



## FACILITY IDENTIFICATION

15	BUSINESS NAME	FACILITY ID #	F	A	0	0									DATE
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## EMERGENCY COMMUNICATIONS / PHONE NUMBERS / NOTIFICATIONS

### Internal & External Emergency Communications

17	<b>Individual responsible for on-site and off-site emergency alarm notifications / communications:</b>	Name / Position:									
18	<b>INTERNAL</b> facility emergency communications or alarm notification will occur via:	check all that apply:									
		<input type="checkbox"/> verbal warnings	<input type="checkbox"/> public address or intercom system								
		<input type="checkbox"/> telephone	<input type="checkbox"/> pagers								
		<input type="checkbox"/> alarm system	<input type="checkbox"/> portable radio								
19	<b>EXTERNAL</b> notifications / communications to neighboring facilities that may be affected by an off-site release will occur by:	check all that apply:									
		<input type="checkbox"/> verbal warnings	<input type="checkbox"/> public address or intercom system								
		<input type="checkbox"/> telephone	<input type="checkbox"/> pagers								
		<input type="checkbox"/> alarm system	<input type="checkbox"/> portable radio								

### Emergency Phone Numbers / Notification Lists

20										
21	<b>Emergency response phone numbers</b>	Ambulance, Fire, Sheriff & CHP								911
		Sacramento County Environmental Compliance Division								(916) 875-8550 (8 am – 5 pm) (916) 875-5000 (24 hour number)
		Poison Control Center								1-800-222-1222
22	<b>Nearest medical facility / hospital</b>	Name:								Phone #:
23	<b>Your medical facility / hospital</b>	Name:								Phone #:
24	<b>Agency Notification Phone List</b>	CA Dept of Toxic Substances Control								(916) 255-3545
		CA Office of Emergency Services								1-800-852-7550
		CA Water Quality Control Board, Central Valley Region								(916) 341-5455
		US Environmental Protection Agency (US EPA)								1-800-300-2193
		National Response Center								1-800-424-8802
		CA Dept of Fish & Game								(916) 358-2900
		US Coast Guard (spill response)								1-202-267-2180
		Cal OSHA								(916) 263-2800
	State Fire Marshall								(916) 445-8200	
25	<b>Other Important Numbers</b>									

### Neighbor Notification List

List all businesses / structures bordering and/or adjacent to your facility: If your facility is not directly adjacent to another business, you may enter "alley," "parking," "residential," "railroad tracks," etc., as applicable. If entering "street," include the street name.

28	at facility's northern border:	Business name:	at facility's southern border:	Business name:
		address:		address:
		phone #:		phone #:
		contact name / position:		contact name / position:
29	at facility's eastern border:	Business name:	at facility's western border:	Business name:
		address:		address:
		phone #:		phone #:
30		contact name / position:		contact name / position:

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## EMERGENCY CONTAINMENT & CLEAN-UP PROCEDURES

### 32 Containment, Prevention & Clean-Up

33	Indicate your procedures for:  1. containing spills, releases, fires or explosions, & 2. preventing and mitigating associated harm to persons, property & the environment:	check all that apply: <input type="checkbox"/> provide structural physical barrier (e.g. portable spill containment walls) <input type="checkbox"/> monitor for leaks, ruptures, pressure build-up, etc <input type="checkbox"/> provide absorbent physical barrier <input type="checkbox"/> cover or block floor &/ or storm drains <input type="checkbox"/> built-in berm in work / storage area <input type="checkbox"/> automatic fire suppression system <input type="checkbox"/> stop processes &/or operations <input type="checkbox"/> automatic / electronic equipment shut-off system <input type="checkbox"/> shut-off water, gas, electrical utilities as appropriate <input type="checkbox"/> call 911 for public emergency responder assistance / medical aid <input type="checkbox"/> provide protective equipment for on site response team <input type="checkbox"/> eliminate sources of ignition for flammable hazards (e.g. fuel, propane) <input type="checkbox"/> notify & evacuate persons in all threatened areas <input type="checkbox"/> remove or isolate containers / area as appropriate <input type="checkbox"/> account for evacuated persons immediately after evacuation call <input type="checkbox"/> other (specify):
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34	Indicate your clean-up procedures:	check all that apply: <input type="checkbox"/> hire licensed hazardous waste contractor <input type="checkbox"/> use absorbent material for spills with subsequent proper labeling, storage and hazardous waste disposal as appropriate <input type="checkbox"/> suction using shop vacuum with subsequent proper labeling, storage and hazardous waste disposal as appropriate <input type="checkbox"/> wash / decontaminate equipment w/ containment & disposal of effluent / rinsate as hazardous waste <input type="checkbox"/> provide safe temporary storage of emergency-generated wastes <input type="checkbox"/> other (specify):
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### 35 Evacuation Coordinator & Assembly Area

