

Documentación: Qué y Cómo Reportar; Cómo Prepararse para las Inspecciones



Gary Griffith

Especialista en Salud Ambiental

Objetivos

- **Le guiaremos sobre cómo obtener permisos y números de Identificación para generadores de residuos peligrosos.**
- **Le diremos qué hacer con los residuos peligrosos**
- **Aprenderá qué documentación debe mantener en su negocio y por cuánto tiempo**
- **Le hablaremos sobre los Planes para Materiales Peligrosos de su Empresa (HMBP, por sus siglas en Inglés)**
- **Aprenderá a cómo organizar sus documentos de forma que hagan sus inspecciones rápidas y efectivas.**

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|--|---|--|
| MAR | County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH
UNIFIED PROGRAM FACILITY PERMIT | 2011 |
| P.O. BOX 122861, SAN DIEGO, CA 92112-9261 714-693-8533/818-338-2232 FAX 619-338-2377 | | www.sdcdeh.org |
| OWNER/OPERATOR NAME
FACILITY NAME
FACILITY LOCATION | | 
Jack Miller
DIRECTOR, DEH |
| City of San Diego
1400 La Jolla Village Drive, Suite 100
San Diego, CA 92161 | | |
| Permit: HK27- | | REG-441 |
| *****
*** ATTENTION ***

THIS IS AN OFFICIAL DOCUMENT
- DO NOT DISCARD - | | |
| THIS PERMIT DOES NOT EXCUSE ANY OWNER OR OPERATOR FROM COMPLIING WITH ALL APPLICABLE FEDERAL, STATE, COUNTY OR LOCAL LAWS, ORDINANCES OR REGULATIONS. THE OWNER OR OPERATOR IS REQUIRED TO DETERMINE IF AND THEN OBTAIN TCEQ APPROVAL FROM ANY OTHER AGENCY OR DEPARTMENT IS NECESSARY. THE COUNTY, BY ISSUING THIS PERMIT, DOES NOT RELINQUISH ITS RIGHT TO ENFORCE ANY VIOLATION OF LAW. | | |
| Issue Date below is the date of Initial Permit Issuance. This is NOT an Issuance for Storage Tank Operating Permits. | | |
| ISSUE DATE: 31-MAR-2022 | | |
| EXPIRATION DATE: 31-MAR-2015. RENEWAL IS REQUIRED BEFORE EXPIRATION DATE.
ANY CHANGES IN THE ABOVE OWNER, LOCATION NOTIFICATION(S) MUST BE REPORTED BY SUBMITTING A NEW LIMITED FACILITY PERMIT APPLICATION
VERIFY THE ABOVE MAILING ADDRESS AND NOTIFY ANY OF AGENTS | | |
| PERMIT IS NOT VALID FOR ANY FACILITY LOCATION OR OWNER NOT LISTED ABOVE
THIS PERMIT IS NOT TRANSFERABLE
POST IN A CONSPICUOUS PLACE
A COPY OF THIS PERMIT MUST BE MAINTAINED AT THE FACILITY LOCATION | | |
| This permit is provisional. The Director or designee of the Director may order that this Permit at any permit element be denied, suspended or revoked for violation of any relevant requirement established or provided by law. | | |

Si usted es un nuevo dueño o su negocio cambia de domicilio, solicite un nuevo UPFP

Permiso para Establecimientos Regulados por el Programa Unificado (UPFP, por sus siglas en Inglés)

¡El Departamento de Salud Ambiental (DEH) se está modernizando!

Cuando solicite permiso con DEH, por favor provea su dirección de correo electrónico.

Así pondremos enviarle actualizaciones sobre su permiso y/o recordatorios.

		UPF Permit#: _____
		DATE INSPECTED: ____/____/____
UNIFIED PROGRAM FACILITY PERMIT APPLICATION		
☐	This business or service is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.	
	Date assumed business ownership at this location: ____/____/____	
	This permit does not excuse any owner or operator from complying with all applicable federal, state, county or local laws, ordinances or regulations. The owner or operator is required to determine if another permit or approval from any other agency or department is necessary. The County, by issuing this permit, does not relinquish its right to enforce any violation of law.	
☐	I have determined that this business or service does <u>not</u> require a Unified Program Facility Permit from the San Diego County Department of Environmental Health.	
I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.		
Signature: _____		Date: ____/____/____
Printed Name: _____		Title: _____
Type of Business: _____		Phone #: _____
Please provide an e-mail address for the person or department responsible for permit renewals so we can send permit updates and reminders.		E-mail Address: _____
SAN DIEGO CA 92112-9261		
If a San Diego County Unified Program Facility Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.		
NOTE: If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.		
A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.		
HM-906 (05/10)		

Número de Identificación de California

State of California – California Environmental Protection Agency
Department of Toxic Substances Control - GHSB
P.O. Box 806, Sacramento, CA 95812-0806

Reset Form **Print**

CALIFORNIA HAZARDOUS WASTE PERMANENT ID NUMBER APPLICATION
Please type or neatly print in ink. Please review the line-by-line instructions carefully.
To check on the status of your request, go to www.dtsc.ca.gov and click on Reports.

