

Submitting your Hazardous
Materials Business Plan (HMBP)
using the Sacramento County
Environmental Management
Department's Portal

Founding Member – 1996

What is E-Reporting?

A state law (Assembly Bill 2286) passed in 2008 mandated that all regulated facilities and all regulated local government agencies, called Certified Unified Program Agencies (CUPAs), must electronically submit their Unified Program data they currently file via paper forms starting January 1, 2013.

This means that all facilities must use a computer to send electronic copies of these forms starting January 1, 2013.

Who has to fill out an HMBP?

All facilities in the State of California with reportable quantities (55gal, 200ft³, or 500lbs) of a hazardous material or hazardous waste must submit their Hazardous Materials Business Plan (HMBP), underground storage tank, and aboveground storage tank data electronically.

How will the EMD Portal Help Facilities?

- Regulated facilities can easily maintain and update their regulatory information.
- Environmental consultants can electronically file environmental documents for their clients.
- Facilities can save time by not processing and re-entering data already submitted electronically.
- Facilities can save space currently required to store documents in paper format and have access to past submittals.
- Response agencies can access the information at any time, saving facilities from duplicate filing requirements.

EMD Portal HMP Submission Process

1. Complete Portal Login Request
 - a. Double check that the email address is entered correctly. The email address will be your username and where your password will be sent.
 - b. Enter your correct Facility ID number (FA) and PIN that you received in the mail or delivery of your password will be delayed as EMD staff will need to verify the login request.
 - c. **You may still register without a PIN**, however the process of issuing you a username and password will be delayed as EMD staff will need to verify the login request.
2. If you have successfully entered the correct Facility ID and PIN, you will receive an email within a few minutes with your username and randomly generated password.
3. Go on the EMD portal webpage and enter your email address as the username and the randomly generated password you received in your email.
4. Once on the Portal home page, click on the tab “Change Password” on the upper right corner of the page to change the password to something you will remember.

EMD Portal HMP Submission Process

5. Verify that the Facility Name, Site Address, Facility Invoice Mailing Address, and Owner are correct on the Portal home page. If any of these fields are incorrect, click on the “Update” button and fill out the fields that have changed.

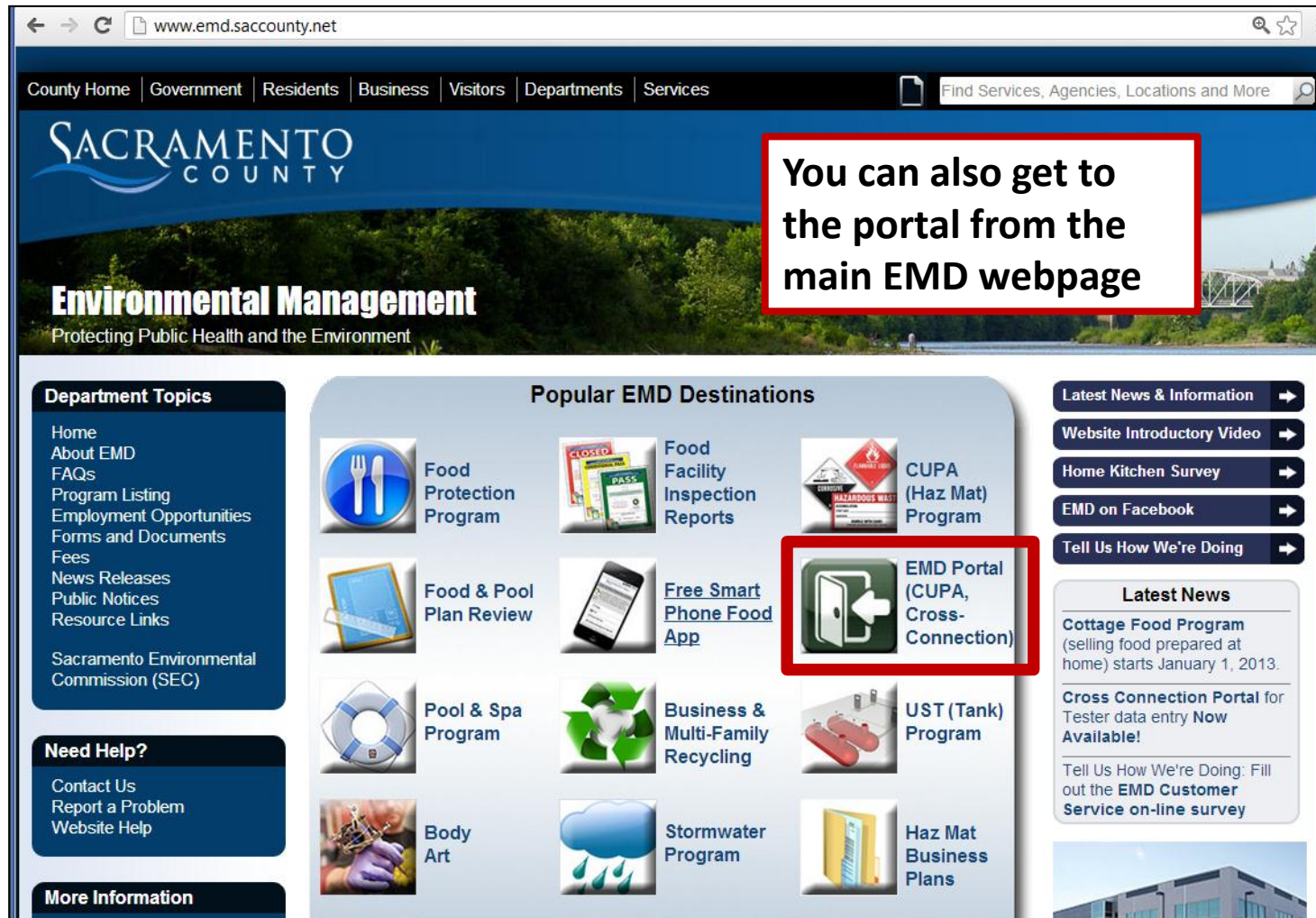
Note: If your site address is inaccurate or if your business ownership has changed, we will need to update our records before you are able to submit an HMBP.

