



# 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](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**

**Reason for request:**  New Business  Relocation  Change of Ownership  Lead User Access

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

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

#### 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.

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

#### III. BUSINESS OWNERSHIP INFORMATION

<b>Owner Identification</b>	<b>24-Hr Phone*</b>	<input type="checkbox"/> <b>Change of Ownership Details</b> <i>(fill out section below only if applicable)</i>
<input type="text"/>	<input type="text"/>	<b>Previous Business Name</b> <i>(or owner's name if the business name has not changed)</i>
<input type="text"/>		<input type="text"/>
<b>Title</b>		<b>Date of Ownership Change</b>
<input type="text"/>		<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Owner Mailing Address</b>	<b>Same as Site Address</b> <input type="checkbox"/>	
<input type="text"/>		
<b>City</b>	<b>State</b>	<b>ZIP/Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Are business operations and regulated activities remaining the same?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<b>Has there been major staffing changes due to the change in ownership?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<b>Is the inventory reported in CERS for this facility remaining the same?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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

#### IV. BUSINESS OWNER/OPERATOR IDENTIFICATION & EMERGENCY CONTACT INFORMATION

<b>Operator Name</b>	<b>Same as Owner</b> <input type="checkbox"/>	<b>Primary Emergency Contact Name</b>	<b>Same as Owner</b> <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
<b>Operator Phone</b>	<b>Business Phone</b>	<b>Title</b>	<b>24-Hour Phone*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Billing Contact</b>	<b>Same as Owner</b> <input type="checkbox"/>	<b>Secondary Emergency Contact Name</b>	<b>Same as Owner</b> <input type="checkbox"/>
<b>First &amp; Last Name</b>	<b>Phone</b>	<i>(Must be different than Primary Emergency Contact)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Email</b>		<b>Title</b>	<b>24-Hour Phone*</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Mailing Address</b>	<b>Same as Site Address</b> <input type="checkbox"/>	<b>Environmental Contact Name</b>	<b>Same as Owner</b> <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
<b>City</b>	<b>State</b>	<b>Email</b>	<b>Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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# 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

Inventory reporting guidance: [https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hazmat/hmd\\_chem\\_reporting\\_changes.html](https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hazmat/hmd_chem_reporting_changes.html)

Yes  No

### 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

**CAPBR 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

### CalARP: California Accidental Release Program

Does your facility have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?

Yes  No

## VI. MEDICAL FACILITY INVENTORY (Applicable if facility generates < 200 lbs/mo of medical waste)

Common Inventory Items	Max Daily Amount <sup>1</sup>	Largest Container	Annual Waste Amount <sup>2</sup>	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"/> RCRA Pharmaceutical Waste <sup>3</sup>	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Plastic bottle <input type="checkbox"/> Box
<input type="checkbox"/> Pathology Waste	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Box <input type="checkbox"/> Bag
<input type="checkbox"/> Trace Chemotherapy Waste	_____ lbs	_____ lbs	_____ lbs	<input type="checkbox"/> Sharps container <input type="checkbox"/> Bag
<input type="checkbox"/> Photo-processing Waste (silver only) <sup>3</sup>	_____ gals	_____ gals	_____ gals	<input type="checkbox"/> Plastic bottle
<input type="checkbox"/> Other <sup>4</sup> : _____	_____	_____	_____	<input type="checkbox"/> Bag <input type="checkbox"/> Box <input type="checkbox"/> Other: _____

<sup>1</sup>Max Daily Amount: Provide an estimate for the maximum amount (round to nearest whole number) that can be stored per day at this facility. This amount cannot be less than the size of the largest container.

<sup>2</sup>Annual Waste Amount: Provide an estimate of the amount (round to nearest whole number) of medical waste or hazardous waste generated per year by this facility.

<sup>3</sup>RCRA: Resource Conservation Recovery Act - federally regulated characteristic or listed hazardous waste. If the facility generates > 2.2 lbs of acutely hazardous waste per month, contact your regulator.

<sup>4</sup>Enter medical waste or hazardous waste not listed above and provide amounts with units in lbs or gals - include attachments if necessary.

## 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

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### OFFICE USE ONLY

RECEIVED ON:	PROCESSED ON:	PROCESSED BY:	C/O SEAMLESS
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