NEW NUMBER REQUESTS Check all that apply. (See instructions.)

☐ 1. I am applying for a new permanent California ID number as a hazardous waste: ☐ Generator ☐ Transporter
Reason for new number: A. ☐ Never had a number B. ☐ Business moved C. ☐ Legal owner of business changed
If your business generates greater than 100 kg of RCRA hazardous waste per month, contact US EPA for a federal ID number.

CHANGES TO STATUS OR INFORMATION FOR AN EXISTING ID NUMBER (See instructions.)

For existing ID number: C A

☐ 2. I am updating the mailing address and/or contact information only.
☐ 3. I am inactivating this ID Number.
☐ 4. I am reactivating this ID Number.
☐ 5. I am changing the business name only, no ownership change.

6. Site/Facility/Business Name (Include DBA): _____ (See instructions.)

7. Site Location: _____
Street _____
City _____ State _____ Zip _____ County _____

8. (a) Federal Employer ID Number: _____ Board of Equalization Fee Account Number: _____
(b) Is only required from generators of greater than 5 tons per calendar year.)

9. Mailing Address: _____ (See instructions.)
Street _____
City _____ State _____ Zip _____

10. Site Contact Person: _____ (See instructions.)
First Name _____ Last Name _____
Contact Person Address: _____
Street _____
City _____ State _____ Zip _____
Contact Person Phone Number: () _____ Area Code _____ Phone Number _____ Fax Number: () _____ Area Code _____ Fax Number _____
Contact Person Business Email Address: _____ Preferred Primary Communication: ☐ Mail ☐ Email

11. Legal Business Owner (not property owner): _____ (See instructions.)
Owner Address: _____
Street _____ City _____ State _____ Zip _____
Owner Phone Number: () _____ Area Code _____ Phone Number _____ Fax Number: () _____ Area Code _____ Fax Number _____

12. Standard Industrial Classification (SIC) Code for the Site: _____ (4-Digit Number) (See instructions.)

13. Certification: I certify under penalty of law that the information on this document was prepared to the best of my knowledge and belief to be, true, accurate and complete.

SIGNATURE _____ DATE _____
NAME (print) _____ TITLE _____ PHONE _____

DTSC Form 1358 (5/08)

California

EPA ID Number

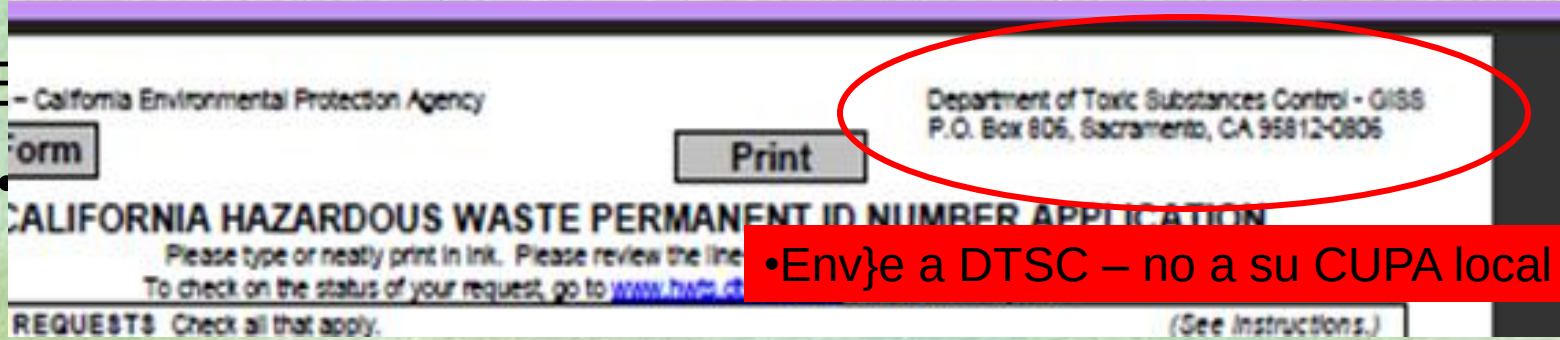
CAL000251367

Todos los generadores de Residuos Peligrosos deben obtener un número de Identificación otorgado por la Agencia para la Protección al Ambiente en California (Cal EPA, por sus siglas en Inglés). EPA ID #.

Solicite su número aquí:

www.dtsc.ca.gov

Número de Identificación de California

- El formulario de solicitud de identificación de residuos peligrosos de California (CALIFORNIA HAZARDOUS WASTE PERMANENT ID NUMBER APPLICATION) debe ser enviado al Departamento de Control de Substancias Tóxicas (DTSC), no a su CUPA local.
- El Departamento de Control de Substancias Tóxicas (DTSC, por sus siglas en Inglés) le enviará un cuestionario de verificación anualmente (en Junio). Si usted no responde al cuestionario, su número de identificación será suspendido.
- Este número permite rastrear cualquier residuo peligroso desde su origen hasta su destino final:
de la cuna a la sepultura = “cradle to grave”



Transportistas de Residuos Peligrosos



Usted debe contratar a un **transportista registrado** para disponer de sus residuos peligrosos.

