

HEALDSBURG FIRE DEPARTMENT



CUPA Uniform Program Consolidated Reporting Forms

Attached you will find the new State reporting forms which have replaced the hazardous materials business plans that you may have completed in the past. Please complete these forms and return them to this address **within 30 days**.

**Return to: Healdsburg Fire Department
601 Healdsburg Ave
Healdsburg, Ca 95448**

You are required to keep a copy of this information in your files and have it available for our inspector's review during routine inspections.

If you have questions, or if you need help completing the forms you may call this office at (707) 431-3360. Instructions for each form are on the reverse side of each form.

If you prefer to complete this form in a computer WORD document, please go online to Hazardous Materials Division and look for the Haz-Mat Business Plan listing.

HAZARDOUS MATERIALS BUSINESS PLAN INFORMATION SHEET

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Authority Cited: Ch. 6.95 HSC; Title 19, Div. 2, CCR; Title 22, Div. 4.5, CCR

All facilities in Unidocs member jurisdictions that use or store hazardous materials (*defined as either virgin or waste materials*) in any quantity are required to report such use or storage to the appropriate local agency. The amount of detail required to be reported depends on whether or not a facility is subject to state Hazardous Materials Business Plan (HMBP) reporting requirements. Facilities subject to HMBP reporting requirements must complete and submit to their local agency a HMBP. All other facilities handling hazardous materials, unless specifically exempted by their local agency, must complete and submit a Hazardous Materials/Waste Registration Form.

The attached **Matrix Inventory Format Hazardous Materials Business Plan** is the preferred format for HMBP reporting. *[This form was developed by the Certified Unified Program Agency (CUPA) as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulations. 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.]* A HMBP including the standard UPCF One-Chemical-Per-Page Inventory Format is available at www.unidocs.org. If you wish to use forms other than those included in this document, or the Unidocs standard UPCF Hazardous Material Business Plan, please contact your local implementing agency for guidance. Depending upon the nature of storage/handling of hazardous materials at the facility, additional information may be required to be submitted as Appendices to the HMBP. Examples of such Appendices could include:

- For underground storage tanks (UST), Unified Program Consolidated Forms (UPCF) UST - Facility and UST - Tank pages;
- California Accidental Release Prevention (CalARP) Program Registration Form;
- Toxic Gas Registration Form;
- UPCF Onsite Hazardous Waste Treatment Forms;
- Storm Water Pollution Prevention Plan; etc.

What is a Hazardous Materials Business Plan?

A HMBP is a document containing detailed information on the storage of hazardous materials at a facility. Chapter 6.95 of the California Health and Safety Code (HSC) requires that facilities which use or store such materials at or above reporting thresholds (*see below*) submit this information.

What is the purpose of the Hazardous Materials Business Plan?

The intent of the Business Plan is to satisfy federal and state Community Right-To-Know laws and provide detailed information for use by emergency responders. All persons at the facility qualified to serve as emergency coordinators must be thoroughly familiar with the contents and use of the HMBP, with the operations and activities of the facility, and with the locations of all hazardous materials records maintained by the facility.

This Hazardous Materials Business Plan has been developed to assist you in complying with the State requirements and to provide the firedepartment adequate information about the type, quantity of—and management practices regarding—hazardous materials that are stored at your facility. Along with applicable modules and appendices, it is intended to additionally satisfy some or all of the reporting requirements for the following programs: Hazardous Materials Storage; CalARP Program Registration; Toxic Gas Ordinance; Hazardous Waste Generator Registration; Hazardous Waste Contingency Plan; Urban Runoff; and aboveground storage tank Spill Prevention Control and Countermeasure Plan.

Who must complete a Hazardous Materials Business Plan?