36	Provide name / position of evacuation coordinator who will account for all on site employees and / or site visitors after evacuation:	Name:
37	Identify / describe emergency assembly area for evacuees: (i.e., front parking lot, specific street corner, etc.)	Specify:
	Identify the location where your evacuation route / map is posted:	Specify:
	Other facility evacuation procedures:	Specify:

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## EMERGENCY EQUIPMENT

39	<b>List of available emergency equipment</b> (check all that apply)
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40	Use Category	Equipment Available	Location	Capability (as applicable)
41		Example: portable fire extinguishers chemical protective gloves	center of each wall in shop spill response kit	rated as "C" one time use; oil & solvent resistant only
42	Safety & First Aid Equipment	<input type="checkbox"/> chemical protective suits, aprons or vests <input type="checkbox"/> chemical protective gloves <input type="checkbox"/> chemical protective boots <input type="checkbox"/> safety glasses / goggles / shields <input type="checkbox"/> hard hats <input type="checkbox"/> cartridge respirator <input type="checkbox"/> self-contained breathing apparatus <input type="checkbox"/> first aid kits / stations <input type="checkbox"/> plumbed eyewash fountain / shower <input type="checkbox"/> portable eyewash kits <input type="checkbox"/> other:		
43	Fire Extinguishing Equipment	<input type="checkbox"/> portable fire extinguishers <input type="checkbox"/> fixed fire systems / sprinklers / fire hoses <input type="checkbox"/> fire alarm boxes or stations <input type="checkbox"/> other:		
44	Spill Control & Clean-Up Equipment	<input type="checkbox"/> absorbent material <input type="checkbox"/> container for used absorbent <input type="checkbox"/> berming / diking equipment <input type="checkbox"/> broom <input type="checkbox"/> shovel <input type="checkbox"/> shop vac <input type="checkbox"/> exhaust hood <input type="checkbox"/> emergency sump / holding tank <input type="checkbox"/> chemical neutralizers <input type="checkbox"/> gas cylinder leak repair kits <input type="checkbox"/> spill overpack drums <input type="checkbox"/> other:		
45	Communications & Alarm System Equipment	<input type="checkbox"/> telephones (includes cellular) <input type="checkbox"/> intercom / PA system <input type="checkbox"/> portable radios <input type="checkbox"/> automatic alarm chemical monitoring equipment <input type="checkbox"/> UST monitoring system operations manual <input type="checkbox"/> list of notification phone numbers <input type="checkbox"/> other:		

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## EARTHQUAKE VULNERABILITY

47	<b>Areas of earthquake vulnerability</b>									
48	Identify areas of facility vulnerable to releases / spills due to earthquake related motion: (require immediate isolation and inspection)	check all that apply: <input checked="" type="checkbox"/> hazardous materials / waste storage area <input type="checkbox"/> process lines / piping <input type="checkbox"/> laboratory <input type="checkbox"/> waste treatment area	Location (e.g. shop, outdoor shed, forensic lab):							
49	Identify mechanical systems vulnerable to releases / spills due to earthquake related motion: (require immediate isolation and inspection)	check all that apply: <input type="checkbox"/> shelves, cabinets & racks <input type="checkbox"/> tanks (emergency shutoff) <input type="checkbox"/> portable gas cylinders <input type="checkbox"/> emergency shutoff &/or utility valves <input type="checkbox"/> sprinkler systems <input type="checkbox"/> stationery pressurized containers (e.g. tank for dispensing propane)	Affected locations:							