Usted puede **encontrar** la **lista** de transportistas registrados aquí:

www.dtsc.ca.gov/HazardousWaste/Transporters/index.cfm



Auto-Transportar

- Usted mismo puede transportar su aceite usado o filtros de aceite usados a un centro de recolección (como Kragen, AutoZone) si:
 - Transporta no más de 20 gal (ó 55 gal con autorización del centro de recolección).
 - Los filtros de aceite están completamente drenados y asegurados en un contenedor cerrado.
- No necesita un manifiesto de residuos peligrosos, pero sí le **RECOMENDAMOS** que lleve un registro o guarde los recibos de todas las veces que se deshaga de desechos peligrosos
 - Anote la cantidad, fecha, qué llevó y a dónde fue transportado.



Manifiestos de Residuos Peligrosos

Printed on: 1/2/2025 (Form designed for use on any date (including tomorrow))

Form Agreement: 0000 No. 1000-0000

000700001 FLE

1. Generator's Name (or Name of the Facility)

2. Generator's Address (or Name of the Facility)

3. Generator's City/County/State

4. Generator's ZIP Code

5. Generator's Phone

6. Generator's E-mail Address

7. Generator's Website

8. Generator's Fax

9. Generator's Email

10. Generator's Website

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Residuos comunmente enviados con un manifiesto:

- Solventes usados
- Absorbentes contaminados/usados
- Arenas finas provenientes de los frenos que contienen asbesto
- Residuos de gasolina
- Etc.

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Manifest Tracking Number

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone:

GENERATOR

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
1.								
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

Signature

Month Day Year

INT'L
TRANSPORTER

16. International Shipments		☐ Import to U.S.	☐ Export from U.S.	Port of entry/exit _____	
Transporter signature (for exports only)		Date leaving U.S. _____			
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month	Day Year
Transporter 2 Printed/Typed Name		Signature		Month	Day Year

DESIGNATED FACILITY

18. Discrepancy					
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection					
Manifest Reference Number _____					
18b. Alternate Facility (or Generator)				U.S. EPA ID Number _____	
Facility's Phone _____					
18c. Signature of Alternate Facility (or Generator)				Month	Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1.	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name		Signature		Month	Day Year

DESIGNATED FACILITY TO GENERATOR

SERVICE ORDER

FORM NO. AES004-A

SERVICE ORDER NO.
1517853

ASBURY ENVIRONMENTAL SERVICES
1300 SOUTH SANTA FE, COMPTON CA 90221
LOS ANGELES OFFICE SAN DIEGO OFFICE
1-800-974-4495 1-800-748-5744
TRANSPORTER EPA # CAD028277036

ROJAS AUTO REPAIR
2501 GRANGER AVE
NATIONAL CITY, CA 91950
(619) 472-1347

2501 GRANGER AVE
NATIONAL CITY, CA 91950
(619) 472-1347

CUSTOMER #	PURCHASE ORDER #	ROUTE #	TRUCK #	CONTACT NAME	ORDER TAKEN BY	HALIDES
RDJ301		48	105	ENILTO	Kobori	
DATE REQUIRED	DATE ENTERED	NEXT SERVICE DATE		CUSTOMER EPA #	MANIFEST #	
6/22/24						
PART #				PR		
4092				350		
CROSS STREET RIDGEWAY						
					TOTAL	

CASH REC'D: _____ CHECK # _____

PLEASE PAY FROM THIS SERVICE ORDER

WASTE DISPOSAL INFORMATION

☐ NON-RCRA HAZARDOUS WASTE, LIQUID (USED OIL/MIXED OILS) *NO PLACARDS REQUIRED* STATE CODE 221
☐ NON-RCRA HAZARDOUS WASTE, LIQUID (ETHYLENE GLYCOL SOLUTIONS) *NO PLACARDS REQUIRED* STATE CODE _____
OTHER: _____
DESIGNATED TSDF: WENNING/REEDER, 2000 N. BISHOP STREET, CHINO, CA 91709, (916) 912-7100, FAX(916) 912-7352
ALTERNATE TSDF: _____
SA RECYCLING: 2035 E. 15th Street, Los Angeles, CA 90021 1 (800) 645-3458

DRUMS PU: _____

EMPTY DRUMS: _____

FACILITY: _____

BSC _____

GENERATOR WASTE CERTIFICATION
PLEASE CHECK THE APPROPRIATE BOX

This is to certify that the waste described above is properly classified, described, packaged, marked and labeled, and is in proper condition for transportation, according to applicable State and federal regulations. By signing below I am hereby certifying that:

(Waste oil generator/customer MUST check ONE of the following three boxes)

☐ #1) I have not mixed any of the waste described above with any other hazardous waste, the total halide content is LESS than 1,500 ppm, and the waste does not contain any PCBs. I have complied with the requirements of the applicable California used oil management regulations to determine this is true. I agree to accept the additional charges for the disposal of this waste if the information I have provided about this waste is incorrect