Please hold off on submitting an HMBP. You will be contacted by EMD staff if we need further clarification.

6. Click on “Click here to proceed to forms” to go to the next screen and then “Hazardous Materials Business Emergency Plan”. Then click on the site address of the facility you would like to submit an HMBP for.
7. Complete all HMP elements and click on “confirm your submission” when you are ready to submit the document.

NOTE: You do not need to submit an HMBP to CERS if you are submitting your HMP through the EMD portal. An accepted EMD portal HMBP submission fulfills your annual reporting requirement.

To begin, visit the EMD portal webpage by going to
emdportal.saccounty.net



1) On the EMD portal webpage click “Request a CUPA Username and Password” emdportal.saccounty.net

EMD Topics

- About EMD
- FAQs
- Program Listing
- Employment Opportunities
- Forms and Documents
- Fees
- News Releases
- Public Notices
- Resource Links

How Do I...

- Register a Complaint?
- Determine if I need a Permit?
- Dispose of Household Hazardous Waste?
- Talk to an Inspector?
- Request Public Records?
- All "How Do I" Topics...

Need Help?

- Contact EMD
- Website Help

[EMD Home](#) > [EMD Portal](#)

EMD Portal

Please login below to electronically complete and submit your forms.

Important - These are not your FA# and PIN

User name Password

First Time User? Request a Username and Password, below:


Cross Connection Program

- Request a **Cross Connection** Username and Password


Program News

To purchase **Cross Connection (Blue) tags**, please go to www.emd.saccounty.net and select the [Pay EMD bills on-line](#) button.

Additional Information

- Forgot Password
- Portal **Cross Connection User Instructions**: Download and read before submitting  Updated 08/28/2012


CUPA (HazMat) Program


- Request a CUPA Username and Password**
- Quick Guide to **Creating a CUPA Portal Account** 

Program News

CUPA Portal Workshop Training Dates & Information
Free weekly hands-on CUPA workshops being held at EMD!
Click on link above for details.

Additional Information

- Forgot Password
- Portal **CUPA User Instructions**: Read before submitting  Updated 12/12/2012



2) Complete Portal Login Request form and click submit.

(please submit only one request)

SACRAMENTO COUNTY Environmental Management
Protecting Public Health and the Environment

CUPA Portal Login Request

Asterisks (*) indicate required fields

Request Date: 03/05/2013

First Name*:

Last Name*:

Phone*:

Email*:

Business Name*:

Site Address*:

City*:

Zip*:

Facility ID:

PIN (Mailed separately from your annual HMP submittal notification letter):

Your relationship to the business*:
☐ Business Owner / Corporate Officer
☐ Authorized by Business Owner (Must complete and upload the Authorization letter)

Authorization Letter:

Additional Notes:

Note 1:

Throughout the Portal, required fields are noted with an asterisk *

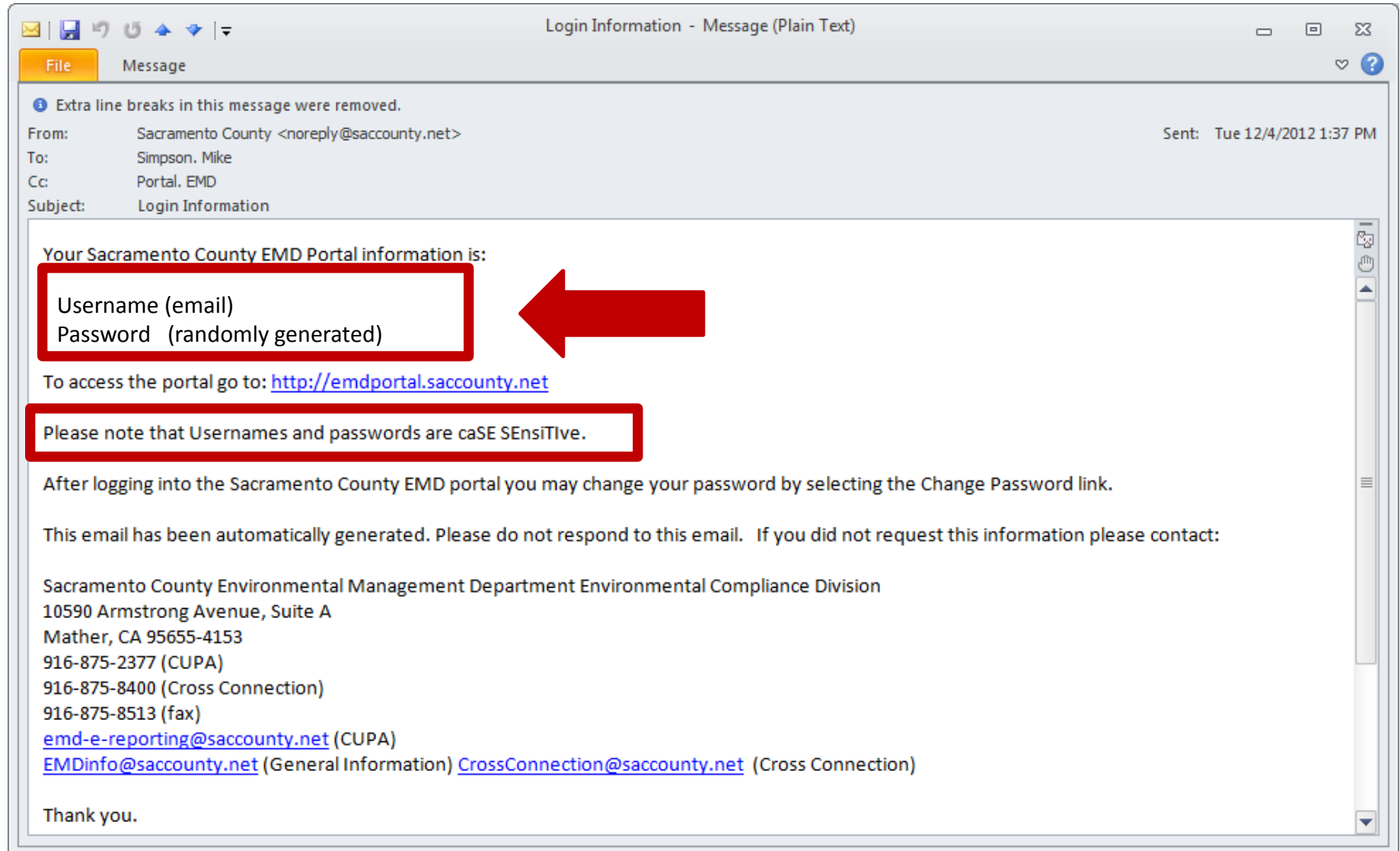
Note 2:

Check to make sure your email is correct, as a password will be emailed to the address specified.