## ARRANGEMENTS FOR EMERGENCY SERVICES

50	<u>Explanation of Requirement</u>	Advance arrangements with local fire & police departments, hospitals and/or contractors for emergency services should be made as appropriate for your facility; you may determine that advance arrangements are not necessary for your facility.
51	Describe any advance arrangements made for local emergency services:	<input type="checkbox"/> Determined not necessary <input type="checkbox"/> Specify:

## EMPLOYEE TRAINING CONTENT & FORMAT

52	<b>Employee Training Content &amp; Format</b>										
53	<u>Explanation of Requirement</u>	Employee training is required for all employees handling hazardous materials / hazardous wastes in day to day or clean-up operations including volunteers &/or contractors. Required content for employee training includes all of the following:									
54		<ul style="list-style-type: none"> <li>• Material Safety Data Sheets</li> <li>• hazard communication related to health &amp; safety</li> <li>• methods for safe handling of hazardous substances</li> <li>• fire hazards of materials / processes</li> <li>• conditions likely to worsen emergencies</li> <li>• coordination of emergency response</li> <li>• notification procedures</li> <li>• applicable laws &amp; regulations</li> </ul>	<ul style="list-style-type: none"> <li>• communication &amp; alarm systems</li> <li>• personal protective equipment</li> <li>• use of emergency response equipment (e.g. fire extinguishers, respirators, etc)</li> <li>• decontamination procedures</li> <li>• evacuation procedures</li> <li>• control &amp; containment procedures</li> <li>• UST monitoring system equipment &amp; procedures (if applicable)</li> </ul>								
55	Indicate how employee training program (with required content) is administered:	check all that apply: <input type="checkbox"/> Formal classroom <input type="checkbox"/> Video(s) (specify): <input type="checkbox"/> Safety / tail-gate meetings <input type="checkbox"/> Other (specify): <input type="checkbox"/> Study Guides / Manuals (specify): <input type="checkbox"/> Not applicable because facility has no employees									

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## EMPLOYEE TRAINING FREQUENCY & DOCUMENTATION

57	<b>Required frequency of training</b>										
58	<u>Explanation of Requirement</u>	Employee training must be: <ul style="list-style-type: none"> <li>provided within 6 months for new hires,</li> <li>amended as necessary prior to change in process or work assignment,</li> <li>given upon modification to emergency response / contingency plan, and</li> <li>updated / refreshed annually for ALL employees.</li> </ul>									
59	Certify that the facility's employee training program meets minimum frequency requirements:	<input type="checkbox"/> Employee training is provided, at a minimum, as described above. <input type="checkbox"/> Not applicable because facility has no employees.									
60	Training program description or outline attached:	<input type="checkbox"/> Not applicable because facility has no employees. <input type="checkbox"/> Employee training program outline is attached. <input type="checkbox"/> Employee training program is described here: (provide a brief description of topics that are covered).									
<b>Large Quantity Generator (LQG) Record of training</b>											
61	<u>Explanation of Requirements</u>	Large quantity hazardous waste generators (generate >270 gal./1000 kg of waste per month) must retain written documentation of employee training sessions which includes: <ul style="list-style-type: none"> <li>training outline / agenda</li> <li>employee names &amp; job titles</li> <li>date of training session</li> <li>brief job description for hazardous waste generator facilities</li> </ul>									
62	Certify that the LQG facility's training documentation meets minimum record keeping requirements:	<input type="checkbox"/> Employee training documentation is maintained, at a minimum, as described above. <input type="checkbox"/> Not applicable because facility has no employees. <input type="checkbox"/> Not applicable because facility is not a hazardous waste generator, or generates ≤ 270 gallons/1000 kg of waste per month.									

## LIST OF ATTACHMENTS

63	List all attachments to this document here:
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## SIGNATURE / CERTIFICATION

64	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 and that a copy is available on site.	
	Signature	Date of completion
	Print Name	Title / Position