☐ #2) I have not mixed any of the waste described above with any other hazardous waste, the total halide content is GREATER than 1,500 ppm, and the waste does not contain any PCBs. I have provided proper documentation to Asbury Environmental Services to rebut the presumption that this waste was mixed with other hazardous waste. I agree to accept the additional charges for the disposal of this waste if the information I have provided about this waste is incorrect

Plan para Materiales Peligrosos de su Empresa (HMBP, por sus siglas en Inglés)

Incluye:

- Mapa
- Plan de Respuesta a Emergencias
- Entrenamiento a Empleados
- Inventario Químico
- Contactos para las emergencias

COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129161, SAN DIEGO, CA 92111-9161 (619) 538-2222 FAX (619) 538-2377 1-800-253-8933	
BUSINESS OWNER/OPERATOR IDENTIFICATION	
Page <u>1</u> of <u>1</u>	
I. IDENTIFICATION	
FACILITY ID # <u>37000</u>	BEGINNING DATE <u>10/1/00</u> ENDING DATE <u>10/1/01</u>
BUSINESS NAME (State as FACILITY NAME or DBA - Check Business Act)	BUSINESS PHONE <u>() () () () () ()</u>
BUSINESS SITE ADDRESS	BUSINESS FAX <u>() () () () () ()</u>
BUSINESS SITE CITY <u>CA</u>	ZIP CODE <u>92101</u> COUNTY <u>SAN DIEGO</u>
DUN & BRADSTREET <u>1000000000</u>	PRIMARY SIC <u>8000</u> PRIMARY NAICS <u>8000</u>
BUSINESS MAILING ADDRESS	
BUSINESS MAILING CITY <u>1000</u>	STATE <u>1000</u> ZIP CODE <u>1000</u>
IV. EMERGENCY CONTACTS	
-PRIMARY-	-SECONDARY-
NAME <u>123</u>	NAME <u>123</u>
TITLE <u>124</u>	TITLE <u>123</u>
BUSINESS PHONE <u>125</u>	BUSINESS PHONE <u>123</u>
24-HOUR PHONE* <u>126</u>	24-HOUR PHONE* <u>123</u>
PAGER # <u>127</u>	PAGER # <u>123</u>
ADDITIONAL LOCALLY COLLECTED INFORMATION:	
E-MAIL: *	E-MAIL: *
*This information will remain confidential.	
ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNITED PROGRAM CONSOLIDATED FORM.	
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 <u>124</u> NAME OF DOCUMENT PREPARER <u>125</u>
NAME OF SIGNER (print) <u>126</u>	TITLE OF SIGNER <u>127</u>

HM-906 (05/10) [HM-9702-UPCF-Business Owner/Operator Identification (03/10)]

¿Cuándo se necesita un HMBP?



≥ 55 galones de líquido peligroso (material nuevo o residuo)