Note 3:

If you own or operate multiple facilities, only one login request is required. Please list your other facilities in the additional notes section or contact EMD to have us grant you access to them.

3) Check your inbox for an email from Sacramento County <noreply@saccounty.net>



4) Return to EMD portal webpage and enter your login information to enter the portal

User name Password

Portal Home Page x

← → ↻ <https://emdportal.saccounty.net/ec/home.jsp> 🔍 ☆ ☰

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001) Home | Change Password | Logout

SACRAMENTO COUNTY Environmental Management
Protecting Public Health and the Environment

Portal Home Page

Create an easier to remember password here

Please review the Facility, Address, and Owner information in the table below. If the information is incorrect, click the Update button to change the information. Change requests will be processed within 3-5 business days. Please logout until you receive an email from us indicating the changes have been made. **Do not proceed to the next step** until your update request has been processed.

	Facility Name/DBA	Site Address	Facility Invoice Mailing Address	Owner	Annual Certification
Update	MY FACILITY	527 1/2 E NO STREET RD SW ste AB	527 1/2 E NO STREET RD SW ste AB SACRAMENTO, CA 12345	Owner	HMBEP

[Click here to proceed to forms](#)

Change your password by clicking on the *Change Password* link at the top of the page.

CHANGE PASSWORD FORM

Change your password, and click “Apply Changes”

Administer User Login - Google Chrome

https://emdportal.saccounty.net/servlet/entitylogin?Command=1&entityID=5095&subscriberID=272&UI=1

Administer User Login

System Username and Password

Username: mikesimpsonstestfacility

New Password:

Confirm New Password:

Contact Information

*First Name: *Last Name:

Address 1:

Address 2:

City:

State: Zip: Country:

Phone: Fax:

*Email:

Apply Changes **Cancel Changes**

Only click the “Update” button if any of the information shown in the boxes is incorrect. Clicking “Update” will open up a form to submit corrected information. After submitting corrections, please do not work on your plan until we contact you, or your plan may be completed incorrectly.

← → ↻ <https://emdportal.saccounty.net/ec/home.jsp> 🔍 ☆ ☰

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

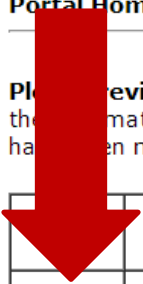
Home | Change Password | Logout

SACRAMENTO
C O U N T Y

Environmental Management
Protecting Public Health and the Environment

Portal Home Page

Please review the Facility, Address, and Owner information in the table below. If the information is incorrect, click the Update button to change the information. Change requests will be processed within 3-5 business days. Please logout until you receive an email from us indicating the changes have been made. **Do not proceed to the next step** until your update request has been processed.

	Facility Name/DBA	Site Address	Facility Invoice Mailing Address	Owner	Annual Certification
 Update	MY FACILITY	527 1/2 E NO STREET RD SW ste AB	527 1/2 E NO STREET RD SW ste AB SACRAMENTO, CA 12345	Owner	HMBEP

[Click here to proceed to forms](#)

Owner / DBA / Address Change Page



Environmental Management

Protecting Public Health and the Environment

Change in Facility Owner / DBA / Address

Asterisks (*) indicate required fields

Date* 11/27/2012

Current

New

Facility

ID FA0000001

DBA DUMMY FACILITY

Owner Name DUMMY Owner

☐ This is a Change of Ownership

Facility Address

Street 527 1/2 E NO STREET RD SW ste AB

City SACRAMENTO

State CA

Zip 98765

☐ Facility Moved to New Location

Mailing Address

Street 527 1/2 E NO STREET RD SW ste AB

City SACRAMENTO

State CA

Zip 12345

Attention

Change requests will be processed within 3-5 business days

Submit

EMD must review and approve the changes before they are placed in the database. Do not enter HMP data until we make the changes. We will contact you to when you can log in again to complete your plan.

Click this link to open up the pages to complete your HMBP.

Portal Home Page x

← → ↻ <https://emdportal.saccounty.net/ec/home.jsp> 🔍 ☆ ☰


SACRAMENTO COUNTY Environmental Management
Protecting Public Health and the Environment

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001) Home | Change Password | Logout

Portal Home Page

Please review the Facility, Address, and Owner information in the table below. If the information is incorrect, click the Update button to change the information. Change requests will be processed within 3-5 business days. Please logout until you receive an email from us indicating the changes have been made. **Do not proceed to the next step** until your update request has been processed.

	Facility Name/DBA	Site Address	Facility Invoice Mailing Address	Owner	Annual Certification
Update	MY FACILITY	527 1/2 E NO STREET RD SW ste AB	527 1/2 E NO STREET RD SW ste AB SACRAMENTO, CA 12345	Owner	HMBEP

[Click here to proceed to forms](#) 

Change your password by clicking on the *Change Password* link at the top of the page.

5) Choose what type of forms you want to complete.
Click the name of the form(s) to continue.

The screenshot shows a web browser window with the address bar displaying <https://emdportal.saccounty.net/submit/AvailableSubmissions.jsp>. The page header includes the Sacramento County logo and the text "Environmental Management Protecting Public Health and the Environment". A navigation bar at the top right contains links for "Home", "Change Password", and "Logout". Below the header, a section titled "submission packages" contains a table with two columns: "Name" and "Help and FAQ". The "Name" column contains a link labeled "Hazardous Materials Business Plan", which is highlighted with a red rectangle. Below the table, a note states: "NOTE: This site contains certain features that are disabled by popup blockers that prevent extra popup windows from opening in your browser. To access these features, please configure your browser to allow popups on this site and disable any installed popup blockers such as those included with the Yahoo and Google toolbars." At the bottom of the page, there is a link for "General Submission Help and Instructions".

