

**CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)
 CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN**

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

FACILITY ID #		A1.	CERS ID #	A2.	DATE OF PLAN PREPARATION/REVISION (MM/DD/YYYY)	A3.	
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)							A4.
BUSINESS SITE ADDRESS							A5.
BUSINESS SITE CITY				A6.	CA	ZIP CODE	A7.
TYPE OF BUSINESS (e.g., Painting Contractor)				A8.	INCIDENTAL OPERATIONS (e.g., Fleet Maintenance)		A9.
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING (Check all that apply):							A10.
<input type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES							

B. INTERNAL RESPONSE

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR BY (Check all that apply):	B1.
<input type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (e.g., 9-1-1)	
<input type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR	
<input type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM	

C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS

In the event of an emergency involving hazardous materials and/or hazardous waste, all facilities must IMMEDIATELY:

1. Notify facility personnel and evacuate if necessary in accordance with the Emergency Action Plan (Title 8 California Code of Regulations §3220);
2. Notify local emergency responders by calling 9-1-1;
3. Notify the local Unified Program Agency (UPA) at the phone number below; and
4. Notify the State Warning Center at (800) 852-7550.

Facilities that generate, treat, store or dispose of hazardous waste have additional responsibilities to notify and coordinate with other response agencies. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator must follow the appropriate requirements for the category of facility and type of release involved:

1. Title 22 California Code of Regulations §66265.56. Emergency Procedures for generators of 1,000 kilograms or more of hazardous waste in any calendar month.
2. Title 22 California Code of Regulations §66265.196. Response to Leaks or Spills and Disposition of Leaking or Unfit-for-Use Tank Systems.
3. Title 40 Code of Federal Regulations §302.6. Notification requirements for a release of a hazardous substance equal to or greater than the reportable quantity.
4. Title 22 California Code of Regulations §66262.34(d)(2) and Title 40 Code of Federal Regulations §262.34(d)(5)(ii) for generators of less than 1000 kilograms of hazardous waste in any calendar month.

Following notification and before facility operations are resumed in areas of the facility affected by the incident, the Emergency Coordinator shall notify the local UPA and the local fire department's hazardous materials program, if necessary, that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

EMERGENCY RESPONSE PHONE NUMBERS:	AMBULANCE, FIRE, POLICE AND CHP	9-1-1	
	CALIFORNIA STATE WARNING CENTER (CSWC)/CAL OES	(800) 852-7550	
	NATIONAL RESPONSE CENTER (NRC)	(800) 424-8802	
	POISON CONTROL CENTER	(800) 222-1222	
	LOCAL UNIFIED PROGRAM AGENCY (UPA)		C1.
	OTHER (Specify):		C2. C3.
NEAREST MEDICAL FACILITY / HOSPITAL NAME:			C4. C5.

AGENCY NOTIFICATION PHONE NUMBERS:	CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC)	(916) 255-3545	
	REGIONAL WATER QUALITY CONTROL BOARD (RWQCB)		C6.
	U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA)	(800) 300-2193	
	CALIFORNIA DEPT. OF FISH AND WILDLIFE (CDFW)	(916) 358-2900	
	U.S. COAST GUARD (USCG)	(202) 267-2180	
	CAL OSHA	(916) 263-2800	
	CAL FIRE OFFICE OF THE STATE FIRE MARSHAL (OSFM)	(916) 323-7390	
	OTHER (Specify):		C7. C8.
	OTHER (Specify):		C9. C10.

INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR BY (Check all that apply):	C11.						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1. VERBAL WARNINGS;</td> <td style="width:33%;"><input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM;</td> <td style="width:33%;"><input type="checkbox"/> 3. TELEPHONE;</td> </tr> <tr> <td><input type="checkbox"/> 4. PAGERS;</td> <td><input type="checkbox"/> 5. ALARM SYSTEM;</td> <td><input type="checkbox"/> 6. PORTABLE RADIO</td> </tr> </table>	<input type="checkbox"/> 1. VERBAL WARNINGS;	<input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM;	<input type="checkbox"/> 3. TELEPHONE;	<input type="checkbox"/> 4. PAGERS;	<input type="checkbox"/> 5. ALARM SYSTEM;	<input type="checkbox"/> 6. PORTABLE RADIO	
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NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY (Check all that apply):	C12.						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1. VERBAL WARNINGS;</td> <td style="width:33%;"><input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM;</td> <td style="width:33%;"><input type="checkbox"/> 3. TELEPHONE;</td> </tr> <tr> <td><input type="checkbox"/> 4. PAGERS;</td> <td><input type="checkbox"/> 5. ALARM SYSTEM;</td> <td><input type="checkbox"/> 6. PORTABLE RADIO</td> </tr> </table>	<input type="checkbox"/> 1. VERBAL WARNINGS;	<input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM;	<input type="checkbox"/> 3. TELEPHONE;	<input type="checkbox"/> 4. PAGERS;	<input type="checkbox"/> 5. ALARM SYSTEM;	<input type="checkbox"/> 6. PORTABLE RADIO	
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EMERGENCY COORDINATOR CONTACT INFORMATION:	C13.						
PRIMARY EMERGENCY COORDINATOR NAME: _____ PHONE NO.: _____ PHONE NO.: _____ ALTERNATE EMERGENCY COORDINATOR NAME: _____ PHONE NO.: _____ PHONE NO.: _____ <input type="checkbox"/> Check if additional Emergency Coordinator contact and address information is available onsite or by calling PHONE NO.: _____							
Note: If more than one alternate emergency coordinator is designated, attach a list in order of responsibility.							