≥ 200 ft³ de gas comprimido



≥ 500 libras de material sólido peligroso

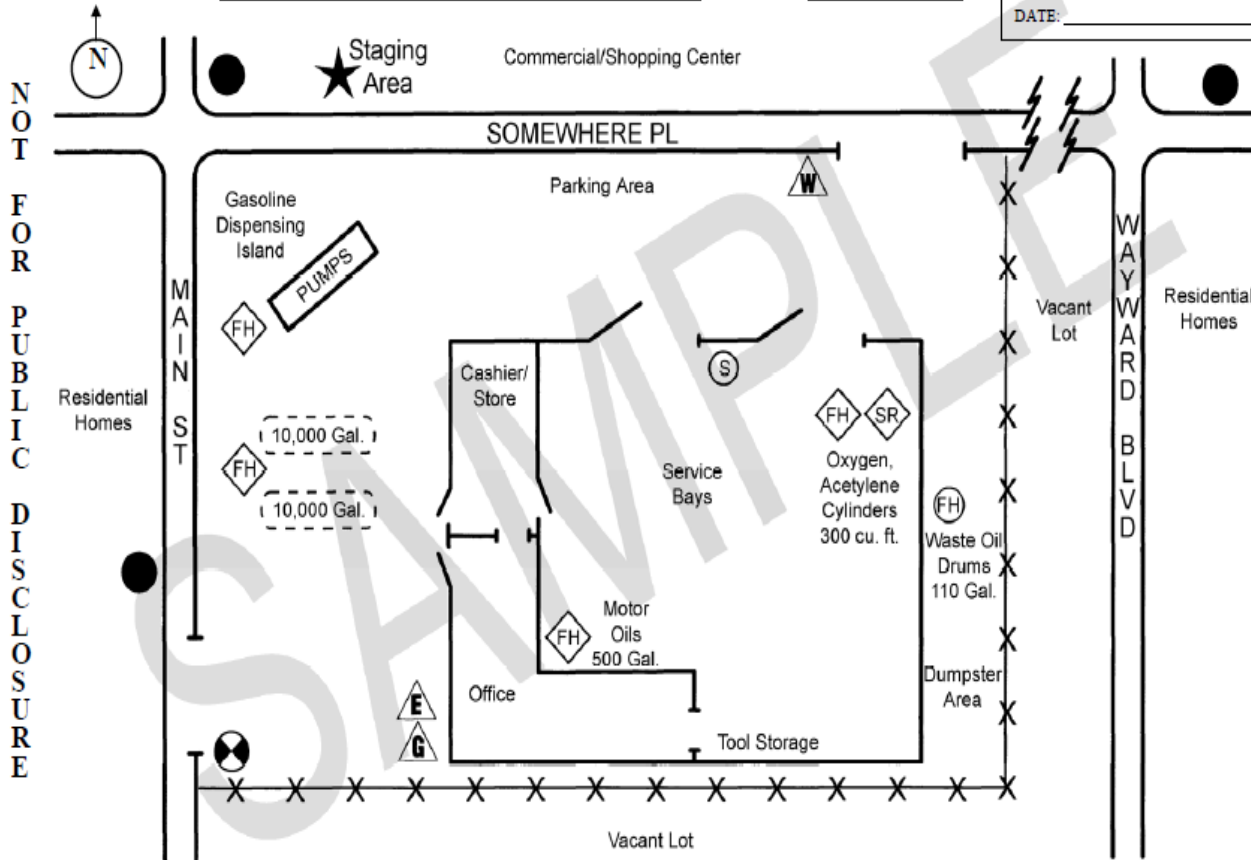
HMBP-Mapa

THOMAS BROS COORDINATES 1262-F4 SITE MAP (Page 1 of 1) UFP# 123456
 BUSINESS NAME Joe's Automotive Repair DATE 12-15-2009
 BUSINESS ADDRESS 1234 Somewhere Pl., Anywhere, CA ZIP CODE 91904

OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____



Problemas Comunes:

- No indicar el Norte
- Símbolos Incorrectos
- Faltan Símbolos
- No Calles Contiguas
- No actualizar el mapa cuando ha habido cambios

HMBP-Mapa

¿QUÉ ESTÁ MAL EN ESTE MAPA?