Proto Submission Manage x

← → ↻ <https://emdportal.saccounty.net/submit/AvailableSubmissions.jsp> 🔍 ☆ ☰

EMD TEST FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

SACRAMENTO COUNTY **Environmental Management**
Protecting Public Health and the Environment

Home | Change Password | Logout

submission packages submission home

Click on a submission package name to get started.

Name	
Hazardous Materials Business Plan	Help and FAQ

NOTE: This site contains certain features that are disabled by popup blockers that prevent extra popup windows from opening in your browser. To access these features, please configure your browser to allow popups on this site and disable any installed popup blockers such as those included with the Yahoo and Google toolbars.

[General Submission Help and Instructions](#)

Note: The Hazardous Material Business Plan is the only program currently available. As capabilities for other programs are added to the portal, those that apply to your business would appear in a list under “Name” – e.g. Underground Storage Tanks, Tiered Permitting, etc.

6) Click the address of the facility for which you wish to complete the HMP form.

If you own or operate multiple facilities, you can navigate between them on this page without logging in again.



The screenshot shows a web browser window with the URL <https://emdportal.sacounty.net/ProtoManager?submissionclass=1>. The page header includes the Sacramento County Environmental Management logo and the tagline "Protecting Public Health and the Environment". A navigation bar at the top right contains links for "Home", "Change Password", and "Logout". The main content area is titled "Hazardous Materials Business Emergency Plan" with a link to "Select a different package". Below the title, instructions state: "Click on the Site Address to open, view or edit a Hazardous Materials Business Emergency Plan" and "To view the reviewer's comments, click on the Review hyperlink". A contact link for "HMBP Administrator" is provided. A table with four columns: "Site Address", "Created", "Modified", and "Submission Status" is displayed. The first row of the table shows the site address "527 1/2 E NO STREET RD SW ste AB" (which is a hyperlink), the creation date "11/20/12", the modification date "11/20/12", and the status "Unfinished". A large red arrow points to the "Site Address" column of the table.

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

Home | Change Password | Logout


SACRAMENTO COUNTY Environmental Management
Protecting Public Health and the Environment

Hazardous Materials Business Emergency Plan [Select a different package](#)

Click on the Site Address to open, view or edit a Hazardous Materials Business Emergency Plan
To view the reviewer's comments, click on the Review hyperlink
Contact: [HMBP Administrator](#)

Site Address	Created	Modified	Submission Status
527 1/2 E NO STREET RD SW ste AB	11/20/12	11/20/12	Unfinished

7) Complete the Forms



MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

Environmental Management
Protecting Public Health and the Environment

Home

Change Password

Logout

Step 1 of 3

Step 1: Complete the forms

Step 2: Add a cover sheet

Step 3: Submit your forms

Help and FAQ

Submission Log

Submission Home

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete *ALL* the forms in your submission package

Business Activities

[Business Owner Operator](#)

- Chemical Description

- Consolidated Emergency Response/Contingency Plan

- Employee Training Plan

- Facility Maps

Tips

• Click on the **Save Changes Button frequently**. You will be logged out of the system after extended inactivity and any unsaved changes may be lost.

• Disable any installed popup blockers

• Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Business Activit.. (1)

Asterisks (*) indicate required fields

I. Facility Identification

Facility ID #* FA0000001

MY FACILITY

527 1/2 E NO STREET RD SW ste AB

SACRAMENTO CA 98765

Is the Business Name (DBA) or site address incorrect?

Notify your agency by completing a Suggestion/Comment Form.

EPA ID#

II. Activities Declaration

Note: If you check any of the items below, you must submit a Business Owner/Operator Identification Form

Does your facility... (Check all that apply)

A. HAZARDOUS MATERIALS

☐ [Have on site \(for any purpose\) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases \(include liquids in ASTs and USTs\); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required](#)

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

All the forms become active once you go to the Business Owner Operator page

If yes, you must complete these forms...

Business Owner Operator

Chemical Description

Facility Map

Emergency Plan

Print


Save Changes

Cancel Changes

All forms become available once you go to the Business Owner Operator page.

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

Home | Change Password | Logout

SACRAMENTO
COUNTY

Environmental Management
Protecting Public Health and the Environment

Step 1 of 3

Step 1: Complete the forms

Step 2: Add a cover sheet

Step 3: Submit your forms

Help and FAQ

Submission Log

Submission Home

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete ALL the forms in your submission package

Business Activities

Business Owner Operator

- Chemical Description

- Consolidated Emergency Response/Contingency Plan

- Employee Training Plan

- Facility Maps

Tips

• Click on the **Save Changes Button frequently.** You will be logged out of the system after extended inactivity and any unsaved changes may be lost.

• Disable any installed popup blockers

• Complete every form in the package

Finished?

Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Business Owner O.. (1)

Asterisks (*) indicate required fields

NOTE: Please review the billing and owner information on file for your business. To change either the business contact, please [update your profile here](#) PRIOR TO SUBMISSION.

I. Identification

Facility ID#* FA0000001

[Business Name*](#) MY FACILITY

Site Address* 527 1/2 E NO STREET RD SW ste AB
SACRAMENTO CA 98765

Beginning Date*

Ending Date*

[Business Phone*](#) 5555555555

Business Fax

[Dun & Bradstreet](#)

Primary SIC

Primary NAICS

[Business Operator Name*](#)

[Business Operator Phone*](#)

Email

THE SUBMISSION IS NOT FINISHED!

Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

Print

Save Changes

Cancel Changes



Environmental Management

Protecting Public Health and the Environment

Step 1 of 3

Step 1: Complete the forms Step 2: Add a cover sheet Step 3: Submit your submission

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete ALL the forms in your submission package

Business Activities

Business Owner Operator

- [Chemical Description](#)
- [Consolidated Emergency Response/Contingency Plan](#)
- [Employee Training Plan](#)
- [Facility Maps](#)

Tips

- Click on the **Save Changes Button frequently**. You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Business Owner O.. (1)

Asterisks (*) indicate required fields

NOTE: Please review the billing and owner contact, please [update your profile here](#)

Facility ID#* FA0000001

[Business Name*](#) MY FACILITY

Site Address* 527 1/2 E NO STREET RD
SACRAMENTO CA 98765

[Beginning Date*](#)

[Business Phone*](#) 5555555555

Business Fax

[Dun & Bradstreet](#)

[Primary SIC](#)

[Business Operator Name*](#)

[Business Operator Phone*](#)

Email

Save changes on each form before switching to another form, or you may lose your work. Each form will not save until all fields marked with an asterisk contains information.

Choosing "Print" will generate a PDF of the form which you are currently looking at, which you can save to your computer or print. "Print" on any of these pages prints only that page. The whole plan may be printed at the end after completion.

Cancelling changes will return to the last saved version.

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

[Print](#) [Save Changes](#) [Cancel Changes](#)

Enter the information for the first Chemical Inventory Form



Environmental Management
Protecting Public Health and the Environment

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)

Step 1 of 3

[Step 1: Complete the forms](#)

[Step 2: Add a cover sheet](#)

[Step 3: Submit your forms](#)

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete ALL the forms in your submission package

☐ [Business Activities](#)

- [Business Owner Operator](#)
- **[Chemical Description](#)**
- [Consolidated Emergency Response/Contingency Plan](#)
- [Employee Training Plan](#)
- [Facility Maps](#)

Tips

- **Click on the Save Changes Button frequently.** You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Chemical Descrip.. (0)

Click on the *Save Changes* button to save your form.

Asterisks (*) indicate required fields

I. Facility Information

Business Name* MY FACILITY

Facility ID#* FA0000001

Latitude 25.06178

Longitude -121.64027

[Chemical location](#)*

Location Description

[EPCRA](#)

☐ Yes ☐ Chemical location confidential ☐ Trade Secret

Map #

Grid #

II. Chemical Information

Physical State* -- none selected --

[Chemical Name](#)*

Common Name

[CAS #](#)

Hazardous Material Type* -- none selected --

Other Chemical Resources: [National Library of Medicine](#) [Cameo](#)

☐ Extremely Hazardous Substance

If EHS is checked, all amounts below must be in lbs

☐ Radioactive [Curies](#)

When you click "Save Changes" you will have the option to add more materials.

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

[Print](#) [Save Changes](#) [Cancel Changes](#)

Step 1 of 3

[Step 1: Complete the forms](#)

[Step 2: Add a cover sheet](#)

[Step 3: Submit your forms](#)

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete ALL the forms in your submission package

[Business Activities](#)

- [Business Owner Operator](#)

- **Chemical Description**

- [Consolidated Emergency Response/Contingency Plan](#)

- [Employee Training Plan](#)

- [Facility Maps](#)

Tips

- Click on the **Save Changes Button frequently**. You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Chemical Descrip.. (1)

Chemical Name	Common Name	Chemical location
 Oxygen		room

Saved materials are listed up here.

Asterisks (*) indicate required fields

Click the "+" symbol to edit existing chemical descriptions.

Facility ID# * FA0000001

Latitude 25.06178

Longitude -121.64027

[Chemical location](#) * room

Location Description

[EPCRA](#)

☐ Yes

☐ Chemical location confidential

☐ Trade Secret

Map #

Grid #

II. Chemical Information

Physical State* Gas

[Chemical Name](#) * Oxygen

Common Name

[CAS #](#)

Hazardous Material Type* Pure

Other Chemical Resources: [National Library of Medicine](#) [Cameo](#)

☐ Extremely Hazardous Substance

Click here to add additional materials.

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

[Print](#)

[Save Changes](#)

[Cancel Changes](#)

[Add Chemical Descr..](#)

[Delete](#)

Consolidated Emergency Response/Contingency Plan

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)



Environmental Management
Protecting Public Health and the Environment

Step 1 of 3

[Step 1: Complete the forms](#)

[Step 2: Add a cover sheet](#)

[Step 3: Submit your forms](#)

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete ALL the forms in your submission package

Business Activities

- [Business Owner Operator](#)
- [Chemical Description](#)
- **[Consolidated Emergency Response/Contingency Plan](#)**
- [Employee Training Plan](#)
- [Facility Maps](#)

Tips

- **Click on the Save Changes Button frequently.** You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Consolidated Eme.. (0)

Asterisks (*) indicate required fields

Facility Identification and Operations Overview

Facility ID FA0000001

[Date of Plan Preparation/Revision](#)

Business Name* MY FACILITY

Business Site Address 527 1/2 E NO STREET RD SW ste AB

City SACRAMENTO

Zip Code 98765

Type of Business (e.g. Painting Construction)

Incidental Operations (e.g. Fleet Maintenance)

A copy of the facility's emergency response plan(s) which satisfy Health and Safety Code (HSC) section 25504(b), 25504(c) and Title 22 California Code of Regulations (22 CCR) section 66262.34(a) are attached as follows:

Upload

The optional form, below, may be used to satisfy the emergency response plans, procedure section 25504(b), 25504(c) and 22 CCR 66262.34(a), in the event of a reportable release of hazardous wastes; provide for basic contingency planning for an average small to mid-size requirements. Other supplements or amendments may be required for facilities of exceptional processes that warrant additional contingency planning.

This plan covers chemical spills, fires, and earthquakes involving:
(Check all that apply)

☐ Hazardous materials ☐ Hazardous wastes

Internal Response

Internal facility emergency response will occur via:
(Check all that apply)

☐ Calling Public Emergency Responders (i.e., 9-1-1)

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

You may upload an existing plan or use the form below. Click "Save Changes" to continue, even if uploading a document.