D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES

Check the applicable boxes to indicate your facility's procedures for containing spills and preventing and mitigating releases, fires and/or explosions.	D1.																					
<table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;</td></tr> <tr><td><input type="checkbox"/> 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls, built-in berms);</td></tr> <tr><td><input type="checkbox"/> 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, spill pigs, spill pillows);</td></tr> <tr><td><input type="checkbox"/> 4. COVER OR BLOCK FLOOR AND/OR STORM DRAINS;</td></tr> <tr><td><input type="checkbox"/> 5. LINED TRENCH DRAINS AND/OR SUMPS;</td></tr> <tr><td><input type="checkbox"/> 6. AUTOMATIC FIRE SUPPRESSION SYSTEM;</td></tr> <tr><td><input type="checkbox"/> 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS;</td></tr> <tr><td><input type="checkbox"/> 8. STOP PROCESSES AND/OR OPERATIONS;</td></tr> <tr><td><input type="checkbox"/> 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;</td></tr> <tr><td><input type="checkbox"/> 10. SHUT OFF WATER, GAS, ELECTRICAL UTILITIES;</td></tr> <tr><td><input type="checkbox"/> 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE AND/OR MEDICAL AID;</td></tr> <tr><td><input type="checkbox"/> 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AND/OR IMPACTED AREAS;</td></tr> <tr><td><input type="checkbox"/> 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION;</td></tr> <tr><td><input type="checkbox"/> 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE EMERGENCY RESPONSE TEAM;</td></tr> <tr><td><input type="checkbox"/> 15. REMOVE CONTAINERS AND/OR ISOLATE AREAS;</td></tr> <tr><td><input type="checkbox"/> 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;</td></tr> <tr><td><input type="checkbox"/> 17. USE ABSORBENT MATERIAL FOR SPILL CONTAINMENT;</td></tr> <tr><td><input type="checkbox"/> 18. VACUUM SUCTION USING APPROPRIATE VACUUM (e.g., Intrinsically safe) FOR SPILL CONTROL AND/OR CLEANUP;</td></tr> <tr><td><input type="checkbox"/> 19. DECONTAMINATE PERSONNEL AND EQUIPMENT WITHIN DESIGNATED AREA AND DISPOSE OF WASTEWATER AS HAZARDOUS WASTE;</td></tr> <tr><td><input type="checkbox"/> 20. PROVIDE SAFE TEMPORARY STORAGE OF HAZARDOUS WASTE GENERATED DURING EMERGENCY ACTIONS;</td></tr> <tr><td><input type="checkbox"/> 21. OTHER (Specify): _____</td></tr> </table>	<input type="checkbox"/> 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;	<input type="checkbox"/> 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls, built-in berms);	<input type="checkbox"/> 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, spill pigs, spill pillows);	<input type="checkbox"/> 4. COVER OR BLOCK FLOOR AND/OR STORM DRAINS;	<input type="checkbox"/> 5. LINED TRENCH DRAINS AND/OR SUMPS;	<input type="checkbox"/> 6. AUTOMATIC FIRE SUPPRESSION SYSTEM;	<input type="checkbox"/> 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS;	<input type="checkbox"/> 8. STOP PROCESSES AND/OR OPERATIONS;	<input type="checkbox"/> 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;	<input type="checkbox"/> 10. SHUT OFF WATER, GAS, ELECTRICAL UTILITIES;	<input type="checkbox"/> 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE AND/OR MEDICAL AID;	<input type="checkbox"/> 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AND/OR IMPACTED AREAS;	<input type="checkbox"/> 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION;	<input type="checkbox"/> 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE EMERGENCY RESPONSE TEAM;	<input type="checkbox"/> 15. REMOVE CONTAINERS AND/OR ISOLATE AREAS;	<input type="checkbox"/> 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;	<input type="checkbox"/> 17. USE ABSORBENT MATERIAL FOR SPILL CONTAINMENT;	<input type="checkbox"/> 18. VACUUM SUCTION USING APPROPRIATE VACUUM (e.g., Intrinsically safe) FOR SPILL CONTROL AND/OR CLEANUP;	<input type="checkbox"/> 19. DECONTAMINATE PERSONNEL AND EQUIPMENT WITHIN DESIGNATED AREA AND DISPOSE OF WASTEWATER AS HAZARDOUS WASTE;	<input type="checkbox"/> 20. PROVIDE SAFE TEMPORARY STORAGE OF HAZARDOUS WASTE GENERATED DURING EMERGENCY ACTIONS;	<input type="checkbox"/> 21. OTHER (Specify): _____	D2.
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E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (Check all that apply):	E1.				
<table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> 1. BELLS;</td></tr> <tr><td><input type="checkbox"/> 2. HORNS/SIRENS;</td></tr> <tr><td><input type="checkbox"/> 3. VERBAL (i.e., Shouting);</td></tr> <tr><td><input type="checkbox"/> 4. OTHER (Specify): _____</td></tr> </table>	<input type="checkbox"/> 1. BELLS;	<input type="checkbox"/> 2. HORNS/SIRENS;	<input type="checkbox"/> 3. VERBAL (i.e., Shouting);	<input type="checkbox"/> 4. OTHER (Specify): _____	E2.
<input type="checkbox"/> 1. BELLS;					
<input type="checkbox"/> 2. HORNS/SIRENS;					
<input type="checkbox"/> 3. VERBAL (i.e., Shouting);					
<input type="checkbox"/> 4. OTHER (Specify): _____					
THE FOLLOWING LOCATION(S) WILL BE USED FOR AN EMERGENCY ASSEMBLY AREA(S) (e.g., Parking lot, street corner):	E3.				
Note: The Emergency Coordinator must account for all onsite employees and visitors after evacuation.					
EVACUATION ROUTE S AND ALTERNATE EVACUATION ROUTES ARE DESCRIBED AS FOLLOWS:	E4.				
<table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> 1. WRITTEN PROCEDURES DESCRIBING ROUTES, EXITS, AND ASSEMBLY AREAS;</td></tr> <tr><td><input type="checkbox"/> 2. EVACUATION MAP(S) DEPICTING ROUTES, EXITS, AND ASSEMBLY AREAS;</td></tr> <tr><td><input type="checkbox"/> 3. OTHER (Specify): _____</td></tr> </table>	<input type="checkbox"/> 1. WRITTEN PROCEDURES DESCRIBING ROUTES, EXITS, AND ASSEMBLY AREAS;	<input type="checkbox"/> 2. EVACUATION MAP(S) DEPICTING ROUTES, EXITS, AND ASSEMBLY AREAS;	<input type="checkbox"/> 3. OTHER (Specify): _____	E5.	
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<input type="checkbox"/> 2. EVACUATION MAP(S) DEPICTING ROUTES, EXITS, AND ASSEMBLY AREAS;					
<input type="checkbox"/> 3. OTHER (Specify): _____					
Note: Evacuation procedures and/or maps should be posted in visible facility locations and must be included in the Contingency Plan.					