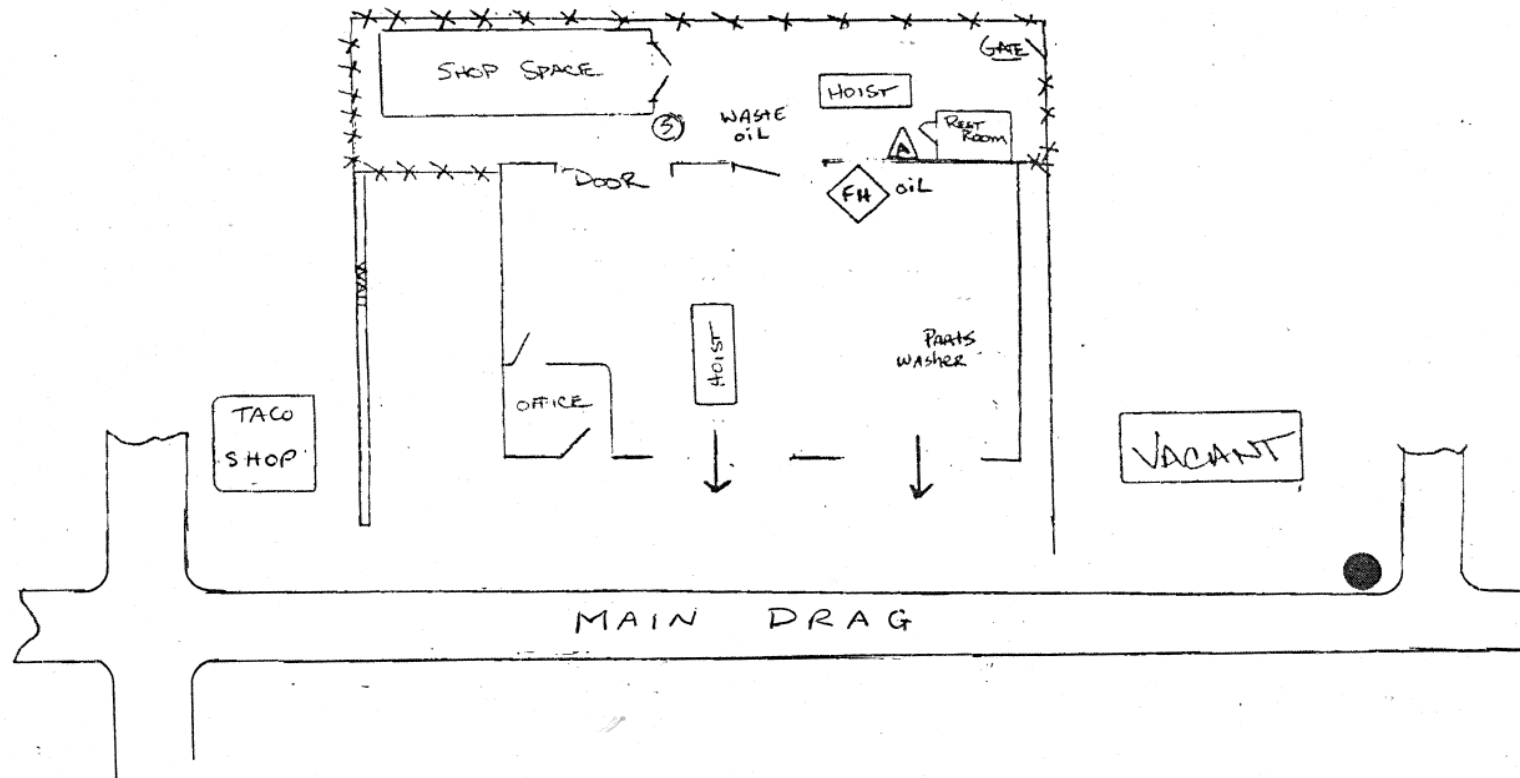


Mr. Nobody's Auto Repair

123 Main Drag ,Any City, CA 82###

Page 1 of 1

9/1/10



HMBP-Certificación

- **Certifique su Plan de Materiales Peligros para su Negocio (HMBP) anualmente (con o sin cambios)**
- **Cambios a su mapa, inventario químico, o contactos de emergencia deben reportarse dentro de los primeros 30 días de ocurrido el cambio.**
 - **Utilice esta forma; cuando haya cambios, marque la casilla que dice “changes/revisions” e incluya la documentación necesaria.**

		COUNTY OF SAN DIEGO DEPARTMENT OF ENVIRONMENTAL HEALTH-CUPA HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 1-800-253-9933 (619) 338-2222 FAX (619) 338-2377	
		HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION	
<u>The California Health & Safety Code (H&SC), Division 20, Chapter 6.95, Section 25505 provides for the following:</u> The County of San Diego, Department of Environmental Health, Hazardous Materials Division (HMD), as the administering agency, requires a business that handles hazardous materials to submit the hazardous materials inventory, a list of emergency contacts, and a site plan, in lieu of a complete Hazardous Materials Business Plan (HMBP), only after the initial submittal of a complete HMBP. A complete HMBP includes the items to be submitted to the HMD and an Emergency Response Plan and Employee Training Plan, as established in H&SC Section 25504. The business must annually certify that a complete HMBP has been prepared, is current and is maintained at the site where the hazardous materials are stored. See <i>Back</i> for instructions and further clarification			
I. IDENTIFICATION			
FACILITY ID#		3 7 0 0 0	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		3	
BUSINESS SITE ADDRESS		103	
CITY		104	105
		CA	ZIP CODE
II. CERTIFICATION STATEMENT			
☐ CARCINOGEN/REPRODUCTIVE TOXIN ANNUAL RENEWAL WITHOUT CHANGES: This is an annual renewal to certify that the list of carcinogens and/or reproductive toxins last provided is a current list as specified in the San Diego County Code of Regulatory Ordinances Section 68.1113.			
Check only ONE of the following boxes:			
☐ INITIAL CERTIFICATION: This is to certify (H&SC Section 25505(e)(1)) that a complete HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, has been prepared and is maintained at the site where the hazardous materials are stored.			
☐ ANNUAL CERTIFICATION WITHOUT CHANGES: This is an annual certification (H&SC Section 25505(d) & (e)(2)) that the HMBP, which includes the hazardous materials inventory, a list of emergency contacts, a site plan, emergency response plan, and employee training plan, is current and includes all the information required in H&SC Section 25504, and 25509, and is maintained at the site where the hazardous materials are stored.			
☐ CERTIFICATION OF CHANGES/REVISIONS: This is to certify that the HMBP has been reviewed (H&SC Section 25505(c) & 25510) and all necessary changes/revisions have been made. The HMBP is current and is maintained at the site where the hazardous materials are stored. Attached are changes to the hazardous materials inventory and/or list of emergency contacts. For site map revisions, submit only the pages that have a change or revision and attach to this certification. This submittal satisfies annual certification requirements specified in H&SC Section 25505(d) & (e)(2).			
As an Authorized Representative, I certify, under the penalty of law, that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. By checking any of the boxes above I also certify that: a) The information contained in the hazardous materials inventory most recently submitted to the CUPA or Administering Agency is complete, accurate, and up to date; b) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory; and c) All hazardous materials subject to inventory requirements are listed on the most recently submitted inventory.			
SIGNATURE OF OWNER, OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	
NAME OF SIGNER (print)		TITLE OF SIGNER	

Plan de Contingencia para Establecimientos clasificados como Generadores de Cantidades Pequeñas (SQG)

Si usted genera residuos peligrosos, pero no almacena ninguna sustancia peligrosa en contenedores ≥ 55 gal, usted no necesita un HMBP completo.

*Tenga este plan de contingencia cerca del teléfono



UPFP# _____
Date: _____

CONTINGENCY PLAN-EMERGENCY EQUIPMENT

INSTRUCTIONS: In the blank form provided, describe the safety, spill response, communication and structural containment equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop or work activity area within our facility. If applicable, include the elements listed in the legend.