Save Changes **Cancel Changes**

Employee Training Plan



Environmental Management

Protecting Public Health and the Environment

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)

Step 1 of 3

[Step 1: Complete the forms](#)

[Step 2: Add a cover sheet](#)

[Step 3: Submit your forms](#)

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete ALL the forms in your submission package

Business Activities

- [Business Owner Operator](#)
- [Chemical Description](#)
- [Consolidated Emergency Response/Contingency Plan](#)
- **[Employee Training Plan](#)**
- [Facility Maps](#)

Tips

- **Click on the Save Changes Button frequently.** You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Employee Trainin.. (0)

Asterisks (*) indicate required fields

Training

All facilities that handle hazardous materials must have an employee training plan. This plan is a required module of the submission package. A blank plan has been provided below for you to complete. If you already have a brief written plan, you may upload it. It must address all subjects covered below, you must include a copy of your existing plan.

Upload

Personnel are trained in the following procedures:

- ☐ Internal alarm/notification
- ☐ Evacuation/re-entry procedures & assembly
- ☐ Emergency incident reporting
- ☐ External emergency response organization
- ☐ Location(s) and contents of Emergency Response Plan
- ☐ Facility evacuation drills, that are conducted at least (e.g., Quarterly, etc.)

Specify:

Chemical Handlers are additionally trained in the following:

- ☐ Safe methods for handling and storage of hazardous materials
- ☐ Location(s) and proper use of fire and spill control equipment
- ☐ Spill procedures/emergency procedures
- ☐ Proper use of personal protective equipment
- ☐ Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e., inhalation, ingestion, absorption)
- ☐ Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.)

Emergency Response Team Members are capable of and engaged in the following:

Complete this section only if you have an in-house emergency response team

- ☐ Personnel rescue procedures
- ☐ Shutdown of operations

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

Print **Save Changes** **Cancel Changes**

You may upload existing plan and training records or use the forms below. Click "Save Changes" to continue.

Facility Map



Environmental Management

Protecting Public Health and the Environment

IMY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)

Step 1 of 3

Step 1: Complete the forms

Step 2: Add a cover sheet

Step 3: Submit your forms

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete *ALL* the forms in your submission package

Business Activities

- [Business Owner Operator](#)
- [Chemical Description](#)
- [Consolidated Emergency Response/Contingency Plan](#)
- [Employee Training Plan](#)

Facility Maps

Tips

- **Click on the Save Changes Button frequently.** You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#).

Facility Maps (0)

Click on the *Save Changes* button to save your form.

GUIDELINES

- Site maps are required to assist emergency response crews in locating hazardous materials, appraise the risk during an emergency, assist you in the training of employees and assist you in drafting your emergency response plans. For larger sites, provide a general layout.
- A site and facility [map example](#), and a list of map symbols are included to assist you. If it is necessary to use other symbols on the map(s), include a reference for the symbol.
- Engineered drawings are not required.

YOU ARE REQUIRED TO INCLUDE THE FOLLOWING ITEMS ON YOUR MAP

- Outline of building(s), facilities and areas within the property.
- Site orientation (North Arrow) pointing toward the top of the page
- The labels and writing should be readable from left to right
- Scale of map
- Parking lots
- Internal roads
- Loading areas
- Access and egress points
- Inside and outside hazardous material storage areas
- Storm drains, catch basins and sewers
- Location of nearest fire hydrant, fire pumps, risers, fire department emergency response equipment
- Electrical panel, natural gas and water shut-off
- Knox box location

UPLOADING A MAP

For each map to be included in Hazardous Material Business Plan:

1. Input a name for the map.
2. Click on the View / Upload button.
3. A form will appear that allows you to upload a map from your computer. Follow the instruction on that form. When the upload is complete, you will return to this form.
4. Click on the Save Changes button to save the form and it's associated map.
5. For additional maps, click on Add button to add another map as needed.

Business DUMMY FACILITY

Name *

Map Name *

Map Upload

Upload

Upload a map in PDF, JPG, Word, or similar format. Give it a name, and click "Save Changes" to continue.

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

Save Changes

Finalizing the Plan



Environmental Management

Protecting Public Health and the Environment

IMY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)

Step 1 of 3

Step 1: Complete the forms

Step 2: Add a cover sheet

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[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Click on the *Save Changes* Button to save the form. After saving the form, click on the links below to complete *ALL* the forms in your submission package

Business Activities

- [Business Owner Operator](#)
- [Chemical Description](#)
- [Consolidated Emergency Response/Contingency Plan](#)
- [Employee Training Plan](#)

Facility Maps

Tips

- Click on the **Save Changes Button frequently**. You will be logged out of the system after extended inactivity and any unsaved changes may be lost.
- Disable any installed popup blockers
- Complete every form in the package

Finished? Go to the [Cover Sheet](#) to [submit](#).

Facility Maps (0)

Click on the *Save Changes* button to save your form.

GUIDELINES

- Site maps are required to assist emergency response crews in locating hazardous materials, appraise the risk during an emergency, assist you in the training of employees and assist you in drafting your emergency response plans. For larger sites, provide a general layout.
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- Storm drains, catch basins and sewers
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4. Click on the Save Changes button to save this form and it's associated map.
5. For additional maps, click on Add button. Repeat as needed.

Business DUMMY FACILITY

Name *

Map Name *

Map Upload *

Upload

THE SUBMISSION IS NOT FINISHED! Go to the [Cover Sheet](#) to send extra notes, or [confirm your submission](#) to finish the process.

Save Changes

When the plan is complete, you may attach a Cover Sheet if desired, or go straight to confirming your submission.

Submission Summary



Environmental Management
Protecting Public Health and the Environment

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)

Step 3 of 3

Step 1: Complete the forms

Step 2: Add a cover sheet

Step 3: Submit your forms

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

Submission Cover Sheet: HMBEP

You're almost done! Review the contents of your submission and click on the **Confirm Submission** button at the bottom of this page. The submission recipient will be notified of your submission via email.

I. Submission Identification

Submission Contents: HMBEP
From: MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)
To: HMBP Administrator
Cover Sheet:

II. Form Contents

Form Name	Number of Forms	Minimum Allowed	Maximum Allowed
Business Activities	1	1	1
Business Owner Operator	1	1	1
Chemical Description	1	1	unlimited
Consolidated Emergency Response/Contingency Plan	0	1	1
Employee Training Plan	0	1	1
Facility Maps	0	1	unlimited

III. Problems

The submission cannot be completed, because there are incorrect numbers of some forms.

