



**SAN DIEGO COUNTY CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848
<http://www.sdcdeh.org>**

RISK MANAGEMENT PLAN (RMP) WORK PLAN

I. STATIONARY SOURCE (SS) INFORMATION

NAME OF STATIONARY SOURCE (SS)		UNIFIED PROGRAM FACILITY PERMIT NUMBER	
SITE ADDRESS		CITY	CA ZIP CODE
LATTITUDE AND LONGITUDE & METHOD FOR OBTAINING THIS			NAICS CODE
SS USEPA IDENTIFIER	SS DUNN & BRADSTREET #	106	# FULLTIME EMPLOYEES AT THE SS
CORP/PARENT COMPANY NAME		CORP/PARENT DUNN & BRADSTREET #	
WEBSITE			

II. STATIONARY SOURCE RMP CONTACT, OWNER/OPERATOR INFORMATION

NAME OF OWNER/OPERATOR SS		OWNER PHONE	
NAME OF RMP CONTACT	TITLE	CONTACT PHONE #	
MAILING ADDRESS	E-MAIL	CONTACT FAX #	
CITY	STATE	ZIP CODE	
24-HR EMERGENCY CONTACT NAME	TITLE	PHONE #	
24-HR EMERGENCY CONTACT NAME	TITLE	PHONE #	

III. CONSULTANT CONTACT INFORMATION (if applicable)

COMPANY NAME	CONSULTANT NAME	CONSULTANT'S PHONE #
CONSULTANT'S ADDRESS	CONSULTANT'S E-MAIL	CONSULTANT'S FAX #
CITY	STATE	ZIP CODE

IV. PROCESS INFORMATION

NAME OF REGULATED SUBSTANCE (one sheet per item)	CAS NUMBER	MAX QUANTITY (in Lbs.)	RMP PROGRAM LEVEL (Circle) 1 2 3
Is stationary source subject to Part 355 of Title 40 CFR? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is process subject to PSM Sec. 5189 of Title 40 CFR? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is process subject to Title V Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROCESS INSTALLATION DATE (new/modified facility) ____/____/____	LAST SAFETY INSPECTION DONE BY A: <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL DATE OF INSPECTION: ____/____/____
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V. RMP TECHNICAL STUDIES

TYPE OF HAZARD EVALUATION TO BE CONDUCTED: Manual Calculation (Tables) <input type="checkbox"/> YES <input type="checkbox"/> NO or Computerized Air Model <input type="checkbox"/> YES <input type="checkbox"/> NO	Methods for Air Dispersion Modeling: _____ _____ _____	DATE OF SEISMIC WALKTHROUGH: ____/____/____
Name of Computerized Model (if applicable):		
Passive Mitigation considered for Worst-Case Scenario (specify):		

Reason for RMP Change:	CERTIFICATION BY:	PRINTED NAME:	DATE ____/____/____
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WORK PLAN SUBMISSION/INSTRUCTIONS GUIDELINES

I. STATIONARY SOURCE (SS) INFORMATION

NAME OF STATIONARY SOURCE: ENTER YOUR BUSINESS/FACILITY NAME OR DBA.

STATIONARY SOURCE UPF PERMIT NUMBER: ENTER THE UNIFIED PROGRAM FACILITY PERMIT (UPFP) NUMBER IF KNOWN.

ADDRESS OF STATIONARY SOURCE: THIS IS THE SITE (PHYSICAL) ADDRESS OF YOUR FACILITY.

LATITUDE AND LONGITUDE: ENTER THE LATITUDE AND LONGITUDE OF THE SS AND THE METHOD USED FOR OBTAINING THE LAT AND LONG.

NAICS CODE: ENTER THE 6 DIGIT NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE.

SS USEPA IDENTIFIER: ENTER THE SS USEPA ID NUMBER (IF APPLICABLE)

NUMBER OF FULL-TIME EMPLOYEES AT THE SS: ENTER THE NUMBER OF FULL-TIME EMPLOYEES AT THE STATIONARY SOURCE.

SS DUN AND BRADSTREET (D&B) #: ENTER THE STATIONARY SOURCE DUN AND BRADSTREET NUMBER

CORP/PARENT COMPANY NAME: PROVIDE THE NAME OF PARENT OR CORPORATE OWNER.

CORP/PARENT COMPANY D&B#: PROVIDE THE DUN AND BRADSTREET NUMBER OF THE PARENT OR CORPORATE OWNER.

WEBSITE: WEB ADDRESS (URL) FOR THE CORPORATE/PARENT ORGANIZATION, IF APPLICABLE.

II. SS RMP CONTACT, OWNER/OPERATOR INFORMATION

NAME OF OWNER/OPERATOR: PROVIDE THE NAME OF THE OWNER OF THE SS

NAME OF RMP CONTACT: PROVIDE THE NAME OF THE PERSON WHO WILL BE YOUR PRIMARY RMP CONTACT FOR THE SS.

TITLE: PROVIDE THE TITLE OF THE RMP CONTACT

MAILING ADDRESS: PROVIDE RMP CONTACT'S MAILING ADDRESS.

PHONE#: PROVIDE THE PHONE NUMBER FOR YOUR PRIMARY RMP CONTACT.

FAX#: PROVIDE A FAX NUMBER FOR THE PRIMARY RMP CONTACT.

E-MAIL: PROVIDE THE E-MAIL ADDRESS FOR YOUR PRIMARY RMP CONTACT IF ONE IS AVAILABLE.