<u>Personnel Protective & Safety Equipment</u>		<u>Emergency Response Equipment</u>	<u>Communications Equipment</u>	<u>Structural Equipment</u>
Aprons Gloves Coats Chemical Suits Boots Safety Glasses Face Shield Hard Hats	Half/Full face Respirator and Respirator Cartridges Self-Contained Breathing Apparatus Apparatus (SCBA) First Aid Kits Exhaust Hoods First Aid Stations Chemical Antidotes	Fire Extinguishers (Type A, B, C, D) Fire Hoses Eye Wash, Safety Showers Chemical Monitoring Equipment (Type) Chemical Alarms - Bells, etc. Chemical Spill Equipment - Absorbents, Neutralizers, Sand, Leak Repair Kits (Chlorine), Underground Tank Leak Detection Monitors	Telephones Intercoms Portable Radio(s) Verbal	Berms & Dikes Tanks (Emergency) Over Pack Drum(s) Containment Vaults Blind Sumps

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY

EXAMPLE

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
PAINT SHOP	CARTRIDGE RESPIRATORS, SHOP COATS, GLOVES, EYE PROTECTION	FIRE EXTINGUISHER SAND	TELEPHONE - VERBAL	NONE	MONTHLY (Safety Equipment)

County of San Diego CUPA
Department of Environmental Health-Hazardous Materials Division

are shown on the facility site plan posted with this notice. Locations (optional) of electrical gas and water shut-offs, are also shown on the posted facility plan.

NOTE: Ensure that employees are familiar with these emergency and evacuation procedures. An emergency coordinator must be available 24-hours to assist emergency response personnel.

County of San Diego CUPA
Department of Environmental Health-Hazardous Materials Division