Last Submitted: Not submitted

[Confirm Submission](#)

Any problems are listed in red. These must be fixed prior to submission

Submission Summary



Environmental Management

Protecting Public Health and the Environment

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)

Step 3 of 3

Step 1: Complete the forms

Step 2: Add a cover sheet

Step 3: Submit your forms

[Help and FAQ](#)

[Submission Log](#)

[Submission Home](#)

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I. Submission Identification

Submission Contents: HMBEP
From: MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)
To: HMBP Administrator
Cover Sheet:

II. Form Contents

Form Name	Number of Forms	Minimum Allowed	Maximum Allowed
Business Activities	1	1	1
Business Owner Operator	1	1	1
Chemical Description	2	1	unlimited
Consolidated Emergency Response/Contingency Plan	1	1	1
Employee Training Plan	1	1	1
Facility Maps	1	1	unlimited

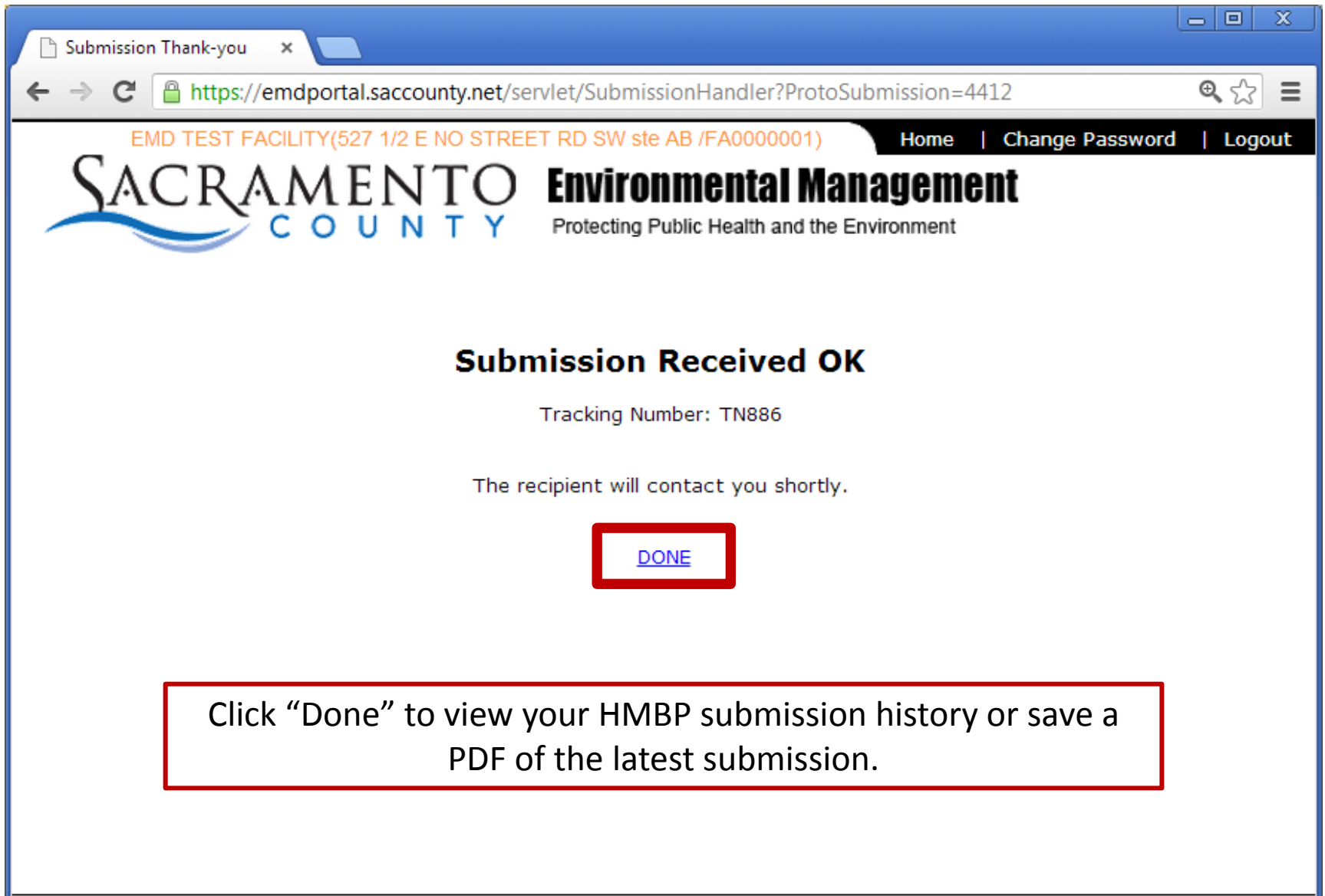
Last Submitted: 11/27/12

Status: UNEVALUATED (Review Pending)

Confirm Submission

When no problems are reported, you may submit the plan to EMD by pushing this button.

When you see this page, the plan has been submitted to EMD



The screenshot shows a web browser window with a single tab titled "Submission Thank-you". The address bar displays the URL: <https://emdportal.sacounty.net/servlet/SubmissionHandler?ProtoSubmission=4412>. The page header includes the text "EMD TEST FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)" and navigation links for "Home", "Change Password", and "Logout". The Sacramento County logo is prominently displayed, with the tagline "Protecting Public Health and the Environment". The main content area features the heading "Submission Received OK" and the tracking number "Tracking Number: TN886". A message states "The recipient will contact you shortly." Below this, a blue "DONE" button is highlighted with a red rectangular border. At the bottom of the page, a red-bordered box contains the instruction: "Click 'Done' to view your HMBP submission history or save a PDF of the latest submission."

Submission Thank-you

<https://emdportal.sacounty.net/servlet/SubmissionHandler?ProtoSubmission=4412>

EMD TEST FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

Home | Change Password | Logout

SACRAMENTO COUNTY Environmental Management
Protecting Public Health and the Environment

Submission Received OK

Tracking Number: TN886

The recipient will contact you shortly.