The owner of a facility must complete a HMBP and submit a copy to the local agency for each site that handles any individual hazardous material or mixture containing a hazardous material which has a quantity at any time during the reporting year equal to or greater than:

1. 500 pounds for **solid hazardous materials**. [HSC §25503.5(a)]
2. The following amounts for **liquid hazardous materials**:
 - a. Lubricating oil as defined by HSC §25503.5(b)(2)(B): 55 gallons of any type or 275 gallons aggregate quantity on site. HSC §25503.5(b)(2)(A)]
 - b. All others, including waste oil: 55 gallons. [HSC §25503.5(a)]
3. The following amounts of **hazardous material gases**:
 - a. Oxygen, Nitrogen, or Nitrous Oxide stored/handled at a physician, dentist, podiatrist, veterinarian, or pharmacist's place of business: 1,000 cubic feet of each material on site. [HSC §25503.5(b)(1)]
 - b. All others: 200 cubic feet. [HSC §25503.5(a)]
4. Amounts of **radioactive materials** requiring an emergency plan under Parts 30, 40, or 70 of Title 10 Code of Federal Regulations or equal to or greater than applicable amounts specified in items 1, 2, or 3, above, whichever amount is smaller. [HSC §25503.5(a)]
5. Applicable federal threshold planning quantities for **extremely hazardous substances** listed in 40 CFR Part 355, Appendix A.

Hazardous Materials Business Plan Information Sheet (continued)

Note: **Retail (Consumer) Products** packaged for direct distribution to, and use by, the general public are exempt from HMBP requirements except where the local agency determines otherwise pursuant to H&SC §25503.5(c)(1). [Local agency interpretation is that materials qualify for this exemption only if the following requirements are met: (1) The product is not dispensed from containers at the storage facility; (2) The product is stored in a “retail display area” as defined by the 1994 California Fire Code (e.g. Quarts of oil sitting in a display area for sale at a service station are exempt, but oil used by a mechanic in the service bay is not exempt.); (3) containers are no larger than 5 gallons (liquids) or 100 pounds(solids); and (4) Handling of the product does not present unacceptable risk to public health, safety, or the environment.]

What if I don’t handle any hazardous materials in amounts requiring a HMBP?

Facilities that are not required to complete a HMBP are still required to register their hazardous materials with the local agency using the Hazardous Materials/Waste Registration Form. The local agency will then evaluate the storage or use and notify you of any permits or storage/use fees that may apply. (Note: The local agencies reserve the right to require a HMBP for any facility upon determination that the manner of use or storage of hazardous materials is such that additional information is necessary for emergency response purposes.) Per Ordinance, No. 868, section 9: The aboveground storage of hazardous materials of less than quantities specified in Chapter 6.95 of the California Health and Safety Code shall require a minimal storage permit.

What information is required to be submitted with the Hazardous Materials Business Plan?

The HMBP must contain the following elements:

- Business Activities (Form and instructions attached)
- Business Owner/Operator Identification (Form and instructions attached)
- Hazardous Materials Inventory (Form and instructions attached)
- Facility Map(s) (Sample form and instructions attached)
- Emergency Response/Contingency Plan (Sample forms and instructions attached)
- Employee Training Plan (Sample form and instructions attached)
- Recordkeeping (Sample form and instructions attached)

How often do I have to update or recertify my Hazardous Materials Business Plan?

Within 30 days of the occurrence of any of the following events, the HMBP shall be revised and the revisions submitted to the local agency: (1) There is a 100% or more increase in the quantity of a previously disclosed material; (2) The facility begins handling a previously undisclosed material at or above the aforementioned HMBP amounts; (3) The facility changes address; (4) Ownership of the facility changes; or (5) There is a change of business name. [H&SC §25510]

Additionally, if the local agency determines that the HMBP is deficient in any way, the plan shall be revised and the revisions submitted to the local agency within 30 days of the notice to submit a corrected plan. [H&SC §25505(a)(2)]

Without regard to the above events, the owner, operator, or officially designated representative of the facility must complete and submit to the local agency a Hazardous Materials Business Plan Certification Form [or a copy of your current HMBP with an updated certification signature and date at the bottom of OES Form 2730, the Business Owner/Operator Identification form (i.e. page 5 of this packet)] annually. [H&SC §25503.3(c)] Hazardous Materials Business Plan Certification Forms are available from your local agency or on the Internet at www.sonoma-county.org, Department of Emergency Services, Hazardous Materials.

Who is my local agency?

Refer to the table below. CUPA jurisdiction is determined by whether the facility is located within city limits or in an unincorporated area.