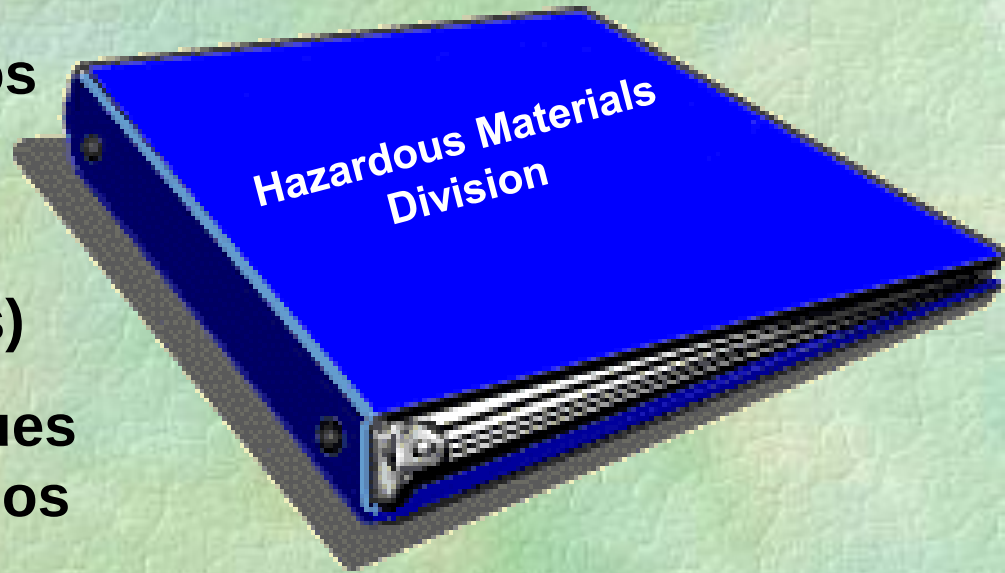
23

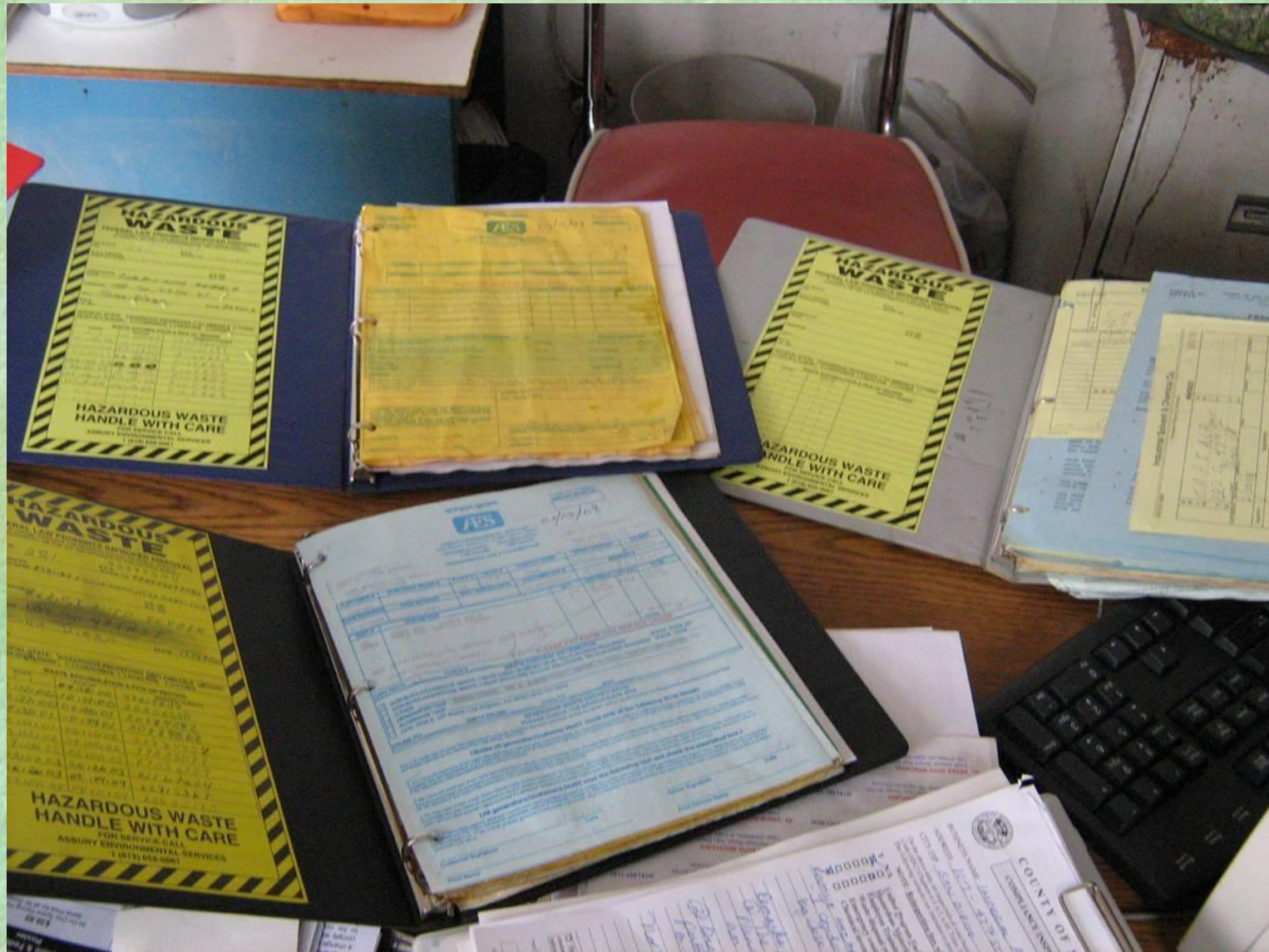
Coloque cerca del teléfono

Organizando su Documentación

Mantenga una carpeta exclusiva para Materiales Peligrosos

- ➔ Manifiestos y manifiestos consolidados (3 años)
- ➔ Plan de Materiales Peligrosos (HMBP)
- ➔ Determinación de Residuos (Pruebas/resultados Analíticos)
- ➔ Inspecciones diarias a tanques (LQGs con tanques con residuos peligrosos)
- ➔ Entrenamiento a los Empleados
- ➔ Hojas de Seguridad (MSDS)



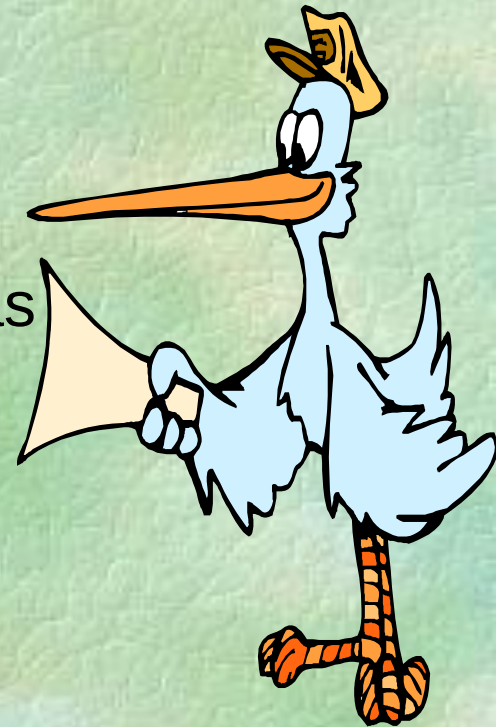


**La organización de sus manifiestos
¡es una pieza clave para una rápida inspección!**

Registros de Entrenamiento

CCR 66265.16

- Toda documentación debe ser conservada hasta que el establecimiento cese operaciones (listados con los temas cubiertos, fecha, nombre y firma de los participantes). Si el empleado deja el lugar de trabajo, conserve sus registros por 3 años a partir de la fecha en que dejó de trabajar allí.
- Los Generadores de Cantidades Pequeñas (SGQ) que no tengan materiales dentro de las cantidades que deben ser reportadas, **SÍ** deben dar entrenamiento a los empleados, pero no necesitan documentarlo.



En Resumen...

- Asegúrese de que su permiso y su número de California (o EPA Id) estén al día.
- Mantenga una copia correcta y actualizada de su HMBP en su establecimiento.
- Mantenga registros (manifiestos/recibos) de disposición de sus residuos por 3 años.
- Para una inspección fácil y rápida, organice toda documentación requerida.
- Ahora que ya sabe acerca de la documentación... veamos las violaciones más comunes con respecto a residuos peligrosos