds.)

b. If in a container with flammable hydrocarbons (flash point < 73° F).

⁴ Hydroquinone is exempt in crystalline form.

⁵ The mixture exemption in Section 2770.2(b)(1) does not apply to the Substance.

LEGEND: Basis for Listing:

- a. Mandated for listing by Congress.
- b. On EHS list, vapor pressure 10 mmHg or greater.
- c. Toxic gas.
- d. Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents.
- e. Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents.
- f. Flammable gas.
- g. Volatile flammable liquid.

III. HAZARDOUS WASTE SECTION

To be completed by all persons or businesses that generate, store, handle or dispose of hazardous waste.

Be advised that appropriate signatures must be provided on forms.

This section includes:

- o **HAZARDOUS WASTE GENERATOR FORM (LA County)**

To be completed by businesses which generator wastes classified as hazardous under Federal Law (RCRA or the Resource Conservation Recovery Act) and/or State Law (Chapter 6.5 of the Health and Safety Code).

Note: RCRA hazardous wastes are wastes regulated under Federal and State law. Non-RCRA hazardous wastes (such as waste oil) are wastes regulated only under State law.

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR PAGE (LA COUNTY)

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. **FACILITY ID NUMBER** Leave this blank. The Certified Unified Program Agency (CUPA) assigns this number that identifies your facility.
2. **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. 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) 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.
- 133b. **NUMBER OF EMPLOYEES** Enter the total number of employees currently working at your facility.
- A. **TYPE OF GENERATOR** Check the box that most closely apply to your facility. Check no more than one box per column.

RCRA GENERATOR Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

NON - RCRA GENERATOR Check the box that that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.

Boxes include:
 - ◆ Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
 - ◆ Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
 - ◆ Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)

Note:

 1. 1 kg = 2.2 lbs.
 2. For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.
- B. **PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- C. **WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- D. **WASTE ID** List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.
- E. **AMOUNT PER YEAR** List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.
- F. **STORAGE METHOD** 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
- G. **DISPOSAL METHOD** Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
 - A = Treatment Onsite
 - B = Treatment Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- H. **OWNER/OPERATOR NAME** Indicate the name of the person who signed the form.
- I. **OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.
- J. **DATE** Indicate the date the form was signed.

UNIFIED PROGRAM (UP) FORM 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 (Check no more than one box per column)

	RCRA GENERATOR (FEDERAL WASTE)	NON-RCRA GENERATOR (CALIFORNIA ONLY WASTE)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>

II. WASTE STREAM IDENTIFICATION

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

PROCESS	B	WASTE DESCRIPTION	C	WASTE ID	D	AMOUNT PER YEAR	E	STORAGE METHOD	F	DISPOSAL METHOD	G

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

OWNER/OPERATOR NAME	H	OWNER/OPERATOR TITLE	I
OWNER/OPERATOR SIGNATURE		DATE	J

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT INSPECTOR