City/Area	Local Agency Name	Address	Telephone Number
Bodega Bay	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
City of Santa Rosa	City of Santa Rosa Fire Department	955 Sonoma Avenue Santa Rosa, CA 95404	(707) 543-3500
City of Petaluma	City of Petaluma Fire Department	198 D Street Petaluma, CA 94952	(707) 778-4485
City of Windsor	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Cloverdale	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Cotati	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Forestville	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Graton	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Guerneville	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Healdsburg	City of Healdsburg Fire Department	601 Healdsburg Avenue Healdsburg, CA 95448	(707) 431-3360
Jenner/Sea Ranch/North Coast	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Occidental	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152
Rohnert Park	Sonoma County Department of Emergency Services	2300 County Center Drive Santa Rosa, CA 95403	(707) 565-1152

Business Activities Page Instructions

You must submit the Business Activities page with all submittals. [Note: Numbering of these instructions follows the Unified Program Consolidated Form (UPCF) data element numbers on the Business Activities page. These data element numbers are used for electronic submittal and are the same as the numbering used in 27 CCR, Appendix C, the Unified Program Data Dictionary.] Please number all pages of your submittal.

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA." If you do not have an ID number, contact the Department of Toxic Substances Control (DTSC) at 1-800-618-6942 to obtain one.
3. BUSINESS NAME - Enter the complete Facility Name.
4. HAZARDOUS MATERIALS ONSITE - Check the appropriate box to indicate whether you have any hazardous material on site in a quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the above Hazardous Materials Business Plan Information Sheet).
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", and you do not already have on file with your local agency a UST Facility page, UST Tank page for each tank, written UST Monitoring Plan, and UST Response Plan, then you must submit those documents. (There are no UPCF pages for the monitoring and response plans.)
6. UST INSTALLATION/UPGRADE - Check the appropriate box to indicate whether you have installed or upgraded USTs containing hazardous substances as defined in HSC §25316. If "YES," then you must submit to your local agency a UST Installation - Certificate of Compliance page for each tank in addition to the UST Facility and Tank pages.
7. UST CLOSURE - Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank page for each tank.
8. OWN/OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST) - Check the appropriate box to indicate whether your facility stores petroleum aboveground in any tank greater than 660 gallons capacity or has aggregate aboveground petroleum storage greater than 1,320 gallons. (There is no UPCF page for ASTs.) The following are exempt from this requirement:
 - Pressure vessels or boilers subject to Division 5 of the Labor Code;
 - Tanks containing hazardous waste if a hazardous waste facility permit has been issued by DTSC;
 - Aboveground oil production tanks regulated by the Division of Oil and Gas;
 - Certain oil-filled electrical equipment, including, but not limited to, transformers, circuit breakers, and capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates a waste that meets any of the hazardous waste criteria adopted pursuant to HSC §25141.
10. RECYCLE - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms (approximately 220 pounds or 27 gallons) per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. If you check "YES," and you do not already have a current Recyclable Materials Report on file with your Certified Unified Program Agency (CUPA), then you must also submit that report to the CUPA. Check "NO" if you only send recyclable materials to an offsite recycler.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in regulated onsite treatment of hazardous waste. If you check "YES," and you do not already have current Onsite Hazardous Waste Treatment Notification - Facility and Onsite Hazardous Waste Treatment Notification - Unit documents on file with your CUPA, then you must submit those forms to the CUPA.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility has Permit by Rule (PBR) and/or Conditionally Authorized (CA) operations subject to financial assurance requirements for closure of an onsite treatment unit. If you check "YES," and you do not already have current "Certification of Financial Assurance" on file with your CUPA, then you must submit that form to the CUPA.
13. HAZARDOUS WASTE REMOTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. By answering "YES," you are indicating that you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. If you check "YES," and you do not already have current "Remote Waste Consolidation Site Annual Notification" page on file with your CUPA, then you must submit that form to the CUPA.
14. HAZARDOUS WASTE TANK CLEANING - Check the appropriate box if any tank has been cleaned onsite per Title 22, Div. 4.5, Ch. 32, CCR. If you check "YES," then you must submit a Hazardous Waste Tank Closure Certification to your local agency.
15. LOCAL REQUIREMENTS - Check with your local agency before submitting this document to determine if any supplemental information is required.

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION

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

II. BUSINESS OWNER

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

III. ENVIRONMENTAL CONTACT

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

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

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

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.
Property Owner: _____ Phone No.: _____
Billing Address: _____

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

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

* See Instructions on next page.

