



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

CERS APPLICATION

Request to Submit CERS Facility Information to Initiate Unified Program Facility Permit

All Certified Unified Program Agency (CUPA) regulated facilities are required by law (Assembly Bill 2286) to submit business information electronically through the California Environmental Reporting System (CERS). Visit https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html

**SUBMITTING THIS FORM DOES NOT GRANT YOU A UNIFIED PROGRAM FACILITY PERMIT (UPFP)
MONITOR EMAIL FOR ADDITIONAL INSTRUCTIONS & ACTIONS REQUIRED**

I. BUSINESS NAME & LOCATION DETAILS FOR ACCESS REQUESTS ONLY- FILL OUT SECTIONS I, II, & VII

Facility Name <i>(This name will be printed on your permit)</i>	CERS ID <i>(i.e. 10301234)</i>	Permit/Record ID <i>(i.e. DEH2002-HUPFP-123456)</i>
Business or Parent Organization Name <i>(if different than facility name)</i>	Past CERS ID <i>(if you relocated)</i>	Past Permit/Record ID <i>(if you relocated)</i>
Current Site Address	Suite	City
		ZIP/Postal Code
Previous Site Address <i>(if you relocated)</i>	Suite	City
		ZIP/Postal Code

II. CERS USERS TO BE GRANTED ONLINE ACCESS FOR ACCESS REQUESTS ONLY- FILL OUT SECTIONS I, II, & VII

The two users designated below will be granted access to this facility in the online California Environmental Reporting System (CERS). These lead users must create a unique user account and log in to CERS to submit required reporting elements. Once submitted, lead users will be notified via email on the status of the submittal. New permits are typically issued after an initial inspection is conducted and only after your inventory has been accepted in CERS.

Primary Lead User Name	Secondary Lead User Name
Title	Title
Phone	Phone
Email <i>(Must be different than secondary lead user's email)</i>	Email <i>(Must be different than primary lead user's email)</i>

III. BUSINESS OWNERSHIP INFORMATION

Owner Identification	24-Hr Phone
Title	
Email	
Owner Mailing Address	Same as Site Address <input type="checkbox"/>
City	State ZIP/Postal Code

*24-Hour phone numbers will be kept confidential and are used for emergency response purposes.

Change of Ownership Details <i>(leave the section below blank if not applicable)</i>
Previous Business Name <i>(or owner's name if the business name has not changed)</i>
Date of Ownership Change
Are business operations and regulated activities remaining the same? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has there been major staffing changes due to the change in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Is the inventory reported in CERS for this facility remaining the same? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

IV. BUSINESS OWNER/OPERATOR IDENTIFICATION & EMERGENCY CONTACT INFORMATION

Operator Name	Same as Owner <input type="checkbox"/>
Operator Phone	Business Phone Business Fax
Billing Contact	Same as Owner <input type="checkbox"/>
First & Last Name	Phone
Email	
Mailing Address	Same as Site Address <input type="checkbox"/>
City	State ZIP/Postal Code

Primary Emergency Contact Name	Same as Owner <input type="checkbox"/>
Title	24-Hour Phone*
Secondary Emergency Contact Name	Same as Owner <input type="checkbox"/>
Title	24-Hour Phone*
Environmental Contact Name	Same as Owner <input type="checkbox"/>
Email	Phone

*24-Hour phone numbers will be kept confidential and are used for emergency response purposes.

CERS BUSINESS ACTIVITIES

V. REGULATED BUSINESS ACTIVITIES

Hazardous Materials/Waste Inventory

Regulated facilities in San Diego County are required by local ordinance to report all medical waste(s) and hazardous waste(s) generated in the Hazardous Materials Inventory submittal element. San Diego County Code §68.904(a)(2), §68.905, §65.1202.

Does your facility have on site (for any purpose) at any one time any of the following reportable inventory items?

- Hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases
- Hazardous wastes in any amount
- Medical wastes in any amount

Yes No

Inventory reporting guidance: https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hazmat/hmd_chem_reporting_changes.html

UST: Underground Storage Tank(s)

Does your facility own or operate underground storage tanks?

Yes No

HW: Hazardous Waste

HW Generator: Does your facility generate Hazardous Waste?

If yes, provide an EPA ID Number: _____

Yes No

HW Treatment: Does your facility treat hazardous waste on-site?

Yes No

CA/PBR Financial Assurance: Is your facility's treatment subject to financial assurance requirements for Permit by Rule (PBR) or Conditional Authorization (CA)?

Yes No

Remote Consolidation: Does your facility consolidate hazardous waste generated at a remote site?

Yes No

HW Tank Closure: Does your facility need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?

Yes No

RCRA Large Quantity Generator (LQG): Do any of the following apply to this facility?

- Generates in any single calendar month 1,000 kg (2,200 pounds) or more of RCRA (federally-regulated) hazardous waste
- Generates in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste
- Generates or accumulates at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste. **Do not check yes if you only generate non-RCRA waste.**

If yes, File Biennial Report ([EPA Form 8700-13A/B](#)), and satisfy requirements for RCRA LQG.

Yes No

ERM: Excluded Recyclable Materials

Does your facility recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?

Yes No

APSA: Aboveground Petroleum Storage Act

Does your facility own or operate aboveground petroleum storage tanks or containers AND: Have a total aboveground petroleum storage capacity of 1,320 gallons or more, OR one or more petroleum tanks in an underground area?

Yes No

V. MEDICAL WASTE INVENTORY (IF APPLICABLE)

Type of Medical Waste	Max Daily Amount ¹	Largest Container	Annual Waste Amount ²	Container Information
<input type="checkbox"/> Infectious Waste, Sharps	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Sharps container
<input type="checkbox"/> Infectious Waste, General (red bag)	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Bag
<input type="checkbox"/> Non-RCRA Pharmaceutical Waste	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Plastic bottle <input type="checkbox"/> Box
<input type="checkbox"/> Trace Chemotherapy Waste	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Plastic bottle <input type="checkbox"/> Bag
<input type="checkbox"/> Pathology Waste	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Plastic bottle <input type="checkbox"/> Bag

¹ Max Daily Amount: Provide an estimate for the maximum amount (in whole lbs) that can be stored per day at this facility. This cannot be less than the size of the largest container.

² Annual Waste Amount: Provide an estimate of the amount (in whole lbs) of medical waste generated per year by this facility.

VII. AUTHORIZATION FOR HMD TO SUBMIT INFORMATION IN CERS FOR ACCESS REQUESTS ONLY- FILL OUT SECTIONS I, II, & VII

I authorize the Hazardous Materials Division (HMD) to set up my CERS ID; enter the information included on this form into my CERS account; and submit the information through CERS on behalf of my business.

I understand that my obligations to complete the remaining required information through CERS will not be fully satisfied by submitting this form and that I am responsible for completing and maintaining my Facility Information and all other applicable submittal sections in CERS as required by State law and local ordinance.

I certify under penalty of law that I have personally reviewed and verified the information contained on this form to be true, accurate and complete.

Name of Authorizer	Title of Authorizer	Date

SUBMITTING THIS FORM DOES NOT GRANT YOU A UNIFIED PROGRAM FACILITY PERMIT (UPFP)
MONITOR EMAIL FOR ADDITIONAL INSTRUCTIONS & ACTIONS REQUIRED

OFFICE USE ONLY		
DATE RECEIVED:	REGULAR CHANGE OF OWNER	COMMENT:
DATE PROCESSED:	TRANSFER PAST SUBMITTALS	
PROCESSED BY:	SEAMLESS TRANSFER APPROVED	