F. ARRANGEMENTS FOR EMERGENCY SERVICES

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following):	F1.		
<table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> 1. HAVE BEEN DETERMINED NOT NECESSARY;</td></tr> <tr><td><input type="checkbox"/> 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify): _____</td></tr> </table>	<input type="checkbox"/> 1. HAVE BEEN DETERMINED NOT NECESSARY;	<input type="checkbox"/> 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify): _____	F2.
<input type="checkbox"/> 1. HAVE BEEN DETERMINED NOT NECESSARY;			
<input type="checkbox"/> 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify): _____			
Note: Advance arrangements with local fire and police departments, hospitals, state and local emergency response teams, and/or emergency services contractors should be made for your facility, if necessary. Large Quantity Generators must describe arrangements in the Contingency Plan.			

G. EMERGENCY EQUIPMENT

Check the applicable boxes to list emergency response equipment available at the facility, identify the location(s) where the equipment is kept, and indicate the equipment's capability, if applicable.

TYPE	EQUIPMENT AVAILABLE <small>G1.</small>	LOCATION <small>G2.</small>	CAPABILITY <small>G3.</small>
EXAMPLE	<input checked="" type="checkbox"/> CHEMICAL PROTECTIVE GLOVES	<i>SPILL RESPONSE KIT</i>	<i>SINGLE USE, OIL RESISTANT ONLY</i>
Safety and First Aid	1. <input type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, AND/OR VESTS		
	2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES		
	3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS		
	4. <input type="checkbox"/> SAFETY GLASSES, GOGGLES, AND FACE SHIELDS		
	5. <input type="checkbox"/> HARD HATS		
	6. <input type="checkbox"/> AIR-PURIFYING RESPIRATORS		
	7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA)		
	8. <input type="checkbox"/> FIRST AID KITS		
	9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN AND/OR SHOWER		
	10. <input type="checkbox"/> PORTABLE EYEWASH KITS AND/OR STATION		
	11. <input type="checkbox"/> OTHER		
Fire Fighting	12. <input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS		
	13. <input type="checkbox"/> FIXED FIRE SUPPRESSION SYSTEMS AND/OR SPRINKLERS		
	14. <input type="checkbox"/> FIRE ALARM BOXES		
	15. <input type="checkbox"/> OTHER		
Spill Control and Clean-Up	16. <input type="checkbox"/> ALL-IN-ONE SPILL KIT		
	17. <input type="checkbox"/> ABSORBENT MATERIAL		
	18. <input type="checkbox"/> CONTAINER FOR USED ABSORBENT		
	19. <input type="checkbox"/> BERM AND/OR DIKING EQUIPMENT		
	20. <input type="checkbox"/> BROOM		
	21. <input type="checkbox"/> SHOVEL		
	22. <input type="checkbox"/> VACUUM		
	23. <input type="checkbox"/> EXHAUST HOOD		
	24. <input type="checkbox"/> SUMP AND/OR HOLDING TANK		
	25. <input type="checkbox"/> CHEMICAL NEUTRALIZERS		
	26. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT		
	27. <input type="checkbox"/> SPILL OVERPACK DRUMS		
	28. <input type="checkbox"/> OTHER		
Communications and Alarm Systems	29. <input type="checkbox"/> TELEPHONES (e.g., Cellular)		
	30. <input type="checkbox"/> INTERCOM AND/OR PA SYSTEM		
	31. <input type="checkbox"/> PORTABLE RADIOS		
	32. <input type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT		
Other	33. <input type="checkbox"/> OTHER		
	34. <input type="checkbox"/> OTHER		

H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases due to seismic motion. These areas require immediate isolation and inspection.