[DONE](#)

Click "Done" to view your HMBP submission history or save a PDF of the latest submission.

eCompliance Protosubmi: x

← → ↻ <https://emdportal.saccounty.net/ProtoManager?submissionclass=1> 🔍 ☆ ☰

EMD TEST FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001) Home | Change Password | Logout

SACRAMENTO
C O U N T Y

Environmental Management
Protecting Public Health and the Environment

Hazardous Materials Business Plan [Select a different package](#)

[Help and Frequently Asked Questions](#)

Click on the Site Address to open, view or edit a Hazardous Materials Business Plan
To view the reviewer's comments, click on the *Reviewer Comments* hyperlink
Contact: [HMBP Administrator](#)

Site Address	Created	Modified	Submission Status	
527 1/2 E NO STREET RD SW ste AB	11/20/12	1/18/13	Submitted 3/5/13 (ACCEPTED) Reviewer Comments Print 3/5/13 Summary	Read-only Archives

Under submission status you can see if the plan is: Pending Review, Reviewed and Accepted, or Reviewed and Declined.

In the event of a declined plan, click the “Reviewer Comments” link to view the requested changes or updates.

eCompliance Protosubmi: x

← → ↻ <https://emdportal.saccounty.net/ProtoManager?submissionclass=1> 🔍 ☆ ☰

EMD TEST FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001) Home | Change Password | Logout

SACRAMENTO
C O U N T Y

Environmental Management
Protecting Public Health and the Environment

Hazardous Materials Business Plan

[Select a different package](#)

[Help and Frequently Asked Questions](#)

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Contact: [HMBP Administrator](#)

Site Address	Created	Modified	Submission Status	
527 1/2 E NO STREET RD SW ste AB	11/20/12	1/18/13	Submitted 3/5/13 (ACCEPTED) Reviewer Comments Print 3/5/13 Summary	Read-only Archives

Click "Print Summary" to open a PDF of your submission.
You can then save a copy to your computer or print a copy.

It is recommended that you do not print a copy until the plan is accepted.
Please note that the attachments (other than the map) are not included in this summary, but are stored in the portal.

For subsequent submissions (next year onward), start by clicking here.

Portal Home Page x

← → ↻ <https://emdportal.saccounty.net/ec/home.jsp> 🔍 ☆ ☰

SACRAMENTO COUNTY Environmental Management
Protecting Public Health and the Environment

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001) Home | Change Password | Logout

Portal Home Page

Please review the Facility, Address, and Owner information in the table below. If the information is incorrect, click the Update button to change the information. Change requests will be processed within 3-5 business days. Please logout until you receive an email from us indicating changes have been made. **Do not proceed to the next step** until your update request has been processed.

	Facility Name/DBA	Site Address	Facility Invoice Mailing Address	Owner	Annual Certification
Update	MY FACILITY	527 1/2 E NO STREET RD SW ste AB	527 1/2 E NO STREET RD SW ste AB SACRAMENTO, CA 12345	Owner	HMBEP

[Click here to proceed to forms](#)

Change your password by clicking on the *Change Password* link at the top of the page.

Annual Submission page

MY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)



Environmental Management
Protecting Public Health and the Environment

Form Name	#	Form Contents		
Business Activities	1	Business Name		
		MY FACILITY		
Business Owner Operator	1	Owner Name		
		Owner		
Chemical Description	2	Chemical Name	Common Name	Chemical location
		Acetylene	Acetylene	room
		Oxygen		room
Consolidated Emergency Response/Contingency Plan	1	Date of Plan Preparation/Revision		
Employee Training Plan	1	Personnel Training		
Facility Maps	1	Map Name		
		sample map		

Last Submitted 12/4/12

Status ACCEPTED

[Review Submission](#) [Submit with no changes \(Certify\)](#) [Amend prior to submission](#)

If no changes from last year, click this button and you are done.

Annual Submission page

DUMMY FACILITY(527 1/2 E NO STREET RD SW ste AB /FA0000001)

[Home](#) | [Change Password](#) | [Logout](#)



Environmental Management

Protecting Public Health and the Environment

Form Name	#	Form Contents									
Business Activities	1	<table><tr><td>Business Name</td></tr><tr><td>MY FACILITY</td></tr></table>	Business Name	MY FACILITY							
Business Name											
MY FACILITY											
Business Owner Operator	1	<table><tr><td>Owner Name</td></tr><tr><td>Owner</td></tr></table>	Owner Name	Owner							
Owner Name											
Owner											
Chemical Description	2	<table><thead><tr><th>Chemical Name</th><th>Common Name</th><th>Chemical location</th></tr></thead><tbody><tr><td>Acetylene</td><td>Acetylene</td><td>room</td></tr><tr><td>Oxygen</td><td></td><td>room</td></tr></tbody></table>	Chemical Name	Common Name	Chemical location	Acetylene	Acetylene	room	Oxygen		room
Chemical Name	Common Name	Chemical location									
Acetylene	Acetylene	room									
Oxygen		room									
Consolidated Emergency Response/Contingency Plan	1	<table><tr><td>Date of Plan Preparation/Revision</td></tr><tr><td></td></tr></table>	Date of Plan Preparation/Revision								
Date of Plan Preparation/Revision											
Employee Training Plan	1	<table><tr><td>Personnel Training</td></tr><tr><td></td></tr></table>	Personnel Training								
Personnel Training											
Facility Maps	1	<table><tr><td>Map Name</td></tr><tr><td>sample map</td></tr></table>	Map Name	sample map							
Map Name											
sample map											

Last Submitted 12/4/12

Status ACCEPTED

[Review Submission](#)

[Submit with no changes \(Certify\)](#)

[Amend prior to submission](#)

If there are updates needed, click this button, and then add or type in the forms over the information needing an update, click submit, and you are done. Your previously saved information will be populated on the forms already.

What Happens After I Submit a Plan?

- EMD staff will review the submitted plan.
- If the plan is accepted, you will receive an email notifying you that your HMP submission is complete.
- If the plan is rejected, an email will be sent to you with a link to the reviewer's comments. You will then be able to correct and resubmit the HMP.

Contact us for help

Telephone : **(916) 875-2377**

E-mail: EMD-e-reporting@saccounty.net

EMD will be holding weekly office hours where you can receive assistance.