Business Owner/Operator Identification Page (OES Form 2730) Instructions

Except when using the Hazardous Materials Business Plan Certification Form, you must submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages with all hazardous materials inventory submittals. (Note: Numbering of these instructions follows the UPCF data element numbers on the Owner/Operator page.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
 3. BUSINESS NAME - Enter the complete Facility Name.
 100. BEGINNING DATE - Enter the beginning year and date of the report.
 101. ENDING DATE - Enter the ending year and date of the report.
 102. BUSINESS PHONE - Enter the phone number, including area code and any extension.
 103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
 104. CITY - Enter the city or unincorporated area in which the facility is located.
 105. ZIP CODE - Enter the 5 or 9 digit zip code for the facility.
 106. DUN & BRADSTREET - If the business has a D&B number, enter it here.
 107. SIC CODE - Enter the 4 digit Standard Industrial Classification Code number for the facility's primary business activity.
 108. COUNTY - Enter the name of the county in which the facility is located.
 109. BUSINESS OPERATOR NAME - Enter the name of the facility operator.
 110. BUSINESS OPERATOR PHONE - Enter the operator's phone number, including area code and any extension.
 111. OWNER NAME - Enter the name of the facility owner, if different from the operator.
 112. OWNER PHONE - Enter the owner's phone number, including area code and any extension.
 113. OWNER MAILING ADDRESS - Enter the owner's street or P.O. box mailing address, if different from the 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 5 or 9 digit zip code for the owner's mailing address.
 117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will receive all environmental correspondence and will respond to enforcement activity.
 118. CONTACT PHONE - Enter the environmental contact's phone number, including area code and any extension.
 119. CONTACT MAILING ADDRESS - Enter the street or P.O. box mailing address where all environmental contact correspondence should be sent, if different from the site address.
 120. CITY - Enter the name of the city for the environmental contact's mailing address.
 121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
 122. ZIP CODE - Enter the 5 or 9 digit zip code for the environmental contact's mailing address.
 123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative (i.e. Emergency Coordinator) who can be contacted in case of an emergency involving hazardous materials at the facility. This person 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 Coordinator.
 125. BUSINESS PHONE - Enter primary Emergency Coordinator's business phone number, including area code and any extension.
 126. 24-HOUR PHONE - Enter a phone number that will be answered 24 hours a day. If not the primary Emergency Coordinator's home phone number, then the number of an answering service able to immediately contact the primary Emergency Coordinator must be provided. Please note that this is a public document, so any telephone number provided is available to the general public any time a review of your facility's records is conducted.
 127. PAGER NUMBER - Enter the pager number for the primary Emergency Coordinator, if available.
 128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary Emergency Coordinator who can be contacted in the event that the primary Emergency Coordinator 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 Coordinator.
 130. BUSINESS PHONE - Enter secondary Emergency Coordinator's business phone number, including area code and any extension.
 131. 24-HOUR PHONE - Enter a phone number for the secondary Emergency Coordinator. See instructions for item 123, above.
 132. PAGER NUMBER - Enter the pager number for the secondary Emergency Coordinator, if available.
 133. ADDITIONAL LOCALLY COLLECTED INFORMATION - Enter the name and phone number for the property owner. Enter the complete mailing address to which bills for permit fees should be sent, if different from items 119-122, above.
- SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted, and that based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the submitted information is true, accurate, and complete.
134. DATE - Enter the date that the document was signed.
 135. NAME OF DOCUMENT PREPARER - Type or print the full name of the person who prepared the Business Plan information.
 136. NAME OF SIGNER - Type or print the full name of the person signing this document.
 137. TITLE OF SIGNER - Enter the title of the person signing this document.

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: ___/___/___

Business Name: (Same as Facility Name or DBA)						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise			Page ___ of ___ (One page per building or area)				
Chemical Location: (Building/Storage Area)			EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No			Facility ID # <i>(Agency Use Only)</i>							
1.	2.	3.	4.			5.	6.			7.	8.		9.
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components (For mixtures only) % Wt. EHS CAS No.			Type and Physical State	Quantities Max. Average Largest Daily Daily Cont.			Units	Storage Codes Storage Storage Pressure Temp.		Hazard Categories