VULNERABLE AREAS (Check all that apply): H1. <input type="checkbox"/> 1. HAZARDOUS MATERIALS AND/OR WASTE STORAGE AREAS <input type="checkbox"/> 2. PROCESS LINES AND PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA	LOCATIONS (e.g., Shop, outdoor shed, lab): H2.
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Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

VULNERABLE SYSTEMS AND/OR EQUIPMENT (Check all that apply): H3. <input type="checkbox"/> 1. SHELVES, CABINETS AND/OR RACKS <input type="checkbox"/> 2. TANKS AND SHUT-OFF VALVES <input type="checkbox"/> 3. PORTABLE GAS CYLINDERS <input type="checkbox"/> 4. EMERGENCY SHUT-OFF AND/OR UTILITY VALVES <input type="checkbox"/> 5. SPRINKLER SYSTEMS <input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane tank)	LOCATIONS: H4.
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I. EMPLOYEE TRAINING

Employee training is required for all employees and/or contractors handling hazardous materials and/or hazardous wastes during normal and/or emergency operations. Most facilities will need to submit a separate Training Plan. However, your CUPA may accept this section as the Training Plan for some small facilities. Employee training plans may include the following content:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Applicable laws and regulations; • Emergency response plans and procedures; • Safety Data Sheets; • Hazard communication related to health and safety; • Methods for safe handling of hazardous substances; • Hazards of materials and processes (e.g., fire, explosion, asphyxiation); • Hazard mitigation, prevention and abatement procedures; • Coordination of emergency response actions; • Notification procedures for local emergency responders, CUPA, Cal OES, and onsite personnel; | <ul style="list-style-type: none"> • Communication and alarm systems; • Personal protective equipment; • Use and maintenance of emergency response equipment and supplies (e.g. Fire extinguishers, respirators, spill control materials); • Decontamination procedures; • Evacuation procedures and evacuation staging locations; • Identification of facility areas, equipment, and systems vulnerable to earthquakes and other natural disasters. • OTHER (Specify): |
|--|--|

Check the applicable boxes below to indicate how the employee training program is administered.

<input type="checkbox"/> 1. FORMAL CLASSROOM	<input type="checkbox"/> 2. VIDEOS	<input type="checkbox"/> 3. SAFETY MEETINGS	<input type="checkbox"/> 4. STUDY GUIDES / MANUALS	H1.
<input type="checkbox"/> 5. OTHER (Specify): _____				H2.
<input type="checkbox"/> 6. NOT APPLICABLE SINCE FACILITY HAS NO EMPLOYEES				
<input type="checkbox"/> 7. CHECK IF A SEPARATE EMPLOYEE TRAINING PLAN IS USED AND UPLOADED TO CERS AS A PDF DOCUMENT				H3.
<input type="checkbox"/> 8. CHECK IF EMPLOYEE TRAINING IS COVERED BY THE ABOVE REFERENCED CONTENT AND OTHER DOCUMENTS ONSITE				H4.

EMPLOYEE TRAINING FREQUENCY AND RECORDKEEPING TRAINING MUST BE:

- Provided initially for new employees as soon as possible following the date of hire. New employees should not work in an unsupervised position that involves hazardous materials handling and/or hazardous waste management without proper training;
- Provided within six months from the date of hire for new employees at a large quantity generator;
- Ongoing and provided at least annually;
- Amended prior to a change in process or work assignment;
- Given upon modification to the Emergency Response/Contingency Plan.

Large Quantity Generator Training: Large quantity generators (1,000 kg or more) must retain written plan and documentation of employee training which includes:

- A written description of the type and amount of both initial and ongoing training that will be given to persons filling each job position having responsibility for hazardous waste management and/or emergency response.
- The name, job title and job description for each position at the facility related to hazardous waste management.
- Current employee training records must be retained until closure of the facility and former employee training records must be retained for at least three years after termination of employment.

Small Quantity Generator Training: Small quantity generators (less than 1,000 kg) must include basic hazardous waste management and emergency response procedures but a written employee training plan and training records are not required. In order to show that the facility has met the small quantity generator employee training requirement, an employee training plan and training records may be made available.

Hazardous Materials Business Plan Training: Businesses must provide initial and annual employee training that includes the content referenced above. The training may be based on the job position and training records must be made available for a period of at least three years.

J. LIST OF ATTACHMENTS

Check one of the following: <input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; or <input type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:	J1. J2.
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