24-HOUR EMERGENCY CONTACT: PROVIDE THE NAME OF A PERSON AVAILABLE FOR EMERGENCIES 24 HR A DAY.

TITLE: TITLE OF THE 24 HR EMERGENCY CONTACT PERSON.

PHONE#: PROVIDE THE 24 HR PHONE NUMBER FOR THE CONTACT PERSON

24-HOUR EMERGENCY CONTACT: PROVIDE THE NAME OF AN ALTERNATE PERSON AVAILABLE FOR EMERGENCIES 24 HR A DAY.

TITLE: TITLE OF THE ALTERNATE 24 HR EMERGENCY CONTACT PERSON.

PHONE#: PROVIDE THE 24 HR PHONE NUMBER FOR THE ALTERNATE CONTACT PERSON

III. CONSULTANT CONTACT INFORMATION (IF APPLICABLE)

COMPANY NAME: PROVIDE THE COMPANY NAME OF YOUR CONSULTANT PROJECT COORDINATOR.

ADDRESS: PROVIDE THE ADDRESS OF YOUR CONSULTANT.

PHONE#: PROVIDE THE PHONE NUMBER OF THE RMP CONSULTANT PROJECT COORDINATOR.

FAX#: PROVIDE THE FAX NUMBER OF YOUR CONSULTANT PROJECT COORDINATOR.

NAME OF PROJECT COORDINATOR: PROVIDE THE NAME OF THE PRIMARY RMP CONSULTANT PROJECT COORDINATOR.

E-MAIL: PROVIDE THE E-MAIL OF YOUR CONSULTANT, IF KNOWN.

IV. PROCESS INFORMATION

REGULATED SUBSTANCES: PROVIDE THE NAMES AND QUANTITIES (IN POUNDS) OF THE REGULATED SUBSTANCES IN YOUR PROCESS(ES).

CAS NUMBER: PROVIDE THE CHEMICAL ABSTRACT SERVICE NUMBER OF THE REGULATED SUBSTANCE.

RMP PROGRAM LEVEL: CIRCLE THE PROGRAM LEVEL THAT YOU WILL BE DEVELOPING FOR YOUR RMP(S).

SS IS SUBJECT TO PART 355 OF TITLE 40 OF CFR: MARK YES IF THE SS IS SUBJECT TO CHEMICAL DISCLOSURE UNDER TITLE 40 CFR PART 355 OR MARK NO IF QUANTITY ONSITE IS BELOW THRESHOLD PLANNING QUANTITIES.

PROCESS SUBJECT TO PSM: MARK YES IF YOU PROCESS IS SUBJECT TO OSHA PROCESS SAFETY MANAGEMENT (PSM) OR NO IF NOT SUBJECT TO PSM.

PROCESS SUBJECT TO TITLE V PERMIT: MARK YES IF YOUR PROCESS IS SUBJECT TO THE TITLE V AIR PERMIT REQUIREMENTS OR NO IF NOT SUBJECT TO TITLE V.

DATE OF SEISMIC WALKTHROUGH: PROVIDE THE PROJECTED DATE YOU PLAN TO DO YOUR SEISMIC WALKTHROUGH.

PROCESS INSTALLATION DATE (NEW/MODIFIED FACILITY): IF YOU ARE ADDING A NEW PROCESS OR MODIFYING AN EXISTING PROCESS, PROVIDE THE DATE YOU PLAN TO START-UP THE PROCESS.

DATE OF THE LAST SAFETY INSPECTION: PROVIDE THE DATE AND THE NAME OF THE AGENCY THAT LAST PERFORMED A SAFETY INSPECTION OF THE SS. MARK IF SAFETY INSPECTION WAS PERFORMED BY FEDERAL STATE OR LOCAL AGENCY

RMP TECHNICAL STUDIES: MARK

V. RMP TECHNICAL STUDIES

TYPE OF HAZARD EVALUATION TO BE CONDUCTED: PROVIDE THE NAME OF THE TYPE OF HAZARD EVALUATION YOU PLAN TO CONDUCT, I.E., WHAT-IF/CHECKLIST, HAZOP, ETC.

METHODS OF AIR DISPERSION MODELING: MANUAL CALCULATIONS (TABLES): IF YOU PLAN TO USE MANUAL CALCULATIONS OR EPA LOOK-UP TABLES FOR YOUR OFFSITE CONSEQUENCE ANALYSIS CHECK YES OR NO, AS APPLICABLE.

COMPUTERIZED AIR MODEL: IF YOU PLAN TO USE A COMPUTERIZED AIR MODEL FOR YOU OFFSITE CONSEQUENCE ANALYSES CHECK YES, IF NOT, CHECK NO.

IF YOU PLAN TO USE A COMPUTER AIR MODEL PROVIDE THE NAME AND VERSION.

PASSIVE MITIGATION FOR WORST-CASE (SPECIFY): SPECIFY THE TYPE OF PASSIVE MITIGATION YOU PLAN TO USE FOR YOU WORST-CASE OFFSITE CONSEQUENCE. IF YOU DO NOT PLAN TO USE PASSIVE MITIGATION STATE "NONE".

LIST THE REASON FOR RMP CHANGE

CERTIFIED BY: THIS LINE MUST BE SIGNED BY THE PERSON CERTIFYING THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

PRINTED NAME: PRINT THE NAME OF THE PERSON CERTIFYING THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

DATE: PROVIDE THE DATE THE WORK PLAN WAS COMPLETED AND SIGNED.